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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For catendar year 2015 or tax year beginning OCT 1, 2015 , and ending 2016 SEP 30, Name of foundation A Employer identification number Commonwealth Transfusion Foundation 54-1562993 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 301 Concourse Boulevard 110 (804) 934-0284 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Glen Allen, VA 23059 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change X Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 30668187 . (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome (cash basis only) N/A 0 Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 756015. 4 Dividends and interest from securities ${ t Statement}$ 5a Gross rents h Net rental income or (loss) 198500 6a Net gain or (loss) from sale of assets not on line 10 198500. 198500 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 🗐 (Income modifications Gross sales less return 10a and allowances 0 5 2016 b Less Cost of good c Gross profit or (loss) OGDEN. UT 11 Other income 954515 198500 Total. Add lines 1 through 11 371464 371464. Compensation of officers, directors, trustees, etc 0. 10732. ဖ 14 Other employee salaries and wages 0 10732. 15 Pension plans, employee benefits 64287. 0. 64287. 61567. 0 61537. Stmt 2 16a Legal fees Stmt 3 38550. **b** Accounting fees 0 38550. 34446 SCANNED Stmt 4 37971 c Other professional fees 3525. 17 Interest Stmt 5 27581 0 32061. 18 13920. 0 19 Depreciation and depletion 38001 20 38001. Occupancy Ο. 12754. 21 Travel, conferences, and meetings Ο. 12754. 22 Printing and publications 7261 0. 7261. 23 Other expenses Stmt 6 81914 81219. Operating 24 Total operating and administrative 766002. 34446 721391. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 694942 694942. 26 Total expenses and disbursements. 1460944 34446 1416333. Add lines 24 and 25 27 Subtract line 26 from line 12: -506429 a Excess of revenue over expenses and disbursements 164054 b Net investment income (if negative, enter -0-) N/Ac Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2015)

Pert II	For	m 99	0-PF(2015) Commonwealth Transfusion			-1562993 Page 2
Cash -rion-interest-bearing	Р	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		,
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1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ book tax difference in investments 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 27610804. 2 −506429. 3 1616. 4 27105991. 5 0.		31	Total liabilities and net assets/fund balances	27643942.	27435720	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ book tax difference in investments 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 27610804. 2 −506429. 3 1616. 4 27105991. 5 0.		art	Analysis of Changes in Net Assets or Fund Ba	alances		
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ book tax difference in investments 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 27610804. 2 -506429. 3 1616. 4 27105991.	_					
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► book tax difference in investments 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2	1			30		
3 Other increases not included in line 2 (itemize) ► book tax difference in investments 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 3 1616. 4 27105991. 5 0.		-			<u> </u>	
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27105991.				~ ~		
5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27105991.				<u>tterence in in</u>		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27105991.						
						
	6_	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30		_

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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1107644.

1416333.

