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EXTENDED TO NOVEMBER 15, 2018

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.

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OMB No 1545-0052

2017

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Form 990-PF

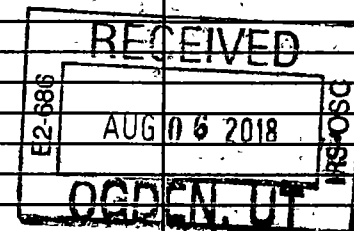
Department of the Treasury
Internal Revenue Service

For calendar year 2017 or tax year beginning

, and ending

Name of foundation LOGAN HEALTHCARE FOUNDATION, INC.		A Employer identification number 20-1337361
Number and street (or P.O. box number if mail is not delivered to street address) 400 AIRPORT ROAD		B Telephone number (304) 310-4705
City or town, state or province, country, and ZIP or foreign postal code CHAPMANVILLE, WV 25508		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 11,320,112.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		250,000.		N/A	
2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		1,190.	1,190.		STATEMENT 1
4 Dividends and interest from securities		418,494.	418,494.		STATEMENT 2
5a Gross rents		15,353.	15,353.		STATEMENT 3
b Net rental income or (loss) 15,353.					
6a Net gain or (loss) from sale of assets not on line 10		151,801.			
b Gross sales price for all assets on line 6a 2,769,667.					
7 Capital gain net income (from Part IV, line 2)			151,801.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		836,838.	586,838.		
13 Compensation of officers, directors, trustees, etc.		113,610.	1,137.		112,473.
14 Other employee salaries and wages		31,586.	316.		31,270.
15 Pension plans, employee benefits					
16a Legal fees STMT 4		2,871.	29.		2,842.
b Accounting fees STMT 5		11,280.	113.		11,167.
c Other professional fees STMT 6		41,485.	41,485.		0.
17 Interest					
18 Taxes STMT 7		10,973.	109.		10,864.
19 Depreciation and depletion		8,237.	0.		
20 Occupancy		5,841.	0.		5,841.
21 Travel, conferences, and meetings		1,405.	0.		1,405.
22 Printing and publications					
23 Other expenses STMT 8		17,061.	0.		17,061.
24 Total operating and administrative expenses. Add lines 13 through 23		244,349.	43,189.		192,923.
25 Contributions, gifts, grants paid		284,182.			284,182.
26 Total expenses and disbursements. Add lines 24 and 25		528,531.	43,189.		477,105.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		308,307.			
b Net investment income (if negative, enter -0-)			543,649.		
c Adjusted net income (if negative, enter -0-)				N/A	



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	5,427.	89,373.	89,373.
	2 Savings and temporary cash investments	813,040.	64,719.	158,961.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶	1,238.		
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 50,000.			
	Less: allowance for doubtful accounts ▶ 0.	0.	50,000.	50,000.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	6,858.	6,807.	6,807.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 11	8,807,626.	9,951,905.	9,857,663.
	c Investments - corporate bonds STMT 12	339,317.	254,469.	254,469.
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis ▶ 932,147.				
Less accumulated depreciation STMT 13 ▶ 29,708.		910,705.	902,439.	902,439.
15 Other assets (describe ▶ DEPOSITS)		400.	400.	400.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		10,884,611.	11,320,112.	11,320,112.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ▶ STATEMENT 14)	173,222.	173,222.		
23 Total liabilities (add lines 17 through 22)	173,222.	173,222.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	10,711,389.	11,146,890.	
30 Total net assets or fund balances	10,711,389.	11,146,890.		
31 Total liabilities and net assets/fund balances	10,884,611.	11,320,112.		

Part III Analysis of Changes in Net Assets or Fund Balances

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)	1	10,711,389.
2 Enter amount from Part I, line 27a	2	308,307.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 10	3	127,194.
4 Add lines 1, 2, and 3	4	11,146,890.
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	11,146,890.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,769,667.		2,617,866.	151,801.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			151,801.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div> </div> </div>	151,801.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 </div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div> </div> </div>	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	593,738.	9,985,354.	.059461
2015	499,993.	10,837,462.	.046136
2014	574,724.	10,738,336.	.053521
2013	475,803.	10,592,273.	.044920
2012	497,563.	10,605,518.	.046915

2 Total of line 1, column (d)	2	.250953
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.050191
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	9,408,879.
5 Multiply line 4 by line 3	5	472,241.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	5,436.
7 Add lines 5 and 6	7	477,677.
8 Enter qualifying distributions from Part XII, line 4 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.	8	477,105.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	10,873.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	10,873.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	10,873.
6	Credits/Payments:		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	3,358.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	3,358.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	7,515.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did 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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> WV		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address N/A		
14 The books are in care of JOHN N. CHRISTODOULOU Telephone no. (304) 310-4705		
Located at 400 AIRPORT ROAD, CHAPMANVILLE, WV ZIP+4 25508		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2017?		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

5b

Organizations relying on a current notice regarding disaster assistance, check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		111,000.	2,610.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000



0

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,098,393.
b	Average of monthly cash balances	1b	453,768.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,552,161.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,552,161.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	143,282.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,408,879.
6	Minimum investment return. Enter 5% of line 5	6	470,444.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	470,444.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	10,873.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	10,873.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	459,571.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	459,571.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	459,571.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	477,105.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	477,105.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	477,105.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				459,571.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			411,378.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 477,105.				
a Applied to 2016, but not more than line 2a			411,378.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				65,727.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				393,844.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not 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:					
	(1) Value of all assets					
	(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					

Part XV **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:**

SEE STATEMENT 16

- b The form in which applications should be submitted and information and materials they should include:**

- c Any submission deadlines:**

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:**

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
a Paid during the year				
BOONE MEMORIAL HOSPITAL 701 MADISON AVENUE MADISON, WV 25130		OTHER PUBLIC CHARITY	TO ASSIST IN FUNDING THE PURCHASE OF A NEW MOBILE C-ARM FLUOROSCOPIC X-RAY MACHINE TO BETTER	40,000.
DIGNITY HOSPICE 557 MAIN STREET CHAPMANVILLE, WV 25508		OTHER PUBLIC CHARITY	TO FUND THE PURCHASE, INSTALLATION, AND STAFF TRAINING FOR AN AUTOMATED MEDICATION DISPENSING CABINET AND	35,000.
KANAWHA VALLEY FELLOWSHIP HOME 1121 VIRGINIA STREET EAST CHARLESTON, WV 25301		OTHER PUBLIC CHARITY	TO PROVIDE FUNDS TO SUPPORT THE "RECOVERY DYNAMICS PROGRAM" FOR IN-PATIENT RECOVERY AND EDUCATIONAL	18,500.
LARRY JOE HARLESS COMMUNITY CENTER 202 LARRY JOE HARLESS DRIVE GILBERT, WV 25621		OTHER PUBLIC CHARITY	TO SUPPORT THE ORGANIZATION'S MISSION TO HELP PEOPLE IN THE SOUTHERN WEST VIRGINIA AREA BY OFFERING	16,000.
LOGAN COUNTY CHILD ADVOCACY CENTER PO BOX 308 LOGAN, WV 25601		OTHER PUBLIC CHARITY	TO HELP THE ORGANIZATION SERVE THE NEGLECTED AND ABUSED CHILDREN IN SOUTHERN WEST VIRGINIA BY	24,682.
Total	SEE CONTINUATION SHEET(S)			284,182.
b Approved for future payment				
NONE				
Total				0.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

LOGAN HEALTHCARE FOUNDATION, INC.

Employer identification number

20-1337361

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization	Employer identification number
LOGAN HEALTHCARE FOUNDATION, INC.	20-1337361

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOGAN MEDICAL FOUNDATION 400 AIRPORT ROAD CHAPMANVILLE, WV 25508	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

20-1337361

[illegible]

Name of organization

Employer identification number

LOGAN HEALTHCARE FOUNDATION, INC.

20-1337361

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WEST VIRGINIA HEALTH RIGHT, INC. 1520 WASHINGTON ST, EAST CHARLESTON, WV 25311		OTHER PUBLIC CHARITY	TO SUPPORT THE ESTABLISHMENT AND OPERATION OF A MOBILE DENTAL UNIT TO PROVIDE ADULT DENTAL SERVICES	25,000.
WEST VIRGINIA RURAL HEALTH ASSOCIATION PO BOX 2073 SHADY SPRING, WV 25918		OTHER PUBLIC CHARITY	TO SUPPORT THE ACCESS TO THE WV HEALTH DATA PORTAL FOR THE WVDHHR AND OFFICES OF THE WV HEALTH DEPARTMENTS	5,000.
WILLIAMSON HEALTH AND WELLNESS CENTER 184 E 2ND AVENUE WILLIAMSON, WV 25661		OTHER PUBLIC CHARITY	TO ASSIST IN FUNDING AND SUPPORTING THE WORK OF THE CENTER IN COMBATting CHRONIC DISEASE AND CARE	35,000.
WEST VIRGINIA COUNCIL OF CHURCHES 2207 WASHINGTON ST, E CHARLESTON, WV 25311		OTHER PUBLIC CHARITY	TO ASSIST IN FUNDING THE PURCHASE AND INSTALLATION OF A NATURAL GAS EMERGENCY GENERATOR FOR THE	10,000.
CROSSROADS RECOVERY HOME FOR WOMEN PO BOX 1385 GILBERT, WV 25621		OTHER PUBLIC CHARITY	TO SUPPORT THE RESIDENTIAL RECOVERY SERVICE PROGRAM FOR WOMEN.	25,000.
COMMUNITY CONNECTIONS INC. 801 PENNSYLVANIA AVE., SE WASHINGTON, DC 20003		OTHER PUBLIC CHARITY	TO ASSIST WYOMING COUNTY STUDENTS AGAINST DESTRUCTIVE DECISIONS PROGRAM AND THE POWER HOUSE YOUTH	50,000.
Total from continuation sheets				150,000.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOONE MEMORIAL HOSPITAL

TO ASSIST IN FUNDING THE PURCHASE OF A NEW MOBILE C-ARM FLUOROSCOPIC
X-RAY MACHINE TO BETTER SERVE THE CITIZENS OF ITS SERVICE AREA.

NAME OF RECIPIENT - DIGNITY HOSPICE

TO FUND THE PURCHASE, INSTALLATION, AND STAFF TRAINING FOR AN AUTOMATED
MEDICATION DISPENSING CABINET AND SOFTWARE FOR THE HOSPICE FACILITY.

NAME OF RECIPIENT - KANAWHA VALLEY FELLOWSHIP HOME

TO PROVIDE FUNDS TO SUPPORT THE "RECOVERY DYNAMICS PROGRAM" FOR
IN-PATIENT RECOVERY AND EDUCATIONAL TREATMENT PROTOCOL USED IN THE
REHABILITATION OF RECOVERING ALCOHOLICS AND DRUG ABUSERS.

NAME OF RECIPIENT - LARRY JOE HARLESS COMMUNITY CENTER

TO SUPPORT THE ORGANIZATION'S MISSION TO HELP PEOPLE IN THE SOUTHERN
WEST VIRGINIA AREA BY OFFERING HEALTH, EDUCATIONAL, RECREATIONAL AND
CULTURAL OPPORTUNITIES IN A MORAL ENVIRONMENT.

NAME OF RECIPIENT - LOGAN COUNTY CHILD ADVOCACY CENTER

TO HELP THE ORGANIZATION SERVE THE NEGLECTED AND ABUSED CHILDREN IN
SOUTHERN WEST VIRGINIA BY PROVIDING SALARY AND GENERAL OPERATIONS
FUNDING FOR THE CENTER.

NAME OF RECIPIENT - WEST VIRGINIA HEALTH RIGHT, INC.

TO SUPPORT THE ESTABLISHMENT AND OPERATION OF A MOBILE DENTAL UNIT TO
PROVIDE ADULT DENTAL SERVICES TO RESIDENTS OF SOUTHERN WV.

NAME OF RECIPIENT - WEST VIRGINIA RURAL HEALTH ASSOCIATION

Part XV Supplementary Information**3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

TO SUPPORT THE ACCESS TO THE WV HEALTH DATA PORTAL FOR THE WVDHHR AND
OFFICES OF THE WV HEALTH DEPARTMENTS WITHIN THE LOGAN HEALTHCARE
FOUNDATION SERVICE AREA.

NAME OF RECIPIENT - WILLIAMSON HEALTH AND WELLNESS CENTER
TO ASSIST IN FUNDING AND SUPPORTING THE WORK OF THE CENTER IN
COMBATTING CHRONIC DISEASE AND CARE COORDINATION ACTIVITIES IN THE
LOGAN AND MINGO COUNTY AREAS.

NAME OF RECIPIENT - WEST VIRGINIA COUNCIL OF CHURCHES
TO ASSIST IN FUNDING THE PURCHASE AND INSTALLATION OF A NATURAL GAS
EMERGENCY GENERATOR FOR THE MADISON CHRISTIAN CENTER FOOD BANK.

NAME OF RECIPIENT - COMMUNITY CONNECTIONS INC.
TO ASSIST WYOMING COUNTY STUDENTS AGAINST DESTRUCTIVE DECISIONS PROGRAM
AND THE POWER HOUSE YOUTH CENTER.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	1,190.	1,190.	
TOTAL TO PART I, LINE 3	1,190.	1,190.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENTS	418,494.	0.	418,494.	418,494.	
TO PART I, LINE 4	418,494.	0.	418,494.	418,494.	

FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND, LOGAN WV	1	15,353.
TOTAL TO FORM 990-PF, PART I, LINE 5A		15,353.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,871.	29.		2,842.
TO FM 990-PF, PG 1, LN 16A	2,871.	29.		2,842.

FORM 990-PF	ACCOUNTING FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	11,280.	113.		11,167.	
TO FORM 990-PF, PG 1, LN 16B	11,280.	113.		11,167.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT ADVISOR FEES	41,485.	41,485.		0.	
TO FORM 990-PF, PG 1, LN 16C	41,485.	41,485.		0.	

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	10,908.	109.		10,799.	
LICENSES	65.	0.		65.	
TO FORM 990-PF, PG 1, LN 18	10,973.	109.		10,864.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE	4,742.	0.		4,742.	
SUPPLIES	1,557.	0.		1,557.	
DUES & SUBSCRIPTIONS	2,175.	0.		2,175.	
MISCELLANEOUS	881.	0.		881.	
PAYROLL SERVICE EXPENSE	1,215.	0.		1,215.	
INSURANCE	6,491.	0.		6,491.	
TO FORM 990-PF, PG 1, LN 23	17,061.	0.		17,061.	

FOOTNOTES

STATEMENT 9

THIS RETURN IS AMENDED TO PROPERLY REPORT A LOAN TO ANOTHER EXEMPT ORGANIZATION THAT WAS ORIGINALLY REPORTED AS A \$50,000 GRANT IN PART XV. LINE 25 OF PART I WAS REDUCED BY \$50,000 AND LINE 7 OF PART II WAS INCREASED BY \$50,000. THE CHANGE IN QUALIFYING DISTRIBUTIONS OF \$50,000, INCREASED EXCISE TAX ON LINE 1 OF PART VI BY \$5,437.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	10
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DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS) ON INVESTMENTS	127,194.
TOTAL TO FORM 990-PF, PART III, LINE 3	127,194.

FORM 990-PF	CORPORATE STOCK	STATEMENT	11
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITY MUTUAL FUNDS	9,951,905.	9,857,663.
TOTAL TO FORM 990-PF, PART II, LINE 10B	9,951,905.	9,857,663.

FORM 990-PF	CORPORATE BONDS	STATEMENT	12
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BOND MUTUAL FUNDS	254,469.	254,469.
TOTAL TO FORM 990-PF, PART II, LINE 10C	254,469.	254,469.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	13
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND - MENDEZ PROPERTY	704,277.	0.	704,277.
COMPUTER	634.	624.	10.
ADT SECURITY SYSTEM	3,000.	2,250.	750.
VIDEO PROJECTOR	528.	388.	140.
TELEPHONE SYSTEM	331.	242.	89.
ROUTER & BACK-UP BATTER	281.	206.	75.
FAX MACHINE	474.	340.	134.
PRINTER	300.	215.	85.
TOSHIBA LAPTOP	1,049.	735.	314.
NEW BUILDING - CHAPMANVILLE	187,906.	17,265.	170,641.
PAVE PARKING LOT & DRIVEWAY	7,700.	1,796.	5,904.
GRAVEL FOR PREP OF PARKING LOT	350.	79.	271.

LOGAN HEALTHCARE FOUNDATION, INC.

20-1337361

CONCRETE POURED TO/FROM MAILBOX	750.	120.	630.
PATIO COVER FOR OFFICE BUILDING	2,480.	160.	2,320.
DEPOSIT TO REPLACE VINYL SIDING	3,788.	198.	3,590.
FINAL PAYMENT TO REPLACE VINYL SIDING	3,788.	190.	3,598.
NEW WINDOWS - PROVIDE & INSTALL	4,132.	215.	3,917.
FINAL PAYMENT FOR PATIO COVER	1,570.	78.	1,492.
FURNITURE & FIXTURES	6,638.	3,476.	3,162.
FURNITURE & FIXTURES	1,413.	724.	689.
LARGE PRINT FRAMED	758.	378.	380.
TOTAL TO FM 990-PF, PART II, LN 14	932,147.	29,679.	902,468.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 14
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO LOGAN MEDICAL FOUNDATION	173,222.	173,222.
TOTAL TO FORM 990-PF, PART II, LINE 22	173,222.	173,222.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROGER MCGREW 400 AIRPORT ROAD CHAPMANVILLE, WV 25508	CHAIRMAN 0.50	0.	0.	0.
JOHN EARLES 400 AIRPORT ROAD CHAPMANVILLE, WV 25508	PRESIDENT 40.00	111,000.	2,610.	0.
CHARLES JUSTICE 400 AIRPORT ROAD CHAPMANVILLE, WV 25508	ASSISTANT SECRETARY 0.50	0.	0.	0.
ANITA AMBURGEY 400 AIRPORT ROAD CHAPMANVILLE, WV 25508	SECRETARY 0.50	0.	0.	0.
BOB WHITLER 400 AIRPORT ROAD CHAPMANVILLE, WV 25508	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		111,000.	2,610.	0.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT 16
	PART XV, LINES 2A THROUGH 2D	

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PRESIDENT OF THE BOARD OF DIRECTORS
400 AIRPORT ROAD
CHAPMANVILLE, WV 25508

TELEPHONE NUMBER

(304)310-4705

FORM AND CONTENT OF APPLICATIONS

APPLICATION INFORMATION IS AVAILABLE ON THE FOUNDATION'S WEBSITE.
WWW.LOGANHEALTHCARE.COM

ANY SUBMISSION DEADLINES

NO LATER THAN OCTOBER 2 OF THE CURRENT YEAR FOR CALENDAR YEAR FUNDING.

RESTRICTIONS AND LIMITATIONS ON AWARDS

RESTRICTED TO THE GEOGRAPHIC SERVICE AREA FORMERLY SERVED BY THE LOGAN GENERAL HOSPITAL AND THE RESIDENTS OF LOGAN, BOONE, LINCOLN, MINGO, AND WYOMING COUNTIES IN SOUTHERN WEST VIRGINIA. ADDITIONAL INFORMATION ON RESTRICTIONS IS AVAILABLE ON THE FOUNDATION'S WEBSITE
WWW.LOGANHEALTHCARE.COM.

990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT	17
	PART XVII, LINE 2, COLUMN (C)		

NAME OF AFFILIATED OR RELATED ORGANIZATION

LOGAN HEALTHCARE REAL ESTATE FOUNDATION, INC

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

LOGAN HEALTHCARE REAL ESTATE FOUNDATION WAS FORMED TO HOLD TITLE TO PROPERTY, COLLECT INCOME FROM THE PROPERTY AND SUCH INCOME, LESS EXPENSES, SHALL BE REMITTED TO LOGAN HEALTHCARE FOUNDATION, INC.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
98	LAND - MENDEZ PROPERTY	07/01/04	L				704,277.				704,277.			0.	
	* 990-PF PG 1 TOTAL LAND						704,277.				704,277.	0.		0.	0.
	OTHER														
99	COMPUTER	09/30/11	SL	5.00		16	634.				634.	624.		0.	624.
100	ADT SECURITY SYSTEM	04/18/14	SL	5.00		16	3,000.				3,000.	1,650.		600.	2,250.
101	VIDEO PROJECTOR	05/09/14	SL	5.00		16	528.				528.	282.		106.	388.
102	TELEPHONE SYSTEM	05/20/14	SL	5.00		16	331.				331.	176.		66.	242.
103	ROUTER & BACK-UP BATTER	05/21/14	SL	5.00		16	281.				281.	150.		56.	206.
104	FAX MACHINE	06/10/14	SL	5.00		16	474.				474.	245.		95.	340.
105	PRINTER	06/12/14	SL	5.00		16	300.				300.	155.		60.	215.
106	TOSHIBA LAPTOP	07/14/14	SL	5.00		16	1,049.				1,049.	525.		210.	735.
107	NEW BUILDING - CHAPMANVILLE	06/01/14	SL	39.00	MD	16	187,906.				187,906.	12,447.		4,818.	17,265.
108	PAVE PARKING LOT & DRIVEWAY	07/01/14	SL	15.00		16	7,700.				7,700.	1,283.		513.	1,796.
109	GRAVEL FOR PREP OF PARKING LOT	08/01/14	SL	15.00		16	350.				350.	56.		23.	79.
	CONCRETE FOURED TO/FROM														
110	MAILBOX	11/10/14	SL	20.00		16	750.				750.	82.		38.	120.
111	PATIO COVER FOR OFFICE BUILDING	06/03/15	SL	40.00		16	2,480.				2,480.	98.		62.	160.
112	DEPOSIT TO REPLACE VINYL SIDING	11/30/15	SL	40.00		16	3,788.				3,788.	103.		95.	198.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone