Department of the Treasury

For Paperwork Reduction Act Notice, see the separate Instructions.

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No 1545-0047

10/01/15 , and ending 09/30/16 For the 2015 calendar year, or tax year beginning D Employer Idenstification number C Name of organization Check if applicable SJH COMMUNITY HEALTH FOUNDATION Address change 20-3592795 Doing business as Name change Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone numbe Initial return 1 HEALTH CIRCLE City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 1,484,011 LEXINGTON VA 24450 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending SID CHOCKLETT, M.D., PH.D. H(b) Are all subordinates included? 1 Health Circle If "No " attach a list (see instructions) VA 24450 Lexington X 501(c)(3) (insert no ) 4947(a)(1) or 501(c) Tax-exempt status H(c) Group exemption number Website: Year of formation 2005 State of legal domicile X Corporation Form of organization Trust Association Part 1 **Summary** 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH, WELFARE, AND EDUCATION OF THE RESIDENTS OF THE SERVICE AREAS OF STONEWALL JACKSON HOSPITAL 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 10,000 4,100 8 Contributions and grants (Part VIII, line 1h) 11,875 9 Program service revenue (Part VIII, line 2g) 22,883 87,141 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 97,141 38,858 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 91,796 38,126 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,820 4,220 15 Salanes, other compensation, employee benefits (Part IX, column 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 12,025 3,312 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,258 108,041 18 Total expenses Add lines 13-17 (must equal Part IX, column (A) (line 2 -69,183 52,883 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 6,963,468 6,928, 994 20 Total assets (Part X, line 16) 245 415 21 Total liabilities (Part X, line 26) 6,963 223 6,928, 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign BOARD CHAIR PH.D. SID CHOCKLETT M.D. Here Type or print name and title Preparer's signature PTIN Print/Type preparer's name Check Paid Tracy N. Huffman, CPA 05/11/17 P00823775 Tracy N. Huffman, CPA Preparer Swisher & Imler, CPAs, 20-1684249 Firm's EIN ▶ **Use Only** PO Drawer 1489 540-463-7131 Lexington, VA Phone no X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2015)

				20-3592795	Page 2
			Accomplishments esponse or note to any line in t	this Part III	П
1 Bnefly descr	nbe the organization's m	nission			
				OF THE RESIDENTS O	F THE
SERVICE	AREAS OF S	CONEWALL	JACKSON HOSPITAL	••	
				••	
2 Did the orga	nization undertake any	significant progra	m services during the year which were	not listed on the	
•	990 or 990-EZ?				Yes X No
	scribe these new service				
3 Did the orga services?	inization cease conducti	ng, or make sign	ificant changes in how it conducts, any	program	Yes X No
	scribe these changes on	Schedule O.			
	=		lishments for each of its three largest p	program services, as measured by	
			ions are required to report the amount	of grants and allocations to others,	
the total exp	enses, and revenue, if	any, for each prog	gram service reported.		
4a (Code	) (Expenses \$	95	,893 including grants of \$	91,796 ) (Revenue \$	11,875)
			JACKSON HOSPITAL	, (November 4	,
				• •	
				•	
				•	
				•	
4b (Code	) (Expenses \$	,	including grants of \$	) (Revenue \$	)
				••	
				••	
				••	
				••	
4c (Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
				•	
				••	
				••	
		•			
		•			
				•••	
			····	<del></del>	
4d Other progra (Expenses	am services (Describe in	•	ample of \$	\ /Pavanua *	,
	m service expenses ▶	including	grants of \$ 95,893	) (Revenue \$	
M		<del>-</del>			Form 990 (2015)

	1990 (2015) SUR COMMONITE REALITY FOUNDATION 20-3592795		<u> </u>	age 、
<u> <del>}</del> 7</u> 2	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	110
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l <u>.                                    </u>
	complete Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		!	ŀ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1 _		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			,,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			ł
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	445	x	ĺ
_	complete Schedule D, Part VI	11a		-
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		-
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l i		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III

17	art IV Checklist of Required Schedules (continued)			T
20a	Did the exercises energy are any or more beseited facilities? If "Ves." complete Schedule H	20a	Yes	No X
∠ua b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	<del> </del>	<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1200	<del>                                     </del>	<del>                                     </del>
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		-	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	<del>                                     </del>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ì	ł	1
	employees? If "Yes," complete Schedule J	23	ł	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	[	1	į
	through 24d and complete Schedule K. If "No," go to line 25a	24a	[	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		]
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ļ	1
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1	(	i
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	j	}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1	ł	ł
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ì	1	1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l l	1	1
	conservation contributions? If "Yes," complete Schedule M	_30_	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ł	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	├—	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1	İ	۱
	or IV, and Part V, line 1	34	<b> </b> -	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l	]	•
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	├—	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}	}	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	} }	ł	17
	Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<b>.</b>	1
	197 Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>

Section   Comparison   Compar	` Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
16 Enter the number of Forms W.25 (included in his has Line?) if not applicable  17 Enter the number of Forms W.25 (included in his has Line?) if not applicable  18 Enter the number of Forms W.25 (included in his has Line?) if not applicable  19 Enter the number of Forms W.25 (included in his has Line?) if not applicable  19 Enter the number of employees reported on Form W.25, Transmittal of Wage and Tax  Statements. Ridd for the calendary para ending with or within the year covered by this return  18 It all leads one in experted on line 2, did the organization field return and price to ending the year.  19 It all leads one is reported on line 2, did the organization field in early required federal employment tax returns?  Note. If the sum of lines is and 2 is greater than 250, you may be required to e-file (see instructions)  10 It the organization have unrelated business gross notione of \$1,000 or more during the year.  10 It of the organization have unrelated business gross notion have an interest in .0 a sugnature or other authority over, a financial account in a foreign country. P.  20 If Yes, * enter the name of the foreign country. P.  21 See instructions for filing requirements for FinrCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  22 If Yes in the size of \$6, did the organization had was or is a party to a prohibited tax sheller transaction?  23 If Yes, * enter the name of the foreign country. P.  24 See instructions for filing requirements for FinrCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  25 If Yes, * enter the name of the foreign country with a special property of the companization and party to a prohibited tax sheller transaction?  25 If Yes, * enter the name of the foreign country with the companization of the value of the expert of the companization of the value of the expert of the companization of the value of the expert of the companization of the value of the expert of the companization mediate with every solicitation and expert of t		Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<del>-</del>
be Enter the number of Forms W-3G inclusion in line 1a. Enter - 0- in oil applicable  Did the organization concily with disculp withholding uples for reportable payments to vendors and reportable gaining (garming) withings to pitch without the pitch of the properties of the propert	4-	Catariba number recorded in Boy 2 of Com. 4006. Catar 0, if not explicable	F	Yes	No
C Dit the coganization comply with backup withholding nules for reportable payments to vendors and reportable garring (gambling) withings to pick womens?  2a Enter the number of employees reported on Form W-3, Transmitted of Ways and Tax  Statements, filed for the catendar year ending with or within the year covered by this return  If at least one is reported on the 2a, did the organization file all required federal employment tax returns?  Note. If the sum of times 1 and 2 is greater than 250, you may be required to e-file (see instructions)  3b If the coganization have unrelated business gross amomen of \$1,000 or more during the year?  3a X  X  If the companison have unrelated business gross amomen of \$1,000 or more during the year of the requirement of the file (see instructions)  4a As rytime during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; ▶  8ce instructions of filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FERA).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  Was the organization approxy to a prohibited tax shelter transaction at any time during the tax year?  5b If whice, if the side of the companization file form 888-17  5c University to line a or 5b, did the organization that was or in a party to a prohibited tax shelter transaction?  5b X  1 Whice, if the organization make with a seen an aparty to a prohibited tax shelter transaction?  5c If whice, if the organization make with the wear organization for form 888-17  5d Does the organization above annual gross receipts that are normally greater than \$100,000, and did the organization make annual gross receipts that are normally greater than \$100,000, and did the organization make a first that are normally greater than \$100,000, and did the organization make a first than the second solution of the companization file form 888-17  5c Does the organizat					
reportable garning (gamibang) wornings to pixe winners?  2 Effect the number of employmes exponded on Form WA, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  3 I did least one is reported on the 2a, did the organization file all required federal employment tax returns?  3 Note. If the sum of times 1 and 5 a greater than 20, you may be required to e-file (see instructions)  3 I did the organization have unrelated business gross encome of \$1,000 or more during the year?  3 I dif ver, has titled a Form 99517 for the year? If 170 for line 50, provide an explanation or chrodule O  4 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such for the second)  5 If 17'es, has titled a Form 99517 for the year? If 170 for line 50, provide an explanation or other financial accounts?  6 If 17'es, enter the name of the foreign country. ►  8 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 I Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 See A Did any textual party not by the organization file Form 8886-17  5 Did any textual party not by the organization file Form 8886-17  6 Does the organization navie amunal gross encepts that are normally greater than \$100,000, and did the organization navie amunal gross encepts that are normally greater than \$100,000, and did the organization short any contributions with a representation and evidence the organization navier excepts the contributions under section 170(c).  6 Did the organization received a contribution of the value of the goods or services provided?  7 Organizations that may receive deductible on the file of the payor?  7 I To the organization received a contribution of a fundation payor indirectly, to pay premiums on a personal benefit contract?  7 I Did the organi		——————————————————————————————————————		``	· `
2a Enter the number of emptywes reported on From WA3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is a and 2 is greater than 230, you may be required to e-file (see instructions)  b if "Yes," has it filed a Form 990-T for the year? If "No" to line 3b, provide an explanation in Schedule O 3b.  A lary time dump the celebrad year, did the organization have an interest up, or a signature or other authority over, a financial account in a foreign country. ▶  As in the camp the celebrad year, did the organization have an interest up, or a signature or other authority over, a financial account in a foreign country. ▶  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  See instructions for filing requirements for FincEN Form 184, Report of Foreign Bank and Financial Accounts (FEAR).  See instructions for filing requirements for FincEN Form 184, Report of Foreign Bank and Financial Accounts (FEAR).  See instructions of the filing requirements for FincEN Form 1886-177.  See instructions of the state of the organization and provide the schedule contributions?  See instructions of the schedule of the organization and provide the schedule contributions or gifts were not tax deductible as character or the schedule organization and provide the schedule as character or the schedule organization and provide the schedule as character or the schedule organization and provide the schedule as character organization and provide the schedule organizati	C		1 10		v
Sistements, filed for the calendar year ending with or within the year covered by this return  Note. If he sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If he sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If he sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If he sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If he cognization have unrelated business gross noneme of \$1,000 or more during the year?  3a	22		10		<u> </u>
b if a least one is reported on line 2a, did the organization file all required federate employment tax rotums?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  X  3b If **Yes*, has if filed a Form 990-T for this year? If **No* to line 3b, provide an explanation in Schedule O  3b At any time during the calendary year, did the organization have an interest in, or a significant or other submority over, a financial account in a foreign country. ▶  3b If **Yes*, enter the name of the foreign country. ▶  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  5ce If **Yes*, edite to granization approach to a specific property of a prohibited tax shelter transaction?  5c If **Yes*, edit or organization approach to a specific property of a prohibited tax shelter transaction?  5c If **Yes*, edit or organization have a minural gross recepts that are normally greater than \$100,000, and did the organization have small gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible?  5c If **Yes*, edit of the organization facility where not tax deductible as charitable contributions?  6d X  6d Yes*, organization stat may receive deductible contributions under section 170(c).  6d Did the organization state may receive deductible contributions under section 170(c).  6d Did the organization state may receive deductible contributions under section 170(c).  7d Organizations that may receive a payment in excess of \$75 made partly as a contribution or approach to the production of the organization necess of \$7	La		, , ,		
Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-life (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  All All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in stempling country (such as a bank account, or a signature or other authority over, a financial account in stempling country).  By the companization seed of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  If If Yes, enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  If Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  Sa With the seed of the organization that it was or is a party to a prohibited tax sheller transaction?  So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible and tax deductible as charitable contributions or gifts were not tax deductible.  Did the organization trace and purpose it to the payor?  Toganizations that may receive deductible contributions under section 170(c).  Did the organization state deductible contribution or account of the value of the goods or servees provided?  Toganization trace and account of the value of the goods or servees provided?  To did the organization receive an expression of targetile personal property for which it was required to the Poparation of the value of the goods or servees provided?  If Yes, "did the organization receive a con	h		2 <sub>b</sub>	x	į į
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes,* has it fled a Form 990-T for this year? If TNO* to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; but have a bank account, securities account, or other financial accounts (FARA).  5b If Yes,* enter the name of the foreign country; be see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FARA).  5c If Yes,* enter the name of the foreign country; be see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FARA).  5c If Yes,* the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5d Was the organization and the organization file Form 8886-7?  5d Did any taxable party notify the organization file Form 8886-7?  5d Did with the organization file Form 8886-7?  5d Did with the organization solicit any contributions that were not tax deductible as charitable contributions?  5d A X  5d If Yes,* did the organization that were not tax deductible as charitable contributions or off were not tax deductible?  6d United the organization receive deductible contributions under section 179(c).  7d Organizations that may receive deductible contributions and party for goods and services provided to the payor?  7d If Yes,* indicate the number of Forms 8828 filed during the year required to the organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes,* indicate the number of Forms 8282 filed during the year required to the Form 8282 filed during the year organization received a contribution of qualified intellectual property, did the organization file a Form 1089-7 filed programization received a contribution of qualified intellect				- 33	
b if "Yes," has it flied a Form 590-T for this year? if TNo* to line 3b, provide an explanation in Schedule O At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; (such as a bank account), securities account, or other financial account)?  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  We she organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Did any tixable party noish the organization that twas or is a party to a prohibited tax shelter transaction?  See Did any tixable party noish the organization that twas or is a party to a prohibited tax shelter transaction?  See Did any tixable party noish the organization that twas or is a party to a prohibited tax shelter transaction?  See Did the organization have aimusing tross recepts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible organization and cate adeluctible organization and cate adeluctible organization and cate adeluctible organization and cate adeluctible organization and party for goods and services provided to the payor?  Torganizations that may receive deductible contributions under section 170(c).  Did the organization state any receive deductible contribution organization and party for goods and services provided to the payor?  To be If Yes, and the organization organization state than year expertent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  To be If Yes, and the organization state that such organization state than the payor?  If Yes, and the organization state the surface of Forms \$252 filed during the year  If Yes, and the organization state that the payor and the payor and the payor an	3a		3a		X
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country.)  b if 'Yes,' relier the name of the foreign country. P See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X X  bill dany taxable party notify the organization file Form 8886-17?  5b X if 'Yes' to line So or So, did the organization file Form 8886-17?  5c Does the organization solicit any contributions file Form 8886-17?  5c If 'Yes' to line So or So, did the organization file Form 8886-17?  5c Does the organization solicit any contributions file Form 8886-17?  5d If 'Yes', did the organization child, with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  5d If 'Yes', did the organization child, with every solicitation an exposes statement that such contributions or gifts were not tax deductible on the payor?  6d Does the organization that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 If 'Yes', fidicties the number of Forms 8282 filed during the year  9 Did the organization receive a payment in excess of stangible personal property for which it was required to file Form 8282.  7 To If 'Yes', indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1989-0.  9 Sponsoring organization and payments, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received a contribution of davis, business, or other vehicles, did the organizatio			<u> </u>		
over, a financial account in a foreign country (such as a bank account, securities account)?  If Yes, "enter the name of the foreign country, Pose instructions for fifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Saw Sas the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b Was the organization on tax deductible.  6c Was the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6b grifts were not tax deductible?  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor?  7a If Yes, "did the organization notify the donor of the value of the goods or services provided?  7b If Yes," indicate the number of Forms 8282 filed during the year  7c Did the organization receive any payment in excess of the goods or services provided?  7d If Yes," indicate the number of Forms 8282 filed during the year  9d If Yes," indicate the number of Forms 8282 filed during the year  9d If Yes," indicate the number of Forms 8282 filed during the year  9d If Yes," indicate the number of Forms 8282 filed during the year  9d If the organization receive any primation, directly, to pay premiums on a personal benefit contract?  7c If Did the organization receive any contribution of property, did the organization file and form 1998-C?  7p If the organization received a contribution of care, boats, anplanes, or other vehicles, did the organization file a Form 1998-C?  7p If the organization received and contribution will be foreity to the sponsoring organizations make any taxable distributions u	_				
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEARX).  52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization aparty to a prohibited lax shelter transaction?  55 X X  56 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  55 X  56 Test on the Sa or 55, dot the organization that it was or is a party to a prohibited tax shelter transaction?  56 Test organization should have annual gross recepts that are normally greater than \$100,000, and did the organization should avoid the every solicitation an express statement that such contributions or gifts were not tax deductible?  57 Organizations that may receive deductible contributions under section 170(c).  58 If "Yes," did the organization notify the donor of the value of the goods or services provided?  59 If "Yes," did the organization notify the donor of the value of the goods or services provided?  50 If the organization of the Forms 8282?  50 If "Yes," inclinate the number of Forms 8282 filed during the year  50 If "Yes," inclinate the number of Forms 8282 filed during the year  50 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  50 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  70 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?  71 Sponsoring organization make any tixable distributions under section 4966?  72 Sponsoring organization make any tixable distributions under section 4966?  73 Section 501(c)(7) organizations. Enter:  74 If the organization members of organization make any tixable distributions under section 4966?  75 Section 501(c)(12) organizations context in t					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 886-77.  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible as charibable contributions or gifts were not tax deductible.  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as contributions under section 170(c).  5c Did the organization start may receive deductible contributions under section 170(c).  5d If Yes, fidt the organization notify the donor of the value of the goods or services provided?  7b If Yes, fidt the organization notify the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fie Form 8282?  6 If Yes, indicate the number of Forms 8282 filed during the year  7c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8082 as required?  7f Did the organization received a contribution of caris, boats, any answers, or other evibries, did the organization file Form 8082 as required?  7f If the organization received a contribution of caris, boats, any answers, or other evibries, did the organization file a Form 1098-C?  8 Sponsoring organization make a contribution of caris, boats any answers, or other evibries, did the organization file a Form 1098-C?  8 Sponsoring organization make a distribution to under section 4966?  9 Did the sponsoring organization make a distribution under section 4966?  9 Did the sponsoring organization make a distribution in under section 4966?  9 Did the sponsoring o		• •	4a		X
(FBAR):  Was the organization a parry to a prohibited tax sheller transaction at any time during the tax year?  58	b	If "Yes," enter the name of the foreign country: ▶			
bid any taxable party no a prohibited tax shelter transaction at any time during the tax year?  bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  bid any taxable party notify the organization file Form 8886-7?  bid hose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  bid if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  bif "Yes," did the organization notify the donor of the value of the goods or services provided?  bif the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  find the organization receive any funds, directly or indirectly, on a personal benefit contract?  find the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization make a distribution sunder section 4966?  bid the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  bid the organization have excess business holdings at any time during the year?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization have a captal contributions included on Part VIII, line 12  foress receipts, included on Form 990, Part VIII, line 12  foress receipts, included on Form 990, Part VIII, line 12, for publ		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	- 1		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 11''es' to line 5a or 5b, did the organization file Form 8886-17  8 2		(FBAR).		1	
t if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions hat there not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2882?  d if "Yes," indicate the number of Forms 8282 filed during the year  D of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boasts, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations malitahining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4956?  S ponsoring organization make any taxable distributions under section 4956?  Section 501(c)(17) organizations. Enter:  a Gross income from members or shareholders  Gross income from members or shareholders  b Gross income from members or shareholders  Gross income from members or shareholders  a Inhation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from their sources (Do not net amounts due or paid to other sources against amounts due or exceed f	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a X  b If Yes, did the organization stock and unusual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 If Yes, "did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If Yes, "indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  11 If the organization received a contribution of care, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  12 The sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised person?  13 Section 501(c)(7) organizations included on Part VIII, line 12  14 Organization included on Form 990, Part VIII, line 12  15 Section 501(c)(7) organizations included on Part VIII, line 12  16 Organization included on Form 990, Part VIII, line 12  17 Organization included on Form 990, Part VIII, l	þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Do the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maint	C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To b the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To the organization receive and contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Th the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Th the organization meceived a contribution of adultified intellectual property, did the organization file a Form 1098-C?  Th the organization may never a subsense sholdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  By a b the sponsoring organization make any taxable distributions under section 4966?  By a b the sponsoring organization make any taxable distributions under section 4966?  By a continuation of the section of form 1900 and the section 4960 and 1900	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1 1		
grifs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization on general exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  12 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  13 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  13 Did the sponsoring organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make any taxable distributions under section 4966?  15 Section 501(c)(X) organization make any taxable distributions under section 4966?  16 Did the sponsoring organization make and tistribution to a donor, donor advisor, or related person?  17 Did the sponsoring organization make and tistribution to a donor advisor, or related person?  18 Section 501(c)(X) organizations included on Part VIII, line 12  19 Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them 1)  18 Section 501(c)(X) organ		·	<u>6a</u>		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  7 C If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  1 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor adviser, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor adviser.  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Tool	þ				1
a Dd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Dd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Dd the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12  Did Gross income from members or shareholders  Gross income from embers or shareholders  Drives, "enter the amount of tax-exempt interest received or accrued during the year  Part of the organization incressed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states	_		6b_	ļ., <u></u>	
and services provided to the payor?    Ta		· · · · · · · · · · · · · · · · · · ·			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes, "indicate the number of Forms 8282 filed duning the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  77  78  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  78  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Intuation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  f Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  10 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 591(c)(29) qualified nonprofit health insurance Issuers.  11b   Section 591(c)(29) qualified nonprofit health insurance Issuers.  11b   Section 591(c)(29) qualified nonprofit health insurance Issuers.  11c   If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the	а		-	,:	1
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If Yes, indicate the number of Forms 8282 filed duning the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  77  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  78  The Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization make any taxable distributions under section 4968?  9 Did the sponsoring organization make any taxable distributions under section 4968?  9 Did the sponsoring organization make at distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Intuation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 900, Part VIII, line 12, for public use of club facilities  10 Did  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organizatio	_	·			
required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  77  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  78  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualifie			10		$\vdash \vdash$
d If "Yes," indicate the number of Forms 8282 field dunng the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from members or shareholders forces income from members or shareholders forces income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  133 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization icensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves in hand	·		70		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  ff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  22a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified heal	d		,,,,		<del></del>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  11 Initiation fees and capital contributions included on Part VIII, line 12  12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  13 Section 501(c)(12) organizations. Enter:  14 Gross income from members or shareholders  15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  16 Yes, enter the amount of tax-exempt interest received or accrued during the year  17 Section 501(c)(29) qualified nonprofit health insurance issuers.  18 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  18 Enter the amount of reserves on hand  19 Did the organization receive any payments for indoor tanning services during the tax year?			7e	:	1
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If Yes, "enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	_		<b>—</b>		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related persor?  10 Section 501(c)(7) organizations. Enter:  11 Initiation fees and capital contributions included on Part VIII, line 12  12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  13 Gross income from members or shareholders  14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 501(c)(12) organizations interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  14 If Yes, "enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  14 Did the organization is licensed to issue qualified health plans  15 Enter the amount of reserves on hand  16 Did the organization receive any payments for indoor tanning services during the tax year?	-				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Did					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health Insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  14a X	8		ν,		
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b		sponsoring organization have excess business holdings at any time during the year?	8		L
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13b  14a  X	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a  X	10	• • • • • • • • • • • • • • • • • • • •			ĺ
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  11a  11a  11b  11a  11a  11a  11b  12a  12a	а	· · · · · · · · · · · · · · · · · · ·	——  ,	1	į
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  13a			——[, ]		Ė
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  14a X					
against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13b  13c  X			`		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  12a  12b  12a  12b  13a  13a  13a  13b  13b  13b  13c	b	· · · · · · · · · · · · · · · · · · ·		7	į ` .
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  X  14a  X	42-			,	İ
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X			IZa		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13b  13b  13c		· · · · · · · · · · · · · · · · · · ·			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X			422		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	đ		134		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c 13c 14a X	h		- F. 1	`:	
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X			3	3.3	
14a Did the organization receive any payments for indoor tanning services during the tax year?	c	<del></del>		3	
<del></del>			14a	است	X
		- · · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del> -

LEXINGTON

DAA

Form 990 (2015) SJH COMMUNITY HEALTH FOUNDATION 20-3592795 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > BRENDA COLEMAN 1 HEALTH CIRCLE

540-458-3596

VA 24450

Form 990 (2015) SJH COMMUNITY HEALTH FOUNDATION Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII

**Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- . List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) (C)  Average hours per (do not check more than one box, unless person is both an officer and a director/trustee) hours for (C)						n )	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) SID CHOCKLETT, M	1.00										
BOARD CHAIR	0.00	X	L	X	L		_	0	0	(	
(2) D. CLAYTON DEVEN	ING, JR. 1.00	/	D.	Þ.:	β.						
DIRECTOR	0.00	X						0	0		
(3) FARRIS HOTCHKISS	1.00										
BOARD VICE CHAIRMAN	0.00	X		X	1	1 1	ļ	0	0		
(4) FRANK FRIEDMAN	1.00										
BOARD SEC/TREAS	0.00	x	l	x		1	-	o	0	,	
(5) ANNA CROCKETT	0.00	┲	-	<u> </u>	-	╁╌┼	┥			- <del></del>	
(5) ANNA CROCKETT	1.00	ļ				1 1	]				
DIRECTOR	0.00	x	)		]	] ]		o	0		
(6) PAUL G. FAUCHER,		<del>                                     </del>	<b>├</b> ─	-	_		┪		<del></del>		
(0,0000	1.00						- [				
DIRECTOR	0.00	x	l	ĺ		1 1	- 1	o	0	(	
(7) TED VAN LEER											
	1.00	ĺ			ĺ	1 1	Í				
DIRECTOR	0.00	X	<u> </u>	├		╁┵┼		0	0		
(8) PHILIP GIBSON	1 00			l	1	1 1		Ì			
D I D B C M O D	1.00		l			1 1	ł	o	0		
DIRECTOR (9) AYESHA J. KELLY,		X		├-	<del> </del> -	╁╌┼					
(a) AIRSDA U. REILLI,	1.00	1					ļ				
DIRECTOR	0.00	x					ļ	o	0	(	
(10) DAPHNE A. STICKI		12	-	$\vdash$	<u> </u>	+ +		<del>-</del>		<u> </u>	
,	1.00							ĺ			
DIRECTOR	0.00	x		[	[		İ	o	0	(	
(11)						T	$\neg$				
				1	l	1 1	1	ł			
• •	l .	1	Į	Į	)	1 1	- 1	ļ			

. Par	(A) Name and title	(B) Average hours per week (list any	Average Position hours per (do not check more than one week box, unless person is both an (list any officer and a director/trustee)						(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/10 <del>99-M</del> ISC)	(W-2/10 <del>99-M</del> ISC)		from the organizate and relate organizate	tion ted	
											<u></u>			
	Sub-total Total from continuation shee	ets to Part VII. S	ectio	on A	<u> </u>		<u> </u>	<b>&gt;</b>						
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (ind	duding but not lin	nited		ose	liste	d abo	► ve)	who received more than \$1	00,000 of				
3	reportable compensation from the organization list any for employee on line 1a? If "Yes," of the complex control of the complex control of the complex control of the contr	mer officer, dire	ctor,	or tru				ploy	ee, or highest compensated			3	Yes No	
4	For any individual listed on line organization and related organi individual	1a, is the sum of zations greater the	reponan \$	ortab 6150,	le co ,000°	mpe ? If "	ensat Yes,'	con	nplete Schedule J for such			4	х	
	Did any person listed on line 1a for services rendered to the orgon B. Independent Contractor	anızation? If "Ye		•				•	<u> </u>	dividual		5	<u> x</u>	
1	Complete this table for your five compensation from the organize	e highest comper ation Report cor							r year ending with or within t	he organization's tax year.	<del></del> -		(C)	
	Name and	(A) business address				•			Descrip	(B) tion of services		Com	(C) npensation	
												<del></del>		
<b>2</b>	Total number of independent or received more than \$100,000 or	ontractors (included for compensation to	ling t	out no	ot lin	nited	to th	ose	listed above) who	0			990 (2015)	

<b>F P</b>	₹ ¥:	Check	if Schedule O		ns a response o	or note to any line	in this Part VIII		
		•			•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated cam Membership di Fundraising ev Related organis Government grants All other contribution and similar amounts Noncash contribution Total. Add line	vents vents vents vents (contributions) us, grits, grants, unot included above us included in lines 1a-1f	1a	4,100	4,100			
		Total, Add line	:S 1a-11	•	Busn. Code	4,100			
Program Service Revenue	2a	CLIFTON	FORGE		33311. 3033	11,875	11,875	,	•
8	b							<u> </u>	
ş	С								
٦	d								
E	е								
ğ	f	All other progra	am service revenu	ie					
ے	g	Total. Add line	es 2a-2f			11,875		<u>::</u>	
	3	Investment inc	ome (including div	ıdends, iı	nterest,				
		and other simil	lar amounts)		<b>&gt;</b>	13,191			13,191
	4	Income from in	vestment of tax-e	xempt bo	nd proceeds 🕨		<u> </u>		
	5	Royalties							
			(ı) Real		(ii) Personal			:::	
	6a	Gross rents						**************************************	
	b	Less rental exps						ij.	,
	C	Rental inc or (loss)						并	
	_d	Net rental inco	me or (loss)						
	/a	Gross amount from sales of assets	(i) Secunties		(ii) Other				
		other than inventory	1,454,	845				::	
	b	Less cost or other	[	- 1					
		basis & sales exps	1,445,						,
	C	Gain or (loss)	9,	692		,		. 🔃	٠. ،
	d	Net gain or (los	ss)	_	<u> </u>	9,692	9,692		
9	8a		om fundraising event	s				ii '	
Other Revenu		(not including \$		1		, , , , , ,	, ,	····	`
è			reported on line 1c).					::	
Per		See Part IV, line		a				** *** *** ***	
동		Less: direct ex	•	ь(		, ,		ž,	•
			(loss) from fundra	ising <u>eve</u>	nts -				
	9a		om gaming activities.			٠.		::- 	,
		See Part IV, line		a		,	ŕ		
		Less: direct ex		b		,		\$	٠,
			(loss) from gamin	g activitie	s <u> </u>				
	10a	Gross sales of	-			, ,	,		`.
		returns and all		a .		,	•	\ <del>}</del>	
		Less: cost of g		b				"	
	<u>C</u>	_	(loss) from sales	of invento				e:•	
ļ	4.4		cellaneous Revenue		Busn. Code		** * * * * * * * * * * * * * * * * * * *		
	11a								
	b				<u> </u>			<u> </u>	
	, c	All ather			<u> </u>				
	d	All other reven							
	42	Total. Add line	•			38,858			12 104
	12	TOTAL LAAGURE	. See instructions		<u>P_</u>	30,030	21,567	0	13,191

	n (A)  (C) (D) Fundraising expenses expenses  3,920
Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b, Yb, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to domestic individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  Alanta (A)  Program service expenses  Balanta (B)  Progr	(C) (D) Fundraising expenses expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages    Aanta expenses   Program service expenses   Manta	agement and Fundraising expenses expenses
To be subject to the subject of the	agement and Fundraising expenses expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 3,920	3,920
and domestic governments See Part IV, line 21  2 Grants and other assistance to domestic individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  91,796  91,796  91,796  91,796  91,796  91,796  91,796  91,796  91,796  91,796  91,796  91,796  91,796	3,920
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 3,920	3,920
individuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3 , 920	3,920
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  3,920	3,920
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3,920	
individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3,920	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 3,920	
trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3,920	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3,920	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3,920	
persons described in section 4958(c)(3)(B)  7 Other salaries and wages  3,920	
7 Other salaries and wages 3,920	
Poneign plan accruals and contributions (include	300
	300
section 401(k) and 403(b) employer contributions)	300
9 Other employee benefits	300
10 Payroll taxes 300	
11 Fees for services (non-employees).	
a Management b Legal 2,490	2 400
b Legal 2,490 c Accounting 3,604	2,490 3,604
d Lobbying	3,004
e Professional fundraising services See Part IV, line 17	
f Investment management fees 1,039	1,039
g Other (If line 11g amount exceeds 10% of line 25, column	
(A) amount, list line 11g expenses on Schedule (O)	
12 Advertising and promotion	
13 Office expenses 723	723
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings 72	72
20 Interest	
21 Payments to affiliates 22 Depreciation, depletion, and amortization 4,097 4,097	
22 Depreciation, depletion, and amortization 4,097 4,097	
24 Other expenses. Itemize expenses not covered	
above (List miscellaneous expenses in line 24e If	
No Ode amount wounds 40% of the OS and an	
(A) amount, list line 24e expenses on Schedule O.)	
a	
Ь	
С	
d	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 108,041 95,893	12,148 0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	

- 1	art X	Balance Sheet					
		Check if Schedule O contains a response or note to	any lin	e in this Part X			
			_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			7,017	1_	5,312
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office	ers, dir	ectors,		···	
		trustees, key employees, and highest compensated emplo	yees				, ,
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persor	ns (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	nd cont	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary em			•		
छ		organizations (see instructions). Complete Part II of Sched	lule L			6	
Assets	7	Notes and loans receivable, net		7			
¥	8	Inventones for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or					,
		other basis. Complete Part VI of Schedule D	10a	829,705			
	b	Less. accumulated depreciation	10b	4,097	693,152	10c	825,608
	11	Investments—publicly traded securities			1,470,831	11	1,305,658
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		ļ	4,792,468	15	4,792,416
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,963,468	16	6,928,994
	17	Accounts payable and accrued expenses			245	17	415
	18	Grants payable			18	···	
	19	Deferred revenue .				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of S	le D		21		
8	22	Loans and other payables to current and former officers, d	rector	s,			
Liabilities		trustees, key employees, highest compensated employees	s, and				
lab		disqualified persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third p	arties			23	
	24	Unsecured notes and loans payable to unrelated third part	ies		· · · · · · · · · · · · · · · · · · ·	_24	
	25	Other liabilities (including federal income tax, payables to r					
		parties, and other liabilities not included on lines 17-24). Co	omplet	e Part X			
		of Schedule D			0.45	25	
	26	Total liabilities. Add lines 17 through 25		19-51	245	26	415
		Organizations that follow SFAS 117 (ASC 958), check	here I	► X and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			6,963,223		C 000 E70
lan	27	Unrestricted net assets		}	0,903,223	27	6,928,579
ĕ	28	Temporanly restricted net assets				28	<del></del>
Ę	29	Permanently restricted net assets			<del></del>	_29	
Ē		Organizations that do not follow SFAS 117 (ASC 958),	cnec	here 🕨 📙 and	,		
Net Assets or Fund Balances		complete lines 30 through 34.			· · ·	``. <b> </b>	
330	30	Capital stock or trust principal, or current funds		}	· · · · · · · · · · · · · · · · · · ·	30	
ţ	31	Paid-in or capital surplus, or land, building, or equipment fu				31	<u> </u>
ž	32	Retained earnings, endowment, accumulated income, or o	iner TU	nus	6,963,223	32	6,928,579
	33	Total net assets or fund balances		. }	6,963,223	33	
	34	Total liabilities and net assets/fund balances			0,303,408	34	6,928,994

om	990 (2015) SJH COMMUNITY HEALTH FOUNDATION 20-3592795			Pa	ge <b>12</b>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			858
2	Total expenses (must equal Part IX, column (A), line 25)	2		108,	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-69,</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,	963,	<u> 223</u>
5	Net unrealized gains (losses) on investments	_ 5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<u> </u>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		34,	<u>539</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	i i			
	33, column (B))	10	6,	928,	<u>579</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
			from:	Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O.				•
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	4	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				•
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	<u>,                                    </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				•
	separate basis, consolidated basis, or both.				·
	Separate basis Donsolidated basis Both consolidated and separate basis				Ī
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				ŧ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		38	4	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ĺ	1	ĺ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	ı l	ı

Form **990** (2015)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

			SJH COMMUNIT	Y HEALTH FOUNDAT	LION		20-359	2 / 95	
P	art I	Reas	on for Public Charity	Status (All organizations r	must co	mplete t	this part.) See instruction	S	
he	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box.)			
1	$\Box$	A church, con	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).		
2	П	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E (Form 9	990 or 990	)-EZ).)			
3	П			e organization described in section			١.		
4	Н	•	•	in conjunction with a hospital des				utal's name	
7	Ш		•	in conjunction with a nospital dec	ocibed iii	5000011	rotal racing	nais name,	
_	$\Box$	city, and state				h a. a.a			
5	Ш	•	•	a college or university owned or	operated	by a gove	Inmental unit described in		
	$\overline{}$	-	b)(1)(A)(iv). (Complete Part i				_		
6	Н		•	vernmental unit described in <b>sec</b>			•		
7	$\sqcup$	An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental un	it or from the general public		
	_	described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II )					
8	Ш	A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	)				
9		An organizatı	on that normally receives: (1)	more than 33 1/3% of its suppor	rt from cor	ntributions	, membership fees, and gross		
		receipts from	activities related to its exemp	ot functions—subject to certain ex	xceptions,	and (2) n	io more than 33 1/3% of its		
		support from	gross investment income and	funrelated business taxable inco	me (less	section 5	11 tax) from businesses		
				, 1975 See section 509(a)(2). (			•		
10			•	clusively to test for public safety	•	•	a)(4).	•	
11	X	-		clusively for the benefit of, to per		•	** *	of	
••		•	•	ns described in section 509(a)(			• • •		
		•	• •	bes the type of supporting organ	•	•			
_	П		•	f, supervised, or controlled by its		•	· · · · · · · · · · · · · · · · · · ·		
а	ш								
			-	regularly appoint or elect a majo	ority of the	airectors	or trustees of the supporting		
_		-	You must complete Part IV						
b	Ш	• .		sed or controlled in connection w	-				
			• •	rganization vested in the same p	ersons th	at control	or manage the supported		
	_	organization(s	s). You must complete Part	IV, Sections A and C.					
C	X	Type III func	tionally integrated. A suppo	rting organization operated in co	nnection v	with, and f	unctionally integrated with,		
		its supported	organization(s) (see instruction	ons). You must complete Part l	IV, Section	ns A, D,	and E.		
ď		Type III non-	functionally integrated. A s	upporting organization operated	in connec	tion with i	ts supported organization(s)		
		that is not fun	ctionally integrated. The orga	nization generally must satisfy a	distributio	n requirei	ment and an attentiveness		
		requirement (	see instructions). You must	complete Part IV, Sections A a	and D, an	d Part V.			
е		Check this bo	x if the organization received	a written determination from the	IRS that i	it is a Tvo	e I. Type II. Type III		
			<del>-</del>	tionally integrated supporting org					
f	Ent	•	of supported organizations	,	,				1
g			ring information about the sur	ported organization(s).					=
		e of supported	(II) EIN	(III) Type of organization	(lv) is the o	organization	(v) Amount of monetary	(vi) Amount of	_
		ganization	(", 2".	(described on lines 1–9		ır governing	support (see	other support (see	
				above (see instructions))	docu	ment?	instructions)	instructions)	
					Yes	No			
	CIT	ONEWALI	JACKSON HOSP	MAT	163	NO			_
A)	21	ONEWALL							_
			20-3592795	3	X				0
B)									
					ļ <u>.</u>	ļ			_
C)									
					<u> </u>				
D)									
•									
E)									_
•									
			)		,				_

P:	art II Support Schedule for O	rganizations D	escribed in S	ections 170(h)	$(1)(\Delta)(iv)$ and	170(b)(1)(Δ)(v	i)
. •	(Complete only if you che						
	Part III. If the organization						iy under
Sec	tion A. Public Support	riano to quamy	drider trie teet	noted below,	picase complete	c r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>J</b>	ical year (or noon year beginning my P	(4) 2011	(5) 2012	(0) 2010	(4) 2014	(6) 2013	(I) Iolai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				<u>.</u>		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>				
	tion B. Total Support				-,		
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<b></b>	`			
12	Gross receipts from related activities, etc. (	see instructions)				_12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						<u> </u>
<u>Sec</u>	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2015 (line 6,	column (f) divided	by line 11, column	<b>(f)</b> )		14	%_
15	Public support percentage from 2014 Sche	dule A, Part II, line	14			15	<u> </u>
16a	33 1/3% support test—2015. If the organi	zation did not checl	k the box on line 13	3, and line 14 is 33	1/3% or more, che	ck this	_
	box and stop here. The organization qualif	īes as a publicly su	pported organization	on			▶ ∐
b	33 1/3% support test—2014. If the organi	zation did not checl	k a box on line 13 o	or 16a, and line 15	is 33 1/3% or more	•	_
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	organization			▶ 📙
17a		_					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ts-and-circumstand	es" test. The organ	nization qualifies as	s a publicly supporte	ed	
	organization						▶ 🗌
þ	10%-facts-and-circumstances test—201					ne	
	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization mee	ets the "facts-and-c	ircumstances" test.	The organization of	qualifies as a public	ły	. —
	supported organization						▶ []
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	ineta ictione						<b>■</b> 1 1

Schedule A (Form 990 or 990-EZ) 2015 SJH COMMUNITY HEALTH FOUNDATION
Part III Support Schedule for Organizations Described in Section 509(a)(2) Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							<del></del>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	:						
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b							<del> </del>
8	Public support. (Subtract line 7c from line 6)				<del>.</del>	1		
Sec	tion B. Total Support	£	<b>I</b>	<u> </u>	<u> </u>	ŧ	1	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	T	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)		
	organization, check this box and stop here	·	·					<b>_</b> _
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2015 (line 8,	• • •	•	<b>(f)</b> )			5	%_
<u>16</u>	Public support percentage from 2014 Sche					<u> </u>	6	%_
	tion D. Computation of Investme							
17 40	Investment income percentage for 2015 (lin	* *	•	column (t))		1	_	<u> %</u>
18 192	Investment income percentage from 2014 \$	•	•	IA and line 15 is	ore than 32 1/20/	1 and line	0	%_
19a	33 1/3% support tests—2015. If the organ 17 is not more than 33 1/3%, check this box							▶ □
b	33 1/3% support tests—2014. If the organ	·	•	•	• •			<b>,</b> U
~	line 18 is not more than 33 1/3%, check this							▶ □
20	Private foundation. If the organization did	•	•	•			•	▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tic	on A. A	NI	Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	Ş .	,
1	X	
	) : :	ļ
2		X
F _ '		
3a		X
	1.5	ì
ا ما ا	: 14	: '
3b		
	0	
3с	l	
	l.: .	
ا <sub>م</sub> ا ا	*	x
4a	<del> </del>	
		ļ.,
4b	[ ]	ĺ
	·········	
	<u>                                   </u>	ļ.
	[ÿ	
•		
4c	2	
	11.7.00 (1 0 CT ) (1 10.000 (10 CT ) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	89	ĺ
	g:: ;*	
F	· · ·	
5a		X
	: %	
5b		
	<b>-</b>	
5c	<u> </u>	ļ
	1 1000 WW. VV	,
	i i	
	1 2	
1	100	~ `
6		X
		,
7	[ `	x
<b>-</b>	:	
· 1	in v	x
8	<u> </u>	
		3
· .	133	५,- '
<u>9a</u>		X
		₹,
9ь		x
<del>""</del>	;:·· · ·	<del> </del>
F	9i.	1
9с		X
	k: """	3
,	]\$ `	Ų.
,		~ √
10a		<b>X</b>
10a		X
10a 10b		<b>X</b>

	tule A (Form 990 or 990-EZ) 2015 SJH COMMUNITY HEALTH FOUNDATION 20-35927	95		Page 5
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		٠.	
	below, the governing body of a supported organization?	11a	ļ	X
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	ion B. Type I Supporting Organizations			•
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1.
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1 '	1
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			,
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization.	2		
<u>Sect</u>	ion C. Type II Supporting Organizations		r	<b>,</b>
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	٠. ا		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	İ	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	i	х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		х	Ì
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	X	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	າຣ).		
2 .	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			٠.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ι.		٠,
	how the organization was responsive to those supported organizations, and how the organization determined	( )	Ċ	
	that these activities constituted substantially all of its activities.	2a	X	)
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<del></del> -	· · · · · · ·
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
			3.	
	reasons for the organization's position that its supported organization(s) would have engaged in these		X	, '
_	activities but for the organization's involvement.	2b		·····
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		8m	, 77 ( 7
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3ь		Ī

Schedule A (Form 990 or 990-EZ) 2015 SJH COMMUNITY HEALTH FOUNDAT			2795 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ions	<del></del>
1 Check Here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20			
other Type III non-functionally integrated supporting organizations must complete Sections A	1 throu	gh E.	<del></del>
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3	4		<u> </u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or	]		j
maintenance of property held for production of income (see instructions)	6_		
7 Other expenses (see instructions)	7_		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			<u> </u>
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functionally-integrated Ty	pe III s	supporting organization (se	ee
instructions)			

Schedule A (Form 990 or 990-EZ) 2015

	ule A (Form 990 or 990-EZ) 2015 SJH COMMUNITY HE			.795 Page 7
Par	₹ ▼ Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions	·		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		٠	
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а			·	
b				
C			······································	
	From 2013		111111111111111111111111111111111111111	······································
	From 2014		***************************************	
	Total of lines 3a through e		······	
	Applied to underdistributions of prior years		· ,, ,	
	Applied to 2015 distributions of prior years  Applied to 2015 distributable amount			
<u>''</u>				
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f		\ <u>\</u>	,
4	Distributions for 2015 from Section			
	D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if	,		
	any. Subtract lines 3g and 4a from line 2 (if amount			·
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			,
	and 4c			
8	Breakdown of line 7.			
а	· .		٠,	,

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV, Section D, Line 3 - Role of Supported Organizations
THE SUPPORTED ORGANIZATION HAS SIGNIFICANT INVOLVEMENT IN DIRECTING THE USE
OF THE ORGANIZATIONS INCOME AND ASSETS. MAJOR ASSETS OF THE FOUNDATION
CONSIST OF A 20% INTEREST IN THE SUPPORTED ORGANIZATION, REAL ESTATE
CONTROLLED BY THAT SUPPORTED ORGANIZATION, AND AN INVESTMENT FUND THAT IS
MANAGED BY THE SUPPORTED ORGANIZATION. THE AMENDED AND RESTATED ARTICLES
OF INCORPORATION OF THE FOUNDATION ALSO STATE IN ARTICLE II THAT ALL INCOME
OVER AND ABOVE THE NECESSARY EXPENSES AND RESERVES ARE TO BE TURNED OVER TO
THE HOSPITAL, THE SUPPORTED ORGANIZATION.

Part IV, Section E, Line 2a - Explanation of Supported Organizations
THE ORGANIZATION'S ACTIVITIES DIRECTLY FURTHERED THE EXEMPT PURPOSE OF THE
SUPPORTED ORGANIZATION BY PROMOTING HEALTH AND THE EDUCATION OF HEALTH IN
THE COMMUNITY.

Part IV, Section E, Line 2b - Explanation of Organization's Position
THE ORGANIZATION ENGAGED IN ACTIVITIES THAT THE SUPPORTED ORGANIZATION
WOULD HAVE OTHERWISE ENGAGED IN THEMSELVES IN ORDER TO PROMOTE HEALTH AND
THE EDUCATION OF HEALTH IN THE COMMUNITY.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization SJH COMMUNITY HEALTH FOUNDATION 20-3592795 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

che	dule D (Form 990) 2015 SJH COMM	UNITY	HEALTH	FOUNDATIO	N	20-3592	795	Page <b>2</b>
Pa	rt III Organizations Maintainir	g Collec	tions of Ar	t, Historical Tr	easures, c	or Other Sim	ilar Assets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and oth	er records, ch	eck any of the follow	ing that are a	significant use	of its	<del></del>
а	Public exhibition		d \ Lo	an or exchange prog	ırams			
b	Scholarly research		-	her	,			
c	Preservation for future generations							
4	Provide a description of the organization's c	ollections ar	nd explain how	they further the org	anization's ex	cempt purpose ir	n Part	
	XIII.		•	,				
5	During the year, did the organization solicit of	or receive do	onations of art,	historical treasures	, or other sım	ilar		
	assets to be sold to raise funds rather than t							Yes No
Pa	et IV Escrow and Custodial A							
	Complete if the organization	n answe	red "Yes" o	n Form 990, Pai	rt IV, line 9	, or reported	an amount	on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other	intermediary f	or contributions or o	ther assets n	ot		
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII	and comple	ete the followin	ng table:				
								Amount
C	Beginning balance						1c	<del></del>
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f (	
2a	Did the organization include an amount on F	orm 990, P	art X, line 21, f	for escrow or custod	ial account lia	ability?		☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XII	Check her	re if the explan	ation has been prov	ided on Part	XIII		
Pa	eft V Endowment Funds.					_		
	Complete if the organization	n answe	red "Yes" o	n Form 990, Pai				<del></del>
		(a) Cum	ent year	(b) Pnor year	(c) Two yea	ars back (d)	Three years back	(e) Four years back
1a	Beginning of year balance			<del></del>	<u> </u>			<del></del>
b	Contributions				<u> </u>			
С	Net investment earnings, gains, and		1					
	losses							
	Grants or scholarships				ļ			<del></del>
е	Other expenditures for facilities and		j					
	programs			<del></del>	<del> </del> -		<del></del> -	<del></del>
	Administrative expenses				<u> </u>		<del></del>	<del></del>
_	End of year balance	L			<u> </u>			<del></del>
2	Provide the estimated percentage of the cui	rent year er	-	e 1g, column (a)) ne	id as:			
a	Board designated or quasi-endowment		%					
D	Permanent endowment > %		0/					
С	Temporanly restricted endowment ►  The percentages on lines 2a, 2b, and 2c sh		% 100%					
22	Are there endowment funds not in the posse	•		that are hold and ad	minustared fo	r the		
Ja	organization by:	Joseph Of the	Jorganization	that are held and ad	immotered 10			Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organize	ations listed	d as required o	n Schedule R?				3b
4	Describe in Part XIII the intended uses of th							L-3-1
	et VI Land, Buildings, and Eq							
. +	Complete if the organization	-	red "Yes" o	n Form 990, Pai	t IV, line 1	1a. See Form	n 990, Part	X, line 10.
	Description of property		Cost or other basis			(c) Accumula		(d) Book value
			(investment)	(oth	er)	depreciation	on	
1a	Land		693,1	L52	28,976		· · · · · · · · ·	722,128
	Buildings							
	Leasehold improvements							
	Equipment							
	Other			1	07,577		4,097	103,480
otal	I. Add lines 1a through 1e. (Column (d) must	equal Form	990. Part X. c	olumn (B), line 10c)			<b>▶</b>	825,608

Schedule D (F	orm 990) 2015 SJH COMMUNITY HEAL	TH FOUNDATION	20-3592795	Page :
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lin	e 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of			<del> </del>	
	eld equity interests		<del> </del>	<del></del>
(3) Other				
(A)		ļ		
(B)			<u> </u>	<del></del>
(C)			<del>_</del>	
(D)			<del> </del>	
(E)			<del>                                     </del>	
(F)			<del> </del>	
(G)			<del>                                     </del>	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12 ) ▶		<u> </u>	<u> </u>
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	<u>e 11c. See Form 990, Pa</u>	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
_(1)			<del> </del>	
(2)				
_(3)			<del></del>	
_(4)			<del>                                     </del>	
_(5)			<del></del>	
(6)	<del></del>			
_(7)				<del></del>
_(8)				
_(9)			<del> </del>	<del></del>
	n (b) must equal Form 990, Part X, col. (B) line 13.)			<del></del>
Part IX	Other Assets.	T 5 000 D ( ) ( )	- 444 O 5 000 B	1.77 12 4.5
	Complete if the organization answered "Ye		e 11d. See Form 990, Pa	
	(a) Descript			(b) Book value
(1)	20% INTEREST IN CSJI	<del></del>		4,792,41
(2)	OTHER ASSET			<del></del>
(3)			<del></del>	<del></del>
(4)			<del></del>	<del></del>
(5)	<del></del>			<del></del>
(6)			<del></del>	
(7)				
(8)			<del></del>	
(9)	n (b) must equal Form 990, Part X, col. (B) line 15)			4,792,416
Part X	Other Liabilities.			=,,,,,,,,,,,
1 412 74	Complete if the organization answered "Yes	s" on Form 990 Part IV lin	e 11e or 11f See Form 9	90 Part X
	line 25.	5 5,11 5,111 555, 1 are 10, 111		00, 1 41174,
1.	(a) Description of liability	(b) Book value		, v
	income taxes		<b>-</b> [	, , , ,
(2)	moonic taxes		<b>-</b>	
(3)	<del></del>	<del> </del>	1	· · ·
(4)	<del></del>		1 , , `,	** *
(5)	<del></del>	·	1	
(6)	<del></del>	<del></del>	<b>†</b> ` `	
(7)	<del></del>		<b>†</b> ( ) ( ) ( ) ( ) ( )	
(8)	<del></del>	<del></del>		
(9)	<del></del>	<del> </del>	1838 8 3 3 3 5	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<del>  </del>	10% spin(0, )	
	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's fina	notal statements that reports the	
a. Liquilly IUI	ansarian tax positions. It is all Alli, provide the text of the	, woulder to the organization 3 line	moral atatemienta unat reports lift	,

	ule D (Form 990) 2015 SJH COMMUNITY HEALTH FOU		0-3592795	Page <b>4</b>
Par	Reconciliation of Revenue per Audited Financial		-	
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 12a.	<del></del>	
	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of pnor year grants	2c		
d	Other (Describe in Part XIII )	2d		
е .	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C.	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u> </u>	5	
Pai	* Xii Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Forn	•	•	· -
1	Total expenses and losses per audited financial statements	1 990, Partiv, line 12a.	11	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Pnor year adjustments	2b		
	Other losses	2c		
_		2d		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d Subtract line 2e from line 1		2e	·
		1 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	<del></del>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	) )	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2015 SJH COMMUNITY HEALTH FOUNDATION
Part XIII: Supplemental Information (continued)

20-3592795

Page 5

	Ш
_	
⊑	$\overline{}$
٤.	щ
₹	ш
₹ .	т
ō	$\overline{}$
Ō	ب
Ξ.	Ö
ú	

(Form 990)

Partil

Part

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 2015

OMB No 1545-0047

Š

×

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number ∑ Yes 20-3592795 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SJH COMMUNITY HEALTH FOUNDATION General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Name of the organization

HOSPITAL EQUIPMENT (h) Purpose of grant GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT or assistance non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 24,810 7,630 15,000 12,850 7,500 (d) Amount of cash grant (c) IRC section if applicable 54-1234799 501C3 04-3586915 501C3 501C3 54-1288305| 501C3 **54-0568001**| **501**C3 54-2070140 (p) EIN CARILION STONEWALL JACKSON HOSPITAL ROCKBRIDGE AREA TRANSPORTATION SERV ROCKBRIDGE AREA COMMUNITY SERVICES 6) YELLOW BRICK ROAD EARLY LEARNING VA 24450 VA 24450 VA 24450 VA 24450 VA 24450 (a) Name and address of organization ROCKBRIDGE AREA HOSPICE 410 YELLOW BRICK ROAD 712 NORTH MAIN STREET or government (4) ROCKBRIDGE AREA YMCA 241 GREENHOUSE ROAD 315 MYERS STREET 790 LEE HIGHWAY 1 HEALTH CIRCLE LEXINGTON LEXINGTON LEXINGTON LEXINGTON LEXINGTON (2 ල Ξ

5,661

54-1101888 501C3

VA 24450

LEXINGTON

8

8

6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) SJH COMMUNITY HEALTH FOUNDATION 20–3592795

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

SJHCOMMUNIT

	ביים ביים ביים מתחומים וו מתחומים אמכם וא נוכפתפתי	בושו מסמכים ומינים שניים				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
!		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1						
2						
<b>6</b> 0						
4						
ۍ ا						
ဖ						
•						
Part	Part W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information rec	quired in Part I, line 2	, Part III, column (b),	and any other additional in	formation.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Name of the organization

SJH COMMUNITY HEALTH FOUNDATION

Employer identification number 20-3592795

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 ALL BOARD MEMBERS ARE PROVIDED A DRAFT COPY OF THE 990 AND GIVEN THE OPPORTUNITY TO REVIEW ALL FORMS AND PROVIDE FEEDBACK PRIOR TO THE FILING OF THE 990

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation UNREALIZED GAIN ON INVESTMENT 34,539 34,539 Total