efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317003130

Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 09-01-2019 , and ending 08-31-2020

Name of foundation
GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

A Employer identification number
54-0645217

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 1015

Room/suite

B Telephone number (see instructions)
(434) 336-9822

City or town, state or province, country, and ZIP or foreign postal code
EMPORIA, VA 23847

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 17,025,683

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

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) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	143,451	143,451		
	5a	Gross rents	710,969	710,969		
	b	Net rental income or (loss) 575,835				
	6a	Net gain or (loss) from sale of assets not on line 10	-23,607			
	b	Gross sales price for all assets on line 6a 1,508,460				
	7	Capital gain net income (from Part IV, line 2)				
	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) (attach schedule)				
	11	Other income (attach schedule)	303,106		303,106	
	12	**Total.** Add lines 1 through 11	1,133,919	854,420	303,106	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	47,635	11,909	11,909	23,818
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	7,406		7,406	
	b	Accounting fees (attach schedule)	8,650	8,650		
	c	Other professional fees (attach schedule)	51,103	51,103		
	17	Interest	14,594		14,594	
	18	Taxes (attach schedule) (see instructions)	23,424	924		
	19	Depreciation (attach schedule) and depletion	88,966		88,966	
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	308,798	135,134	36,515	137,149
	24	**Total operating and administrative expenses.** Add lines 13 through 23	550,576	207,720	159,390	160,967
	25	Contributions, gifts, grants paid	410,382			390,200
	26	**Total expenses and disbursements.** Add lines 24 and 25	960,958	207,720	159,390	551,167
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	172,961			
	b	**Net investment income** (if negative, enter -0-)		646,700		
	c	**Adjusted net income** (if negative, enter -0-)			143,716	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	182,518	332,921	332,921
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ 590,885			
	Less: allowance for doubtful accounts ▶	728,565	590,885	590,885
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	5,299,691	6,780,003	6,780,003
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ 7,512,134			
	Less: accumulated depreciation (attach schedule) ▶ 3,591,065	4,126,168	3,921,069	3,921,069
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	907,761	865,281	865,281
	14 Land, buildings, and equipment: basis ▶ 3,565,071			
	Less: accumulated depreciation (attach schedule) ▶ 977,824	2,676,213	2,587,247	2,587,247
	15 Other assets (describe ▶)	1,877,822	1,948,277	1,948,277
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	15,798,738	17,025,683	17,025,683
Liabilities	17 Accounts payable and accrued expenses	312,685	381,041	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	452,787	160,167	
	22 Other liabilities (describe ▶)	49,726	124,726	
	23 **Total liabilities**(add lines 17 through 22)	815,198	665,934	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	13,084,260	14,393,699	
	25 Net assets with donor restrictions	1,899,280	1,966,050	
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	14,983,540	16,359,749	
	30 **Total liabilities and net assets/fund balances** (see instructions)	15,798,738	17,025,683	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	14,983,540
2	Enter amount from Part I, line 27a	2	172,961
3	Other increases not included in line 2 (itemize) ▶	3	1,223,201
4	Add lines 1, 2, and 3	4	16,379,702
5	Decreases not included in line 2 (itemize) ▶	5	19,953
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	16,359,749

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., 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.)
1 a	DAVENPORT - GMF	P	2019-09-01	2020-08-31
b	DAVENPORT - KING ACCOUNT	P	2019-09-01	2020-08-31
c	DAVENPORT - KING ACCOUNT 2	P	2019-09-01	2020-08-31
d	CHARLES SCHWAB	P	2019-09-01	2020-08-31
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	501,003		563,499	-62,496
b	317,136		307,736	9,400
c	72,262		71,432	830
d	618,059		589,400	28,659
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				-62,496
b				9,400
c				830
d				28,659
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-23,607
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) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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 does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see 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))
2018	459,710	7,676,697	0.059884
2017	465,749	7,059,063	0.065979
2016	307,195	6,186,829	0.049653
2015	408,810	5,600,959	0.072989
2014	381,008	5,725,276	0.066548

2	**Total** of line 1, column (d)	2	0.315053
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	0.063011
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	8,471,564
5	Multiply line 4 by line 3	5	533,802
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	6,467
7	Add lines 5 and 6	7	540,269
8	Enter qualifying distributions from Part XII, line 4	8	551,167

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.

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 ▶ ☐ 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 ▶ ☑ and enter 1% of Part I, line 27b	1	6,467
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	
3	Add lines 1 and 2.	3	6,467
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	6,467
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 6,242		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d.	7	6,242
8	Enter any **penalty** for underpayment of estimated tax. Check here ☑ if Form 2220 is attached.	8	3
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	228
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 2020 estimated tax** ▶ **Refunded** ▶	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
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.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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?	6	Yes	
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.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶VA			
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 .*	8b	Yes	
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

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.	11	Yes	
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	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ JILL SLATE EXECUTIVE DIRECTOR Telephone no. ▶ (434) 336-9822

Located at ▶ PO BOX 1015 EMPORIA VA ZIP+4 ▶ 23847

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

16	At any time during calendar year 2019, 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?	16		No

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.

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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ 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.) ☐ Yes ☑ 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	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2019?	1c		
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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.)	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. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☑ Yes ☐ No			
b	If "Yes," did it have excess business holdings in 2019 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 2019.)*	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2019?	4b		No

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

			Yes	No
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	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? ☐ 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		No
	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?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

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

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 A FOUNDATION THAT UTILIZES ITS ASSETS AND DONATIONS FOR THE PURPOSE OF COMMUNITY HEALTH AND PUBLIC BENEFIT.	122,876
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

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	8,383,076
b	Average of monthly cash balances	1b	217,497
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	8,600,573
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	8,600,573
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	129,009
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,471,564
6	**Minimum investment return.** Enter 5% of line 5	6	423,578

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	423,578
2a	Tax on investment income for 2019 from Part VI, line 5	2a	6,467		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	6,467
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	417,111
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	417,111
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	417,111

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	551,167
b	Program-related investments—total from Part IX-B	1b	
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	551,167
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. See instructions	5	6,467
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	544,700

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				417,111
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 103,923				
b From 2015. 142,820				
c From 2016. 12,607				
d From 2017. 127,059				
e From 2018. 92,191				
f **Total** of lines 3a through e.	478,600			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 551,167				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				417,111
e Remaining amount distributed out of corpus	134,056			
5 Excess distributions carryover applied to 2019.				
(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:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	612,656			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
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)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	103,923			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	508,733			
10 Analysis of line 9:				
a Excess from 2015. . . . 142,820				
b Excess from 2016. . . . 12,607				
c Excess from 2017. . . . 127,059				
d Excess from 2018. . . . 92,191				
e Excess from 2019. . . . 134,056				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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					
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).)

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.

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. See instructions

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

JILL SLATE EXECUTIVE DIRECTOR
PO BOX 1015
EMPORIA, VA 23847
(434) 336-9822

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

THE APPLICATION MUST INCLUDE A BRIEF OVERVIEW OF THE ORGANIZATION AND THE PROPOSED PROJECT. ALSO INCLUDED IS AN INTRODUCTION, PROBLEM STATEMENT, FUTURE FUNDING, GOALS, BUDGET AND EVALUATION.

c Any submission deadlines:

AUGUST 1 FOR THE FALL GRANT CYCLE AND FEBRUARY 1 FOR THE SPRING GRANT CYCLE.

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

AWARDS ARE RESTRICTED TO AREAS SERVICED BY THE GREENSVILLE MEMORIAL HOSPITAL AND ARE LIMITED TO A ONE-YEAR PERIOD.

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* See Additional Data Table				
Total . . . . . ▶ **3a**				390,200
b *Approved for future payment* OTHER GRANTS ACCRUED & UNPAID PO BOX 1015 EMPORIA, VA 23847			PROGRAM COST	20,182
Total . . . . . ▶ **3b**				20,182

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a YMCA RENT			30	150,000	
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	143,451	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.			30	575,835	
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-23,607	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a MISCELLANEOUS INCOME			1	26,050	
b SCHOLARSHIP FORFEITURE INCO			1	125	
c INCOME - BLOOM RETIRMENT CE			30	86,435	
d INTEREST INCOME FROM SUB	900003	40,496			
e					
12 Subtotal. Add columns (b), (d), and (e). .		40,496		958,289	
13 **Total.** Add line 12, columns (b), (d), and (e).				13	998,785

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

******	2020-10-30	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
KELLI P MEADOWS CPA		2020-11-12		P00404175
Firm's name ▶ MEADOWS URQUHART ACREE & COOK LLP				Firm's EIN ▶20-1485301
Firm's address ▶ 1802 BAYBERRY CT 102 RICHMOND, VA 232263773				Phone no. (804) 249-5786

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
MICHAEL S ANDERSON MD PO BOX 1015 EMPORIA, VA 23847	CHAIRMAN 2.00	0	0	0
BRIAN K ROBERTS PO BOX 1015 EMPORIA, VA 23847	VICE - CHAIR 2.00	0	0	0
ROBERT GRIZZARD JR PO BOX 1015 EMPORIA, VA 23847	TREASURER 2.00	0	0	0
THEOPOLIS GILLIAM MD PO BOX 1015 EMPORIA, VA 23847	SECRETARY 2.00	0	0	0
FRANK E KIENTZ PO BOX 1015 EMPORIA, VA 23847	MEMBER 2.00	0	0	0
ANGELA B WILSON MD PO BOX 1015 EMPORIA, VA 23847	MEMBER 2.00	0	0	0
TOM GRENELL PO BOX 1015 EMPORIA, VA 23847	MEMBER 2.00	0	0	0
JILL SLATE PO BOX 1015 EMPORIA, VA 23847	EXEC DIRECT 40.00	47,635	0	0

Form 990PF Part XV Line 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*				
GREENSVILLE HEALTH DEPARTMENT 140 URIAH BRANCH WAY EMPORIA, VA 23847			MAMMOGRAPHY PROJECT	3,117
6TH CSU FAMILY VIOLENCE 420 SOUTH MAIN STREET EMPORIA, VA 23847			COUNSELING	5,188
YMCA - EMPORIA212 WEAVER AVENUE EMPORIA, VA 23847			RENT SUPPORT	50,000
Total . . . . . ▶ **3a**				390,200

Form 990PF Part XV Line 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*				
VA COOPERATIVE EXTENSION - VA TECH 105 OAK STREET EMPORIA, VA 23847			PROGRAM COST	4,273
VA EARLY CHILDHOOD FOUNDATION 1703 N PARHAM RD 110 RICHMOND, VA 23229			PROGRAM COST	20,150
BRUNSWICK COUNTY SHERIFFS OFFICE 120 E HICKS ST LAWRENCEVILLE, VA 23868			EQUIPMENT	98,329
Total . . . . . ▶ **3a**				390,200

Form 990PF Part XV Line 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*				
COMMUNITY YOUTH CENTER LTD 800 HALIFAX STREET EMPORIA, VA 23847			POOL PROGRAM/REPAIR COST	2,200
GREENSVILLE VOLUNTEER RESCUE SQUAD 513 SOUTH MAIN STREET EMPORIA, VA 23847			EDUCATION	5,600
MASSEY CANCER RESEARCH CENTER 401 COLLEGE STREET RICHMOND, VA 23298			HEALTH SERVICES	513
Total . . . . . ▶ **3a**				390,200

Form 990PF Part XV Line 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*				
SOUTHSIDE VIRGINIA COMMUNITY CENTER 6255 OLD WARWICK ROAD NORTH CHESTERFIELD RICHMOND, VA 23224			EQUIPMENT	9,994
REMOTE AREA MEDICAL 1 UNIVERSITY HILL DRIVE BUENA VISTA, VA 24416			AREA HEALTH SERVICES DAY	10,041
THE DOORWAYS 612 EAST MARSHALL ST RICHMOND, VA 23219			FAMILY/PATIENT SUPPORT SERVICES	17,000
Total . . . . . ▶ **3a**				390,200

Form 990PF Part XV Line 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*				
JACKSON-FIELD HOMES 546 WALNUT GROVE DR JARRAT, VA 23867			EQUIPMENT	3,795
AMERICAN RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219			EMERGENCY GRANT	10,000
TOP HAND FOUNDATION 206 WEST ATLANTIC STREET EMPORIA, VA 23847			EQUIPMENT/SCHOLARSHIPS	50,000
Total . . . . . ▶ **3a**				390,200

Form 990PF Part XV Line 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*				
YMCA - EMPORIA212 WEAVER AVENUE EMPORIA, VA 23847			RENT SUPPORT	100,000
Total . . . . . ▶ **3a**				390,200

TY 2019 Accounting Fees Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CREEDLE, JONES & ALGO	8,650	8,650		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DEPRECIATION							67,890,987,654		
DEPRECIATION						88,879		88,879	
			445,696			87		87	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Investments Corporate Stock Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCKS	6,780,003	6,780,003

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Investments - Land Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	7,512,134	3,591,065	3,921,069	3,921,069

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Investments - Other Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MONEY MARKET ACCOUNTS	FMV	717,854	717,854
INVESTMENT IN BLOOM H. RETIREMENT	FMV	147,427	147,427

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Land, Etc. Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS & EQUIPMENT	16,406	16,294	112	112
YMCA BUILDING	3,548,665	961,530	2,587,135	2,587,135

TY 2019 Legal Fees Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HANCOCK, DANIEL, JOHNSON & NAGLE	7,406		7,406	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Mortgages and Notes Payable Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Total Mortgage Amount:

Mortgages and Notes Payable Schedule

Item No.	1
Lender's Name	GATEWAY BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	2,400,000
Balance Due	160,167
Date of Note	2012-08
Maturity Date	2017-08
Repayment Terms	MONTHLY
Interest Rate	0.0463
Security Provided by Borrower	BUILDING
Purpose of Loan	GATEWAY LOAN FOR NURSING BUILDING
Description of Lender Consideration	
Consideration FMV	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Other Assets Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
KING TRUST - 2262	1,259,582	1,317,583	1,317,583
KING TRUST - 3968	596,983	628,483	628,483
NON-TRADE RECEIVABLES	2,002	1,824	1,824
DUE FROM SUBSIDIARY	5,542		
PREPAID EXPENSES	7,038	7,038	7,038
INCOME TAX RECEIVABLE	6,675	-6,651	-6,651

TY 2019 Other Decreases Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Description	Amount
DISPOSITION LOSS INVESTMENT PROPERTY	19,953

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Other Expenses Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RENTALS				
INVESTMENT DEPRECIATION	135,134	135,134		
EXPENSES				
INSURANCE	20,986		20,986	
SCHOLARSHIP EXPENSES	122,876			122,876
TELEPHONE	1,257		1,257	
OFFICE EXPENSE	24,056		12,028	12,028
MISCELLANEOUS	4,489		2,244	2,245

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Other Income Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
YMCA RENT	150,000		150,000
MISCELLANEOUS INCOME	26,050		26,050
SCHOLARSHIP FORFEITURE INCOME	125		125
INCOME - BLOOM RETIRMENT CENT	86,435		86,435
INTEREST INCOME FROM SUB	40,496		40,496

TY 2019 Other Increases Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Description	Amount
UNREALIZED GAINS	1,223,201

TY 2019 Other Liabilities Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO BLOOM RETIREMENT CENTER	49,726	124,726

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317003130

TY 2019 Other Notes/Loans Receivable Short Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Name of 501(c)(3) Organization	Balance Due
NOTE RECEIVABLE FROM BLOOM	590,885

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317003130

TY 2019 Other Professional Fees Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	51,103	51,103		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317003130

TY 2019 Taxes Schedule

Name: GREENSVILLE MEMORIAL FOUNDATION
F/K/A GREENSVILLE MEMORIAL HOSPITAL

EIN: 54-0645217

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES PAID	23,424	924		