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

7

8

Form 99 Part		<u>54 - 1</u> 348 -	15629 see in	93 stru		Page 4 1 S)
	empt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
Da	te of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_
b Do	mestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛣 and enter 1%	1			16	<u>41.</u>
of	Part I, line 27b	1				
	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		-			
	x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			1.	<u>0.</u>
	d lines 1 and 2	3		_	Τρ.	41.
	btitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			1.0	0.
	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			Το.	41.
	edits/Payments:					į
	15 estimated tax payments and 2014 overpayment credited to 2015 6a 17600.					1
	empt foreign organizations - tax withheld at source					į
	x paid with application for extension of time to file (Form 8868) ckup withholding erroneously withheld 6d					i
	ckup withholding erroneously withheld [6d] tal credits and payments. Add lines 6a through 6d	7			176	00
	ter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			170	55.
	x due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	rerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			159	59.
	ter the amount of line 10 to be: Credited to 2016 estimated tax	11				0.
	VII-A Statements Regarding Activities	 ,				
	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	ın			Yes	No
	y political campaign?			1a		Х
	d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	?	<u> </u>	1b		X
	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published					
	stributed by the foundation in connection with the activities.		i			
	d the foundation file Form 1120-POL for this year?		L	1c		X
	ter the amount (ıf any) of tax on political expenditures (section 4955) imposed during the year:					;
(1	On the foundation. ► \$O. (2) On foundation managers. ► \$O.					
e Er	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					.
	anagers ► \$ 0 .		~			·
2 Ha	is the foundation engaged in any activities that have not previously been reported to the IRS?		_	2		X
	"Yes," attach a detailed description of the activities					ļ .
	is the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r			~	
•	laws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	3		<u>X</u>
	d the foundation have unrelated business gross income of \$1,000 or more during the year?		, <u> </u>	4a		<u>X</u>
	"Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		37
	as there a liquidation, termination, dissolution, or substantial contraction during the year?		}	5		<u> </u>
	"Yes," attach the statement required by General Instruction T		ļ			1
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		i			
	By language in the governing instrument, or	low	-			İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	IdW	-	6	X.	
	main in the governing instrument? d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		-	7	X	
7 Di	d the foundation have at least \$5,000 in assets at any time during the year in itees, complete Part II, cor (c), and Part XV		-		Λ	
	iter the states to which the foundation reports or with which it is registered (see instructions)					•
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					_
	each state as required by General Instruction G? If "No," attach explanation		L	8b	X	
	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar				-
	ar 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		L	9		X
10 D	d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		_X_
			Forn	1 99 0	-PF	(2015)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Form 990-PF (2015) Commonwealth Transfusion			<u>54-15629</u>	93	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,	İ	- 1	
any voter registration drive?		Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	es X No	-	
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? (see instructions)			es X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				}
the prevention of cruelty to children or animals?	or outdutional parpoose, or		es X No		l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described	 :			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii riogulations	N/A	5b	-
Organizations relying on a current notice regarding disaster assistance (see list of	•			30	
		unad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			l		
expenditure responsibility for the grant?		I/A ∐Yı	es L No		:
If "Yes," attach the statement required by Regulations section 53.494	• •			-	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	۲		İ	
a personal benefit contract?		Yo	es X No	.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	<u> </u>
If "Yes" to 6b, file Form 8870.					- ;
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Yo	es 🗶 No 📙		1
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		Y	I a n .	, .	
(~) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) E	Expense unt, other
(a) Name and address	to position	enter -0-)	and deferred compensation		wances
See Statement 10		0.	0.		0.
					
·····					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	!		
= compensation of months and comprospect (canon than those mo	(b) Title, and average	T	(d) Contributions to employee benefit plans	(e) E	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	and deterred	accou	unt, other
NONTO	devoted to position		compensation	ano	wances
NONE					
		ļ		<u> </u>	
*****				[
				ļ	
				ļ	
				<u> </u>	
Total number of other employees paid over \$50,000			<u></u>		0

Total. Add lines 1 through 3

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

				
1	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Обірио	7 Sai S prior to 2011	23.1	
line 7				1457929.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			786110.	
b Total for prior years:				
,,				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				,
d From 2013				1
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 1416333.				
a Applied to 2014, but not more than line 2a			700110.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U•		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u></u>			630223.
d Applied to 2015 distributable amount	0.			030223.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				ı
assessed		0.		
d Subtract line 6c from line 6b. Taxable				!
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			•	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract		1		
lines 4d and 5 from line 1. This amount must				827706.
be distributed in 2016				021100.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.			· 	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
 				Farm 000-DE (2015)

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Form 990-PF (2015) Commonw	<u>ealth Trans</u>	fusion Four	<u>idation</u>	<u>54-15</u>	62993 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating	İ		
'foundation, and the ruling is effective for	r 2015, enter the date of	the ruling	▶		
b Check box to indicate whether the found	ation is a private operatii	ng foundation described	ın section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	_Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		1	1		
•				 	
d Amounts included in line 2c not		ļ			
used directly for active conduct of					
exempt activities				 	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:		İ			
(1) Value of all assets		ļ			n
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					*
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			 	 	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)				 	 -
(3) Largest amount of support from					
an exempt organization		 	 -		
(4) Gross investment income		4-41	; (1 - (h - 1 05 000	
Part XV Supplementary Info	•		if the foundation	nad \$5,000 or mo	ore in assets
at any time during t	ne year-see insu	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
None					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation has	s a 10% or greater intere	st.			
None					
2 Information Regarding Contributi	on, Grant, Gift, Loan	Scholarship, etc., P	rograms:		
Check here ► X if the foundation o			-	ont accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a The hame, address, and telephone hum	bei or e-mail address or	ine person to whom appi	ications silvaid be addie:	sacu.	
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on sweets	e cuch as hy apparachie	al areas charitable fields	kinds of institutions, or	other factors	
d Any restrictions or limitations on awards	o, audii aa by yebyrapiiic	ai artas, Gliai Habit Helus	, หมานอ บา มาอเมนนเบเเธ, 01 (omer Idulois.	

Form 990-PF (2015) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year Public Mountain States Health Alliance hone Physician Education 408 N. State of Franklin Rd, #11 Johnson City, TN 37604 2500. Blood Center of Wisconsin none Public Clinical impact of 638 North 18th Street functional Milwaukee, WI 53233 polymorphisms of immune system markers on anti-A and anit-B 105750. Virginia Commonwealth University none Public Attenuation of red PO Box 980583 blood cell storage Richmond VA 23298 lesions with Vitamin C 100000. Eastern Virginia Medical School Public none Complement hemolysis 7000 W. Olney Road using Human Norfolk, VA 23507 Erythrocytes (CHUE) 85950. assay James Madison University none Public profile transfusion 800 south Main Street structure Harrisonburg VA 22807 46727. See continuation sheet(s) → 3a Tota1 694942. b Approved for future payment None

Form **990-PF** (2015)

Total

ter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue:	code	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	-		-		
	3 1	_	+		
G			+ + -		
<u> </u>	i				
e	- - -		+ +-		
Fees and contracts from government agencies	- 	 	+		
			+		······································
Membership dues and assessments nterest on savings and temporary cash			- -		
nvestments					
Dividends and interest from securities			14	756015.	
Net rental income or (loss) from real estate:			+ * -	730013.	
a Debt-financed property					
Not debt-financed property					
	-				
Net rental income or (loss) from personal					
property Other reveatment recome					
Other investment income	 	· · · · · ·			
Gain or (loss) from sales of assets other			18	198500.	
than inventory			10-	1,70,300.	
Net income or (loss) from special events			-	·-··	
Gross profit or (loss) from sales of inventory	-		-		
Other revenue:					
a	l I		 		
b					
c	_				····
d	_				<u>.</u>
cd	_			054515	
c d E Subtotal. Add columns (b), (d), and (e)	_	0		954515.	95451
c d Total Add line 12, columns (b), (d), and (e)		0		954515. 13	
c d d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities	s.)	mplishment of I	Exempt P	urposes	95451
c d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities	s.) es to the Acco	mplishment of l	Exempt P	urposes	95451
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523621 11-24-15

Phone no. (804)747-0000

Paid Preparer

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Firm's name ▶ KEITER, STEPHENS, HØRST, GARY & SHREAVES, P| Firm's EIN ▶ 54-1631262

Firm's address ▶ P.O. BOX 32066

RICHMOND, VA 23294-2066

11-30-16

self- employed

Recipient Sharper Recipient Sharper Recipient Sharper Recipient Sharper Recipient Sharper Recipient Sharper Recipient Reci	Part XV Supplementary Information 3 Grants and Contributions Paid During the				
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O Box 980583 Medicine in the CLS 11950 1	irginia Commonwealth University	none	Public	Advancing Transfusion	
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merican Red Cross 025 E Street NW lashington, DC 20006				in Labs with Staffing	
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related acute lung injury (TRALI) 12500 merican Red Cross none public 2551 ashington , DC 20006	000 W. Olney Road			efficacy in a rat	
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Commonwealth Transfusion Foundation 54-1562993 Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
Name of Recipient - Blood Center of Wisconsin
Clinical impact of functional polymorphisms of immune system markers on
anti-A and anit-B mediated red cells
The state of the s

ds and Inter	est from Sec	urities S	tatement 1
Capital Gains Dividend			•
	-		
5.	75601	5. 0.	
Legal	Fees	S	tatement 2
(a) Expenses Per Books			(d) Charitable Purposes
61567.	0	•	61537.
61567.	0	•	61537.
Accounti	ng Fees	S	tatement 3
(a) Expenses Per Books		_	(d) Charitable Purposes
38550.	0	•	38550.
38550.	0		38550.
Other Profes	sional Fees	S	tatement 4
/->	(b)	(c)	(b)
(a) Expenses Per Books	Net Invest- ment Income	-	
Expenses	ment Income 34446	Net Income	Charitable
	Capital Gains Dividend Capital Gains Dividend Capital Capita	Capital (a)	Capital (a) (b) Net Invest- Dividends Per Books ment Income 0. 0. 755970. 0. 1. 0. 45. 0. 2. 0. 756015. 0. Legal Fees S (a) (b) (c) Expenses Net Invest- Per Books ment Income 61567. 0. Accounting Fees S (a) (b) (c) Adjusted Net Income 61567. 0. Accounting Fees S (a) (b) (c) Adjusted Net Income 38550. 0. 38550. 0. 38550. 0.

Form 990-PF	Tax	es 			Statement !
Description	(a) Expenses Per Books	(b) Net Inverment Income		(c) Adjusted Net Incom	
Payroll taxes Excise Tax Property Taxes	14668. 11800. 1113.		0. 0. 0.		14668 16280 1113
To Form 990-PF, Pg 1, ln 18 =	27581.		0.		32061
Form 990-PF	Other E	xpenses			Statement (
Description	(a) Expenses Per Books	(b) Net Inverment Income		(c) Adjusted Net Incom	
Program Expenses Information Technology Bank Charges Miscellaneous Office Expenses Board of Director's Expense Insurance Website Meals and Entertainment Other contractual services Education To Form 990-PF, Pg 1, ln 23	6216. 26026. 661. 34. 20391. 6080. 20147. 135. 149. 2000. 75.		0. 0. 0. 0. 0. 0. 0.		6216 26026 0 0 20391 6080 20147 135 149 2000 75
Form 990-PF	Other Inv	estments			Statement '
Description		luation ethod	Вос	ok Value	Fair Market Value
Mutual Funds		COST		26947854.	30180321
Total to Form 990-PF, Part II	I, line 13	-		26947854.	30180321

Form 990-PF Depreciation of Ass	ets Not Held for	Investment	Statement 8
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
OFS, 72 x 24 table	1957.	1638.	319.
OFS Classic Series 36x72 desk OFS Hutch with glass doors and	1957.	1638.	319.
shelves Arrowood Collection single pedestal desk with full	1957.	1638.	319.
pedestal on left Right return with full	1220.	1022.	198.
pedestal	1220.	1022.	198.
TV for conference room	1685.	1362.	323.
Computer 6 x 30" L-Shaped right return	1683.	1403.	280.
desk w/Box/Box/File Pedestal 6x30" L-Shaped Left return	1514.	1234.	280.
Desk	1439.	786.	653.
MBAir 13.3/1.3/4.256 Flash	1299.	705.	594.
New Copier	7695.	3076.	4619.
New Apple Server & Backup	2787.	557.	2230.
Capital Mac	3312.	331.	2981.
From Bob's cc coding	5567.	464.	5103.
Capital Mac - ipad for board Vehicle 2017 Honda Ridgeline	527.	35.	492.
Vin#8384	36768.	613.	36155.
Total To Fm 990-PF, Part II, ln 1	4 72587.	17524.	55063.
Form 990-PF	Other Assets		Statement 9
	Beginning of	End of Year	Fair Market
Description	Yr Book Value	Book Value	Value
Prepaid Excise Tax Security Deposit	1320.	15959. 3247.	15959. 32 4 7.
To Form 990-PF, Part II, line 15	1320.	19206.	19206.

	t of Officers, Di Foundation Manag		State	ement 10
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Freddy Cobb 301 Concourse Boulevard Glen Allen, VA 23059	Board Chairman 2.00	0.	0.	0.
Joseph Fielden 301 Concourse Boulevard Glen Allen, VA 23059	Vice Chairman 2.00	0.	0.	0.
Sallie S. Cook, MD 301 Concourse Boulevard Glen Allen, VA 23059	Secretary 1.00	0.	0.	0.
Robert, E. Carden, PhD 301 Concourse Boulevard Glen Allen, VA 23059	CEO and Preside	ont 0.	0.	0.
Susan Dewberry, MT(ASCP)SBB 301 Concourse Boulevard Glen Allen, VA 23059	Director 1.00	0.	0.	0.
Reginald E. Gordon, JD 301 Concourse Boulevard Glen Allen, VA 23059	Director 1.00	0.	0.	0.
Ronald C. Hall 301 Concourse Boulevard Glen Allen, VA 23059	Director 1.00	0.	0.	0.
Kevin Scheckelhoff, MBA, RPH 301 Concourse Boulevard Glen Allen, VA 23059	Director 1.00	0.	0.	0.
Laurens Sartoris 301 Concourse Boulevard Glen Allen, VA 23059	Director 1.00	0.	0.	0.
travis collins phd 301 Concourse Boulevard glen Allen, VA 23059	director 1.00	0.	0.	0.
james b. edge jr., mba cpa-abv 301 Concourse Boulevard glen Allen, VA 23059	treasurer 1.00	0.	0.	0.
Totals included on 990-PF, Page 6	, Part VIII =	0.	0.	0.

2015 DEPRECIATION AND AMORTIZATION REPORT

Form 990-PF Page 1

990-PF

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Current Year Deduction	391	391	391	244	244	337	337	303	288	260	1539	557	331	464	35	613	6725
Current Sec 179																	0
Accumulated Depreciation	1247.	1247.	1247.	778.	778.	1025.	1066.	931.	498.	445.	1537.					,	10799.
Basis For Depreciation	1957.	1957.	1957.	1220.	1220.	1685,	1683.	1514.	1439.	1299.	7695	2787.	3312.	5567.	527.	36768	72587.
Reduction In Basis		;	1	:			3 200 80 20 3	1				;	;	:	,		• 0
Bus % Excl		ŧ	;		1 1 1	1	1	1	,	; ;		;	!	1			T YES
Unadjusted Cost Or Basis	1957.	1957	1957.	1220.	1220.	1685.	1683.	1514.	1439.	1299.	7695.	2787.	3312.	5567	527.	36768.	72587.
No B	1,6	16	1.6	16	16	16_	16	16	16	16	16	16	16	16	16_	16	t
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Method	ŠĽ	SL	SL	SI	SL	Sī	SL	3SI.	4SI	4SL	5SL	SL	SL	1S9	SL	SL	3 3
Date Acquired	072513	072513	072513	072513	072513	091613	080113	09031	01071	41	012915	093015	040616	050516	060516	090616	
Description	, 72 x 24 table	36x72 desk	13glass doors and she072	o o	Geturn with		mputer	u" L-Snaped return desk	ox30 L-Snaped Leit return Desk	MBAIT 213.3/1.3/4.256 Flas	Copier	New Apple server & 24Backup	Ü		capical Mac - ipad for board	venicie 2017 honda Ridgeline Vin#8384 + mital 000 nn nm 1	Total 990-FF Fg L Depr
Asset No	11	12	(1	14	⊢ 1	7	13	20	21	22	23	24	25	26	27	28	4

(D) - Asset disposed

528102 04-01-15

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015 DEPRECIATION AND AMORTIZATION REPORT

Form 990-PF Page 1

990-PF

Current Year Deduction Current Sec 179 17524. 0 0 10799. 10799. 55063. Accumulated Depreciation 0 72587. 26413. 46174. Basis For Depreciation • Reduction In Basis Bus % Excl 26413. 46174. 72587. Unadjusted Cost Or Basis S E Life Method Date Acquired Ending book value Beginning balance Ending accum depr Acquisitions Ending balance Current Activity Dispositions Description Asset No

(D) - Asset disposed

528102 04-01-15

22

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction