990 Form

Return of Organization Exempt From Income Tax

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

<u>A</u>	For t	he 2	2014 calend	lar year, or	tax year begin	ning		07-0	1 , 2014 , and	ending		06-	-30 , 20 15
В	Check	if ap	plicable:	C Name of o	rganization HVA	FOUNDATION INC							D Employer identification no.
	Addre	ss ch	ange	Doing busi	iness as								06-1402968
	Name	chan	ge	Number ar	nd street (or P.O. be	ox if mail is not delivered	to street address)			Room	n/suite		E Telephone number
	Initial	return	1	ROUTE	7 PO BOX 2	8							(860)672-6678
	Final r	eturn	/terminated	City or tow	n, state or province	e, country, and ZIP or fore	eign postal code						48,456
	Amen	ded re	eturn	CORNWA	ALL BRIDGE,	CT 06754							G Gross receipts\$
	Applic	ation	pending	F Name and	address of principa	al officer: MICHAE	L NESBITT				-> l- (b:		
				SAME A	AS C ABOVE					Н(a) Is this a gr subordinat 	oup ret es?	Yes X No
<u></u>	Tax-ex	xemp	t status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	5	27	H(b) Are all sub	ordinat	tes included? Yes No ch a list. (see instructions) number
<u>J</u>	Webs	ite:	N/A							H(c) Group exe	, attac mption	number Programmer
K	Form (of org	janization: X	Corporation	Trust Ass	ociation Other		L	Year of formation:	1994	M State	of lega	al domicile: CT
Pa	rt I		Summar	у									
	1	l E	Briefly descri	be the organ	nization's missio	n or most significant	activities:	TO R	AISE FUNDS F	OR AND	SUPPORT	ENV	IRONMENTAL
ø		1	EDUCATION	AND PRES	SERVATION								
anc		_											
ř.		_											
Activities & Governance	2	2 (Check this bo	ox ▶ ∐ if t	he organization	discontinued its ope	erations or dispo	sed of r	nore than 25% o	f its net a	assets.		I
ფ	3	1 8	Number of vo	oting membe	ers of the govern	ning body (Part VI, lir	ne 1a)					3	6
es	4	1 1	Number of in	idependent v	oting members	of the governing bo	dy (Part VI, line	1b)				4	6
Ϊ	5					calendar year 2014	(Part V, line 2a)					5	0
Act	Ε				rs (estimate if n	,						6	
	7					art VIII, column (C),						7a	0
		d l	Net unrelated	d business ta	exable income f	rom Form 990-T, line	e 34			· · · ·		7b	0
											Prior Year		Current Year
a)	8			-	(Part VIII, line 1	•							0
ğ		9 Program service revenue (Part VIII, line 2g)										0	
Revenue	10					, lines 3, 4, and 7d)					37	,262	48,456
œ	11					es 5, 6d, 8c, 9c, 10c,							0
	12					nust equal Part VIII,		-			37	,262	
	1;					(, column (A), lines 1							0
	14					column (A), line 4)							0
es	15					benefits (Part IX, co							0
Expenses	10			_		olumn (A), line 11e)							0
ă						mn (D), line 25)			0				05.100
ш	17					es 11a-11d, 11f-24e)						3,372	
	18					equal Part IX, columi	n (A), line 25)	• •				3,372	
	2 19 2	9 1	Revenue les	s expenses.	Subtract line 1	o nomine 12 .		• • •		Di		,890	
tsol	20	n -	Total assets	(Dort V line	16)					Beginn	ning of Curren	,149	End of Year
\sse	20		Total liabilitie		,						/90),143	813,442
Net Assets or	22				,	ne 21 from line 20		• • •			794	,149	
$\overline{}$	art II	_		re Block		le 21 Hom line 20	· · · · · · ·	• • •	<u> </u>		750	,11.	013,442
Unde	r pena	lties o	of perjury, I decl	lare that I have	examined this retu	rn, including accompanyi				ny knowled	dge and belief,	t is	
true,	correct	t, and	complete. Dec	laration of prepare	arer (other than offi	icer) is based on all inforr	nation of which prep	arer has	any knowledge.				
			MICH	AEL NESBI	TT								
Sig	ın		Signatu	re of officer								Date	e
He	re		MICHA	AEL NESBI	TT, PRESIDE	ENT							
			Type or	print name and	l title								
			Print/Type pre	eparer's name		Preparer's signature			Date		Check	if	PTIN
Pai	id		George I	R Sinnamo	n CPA	George R Sinna	amon CPA		10-20-2015		self-employe	ed	P00759996
Pre	par	er	Firm's name	<u> </u>	SINNAMON	AND ASSOCIATES	LLC			Firm's	s EIN		
Us	e Or	าly	Firm's addres	ss •	PO BOX 66	55				Phon	e no.		
					CANAAN CI	06018					86	0-82	24-7734
May	the I	RS o	discuss this r	eturn with th	e preparer show	wn above? (see instr	ructions) .						🛛 Yes 🗌 No

Form 990 (2014) HVA FOUNDATION INC 06-1402968 Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	7		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		3.7	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	146		Х
1 <i>E</i>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic operament on Part X. Coulmr (A), Intel 21 II 'I' Yes, Complete Schedule Parts and III 21 X X X X X X X X X				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if IV-96, "completes Schedule I, Parts I and III 22 X X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, incates, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 23 Did the organization was a trave-exempt bond issue with an outstanding principal amount of more than 3100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, II "No." go to line 25a 10 Did the organization marks an an escrew account other than a refunding escrow at any time during the year 10 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(a), 501(c)(d), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a dispusitled person on a prior year, and that the transaction has not been reported an excess benefit transaction with a dispusitled person in a prior year, and that the transaction has not been reported on any of the organizations person 990 or 990-E2? 11 "Yes," complete Schedule L, Part I 25b	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Pent IX. column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 Dd the organization assers "Part" in Part IVI, Section A line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1, and a complete Schedule IX. "I'N" or job of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. I'N" or job of lare. Sexempt bonds suse with an outstanding principal amount of more than 3100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. I'N" or job of lare. Sexempt bonds beyond a temporary period exception? 24d Dd the organization maintain an excrew account of there than a refunding sextrow at any time during the year? 24d Dd the organization and as an internal process of the sexempt bonds? 24d Dd the organization and san for the than 1 and		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Yes" to Part VII. Section A, Inic 3.4, or 5 about compensation of the organizations current and former officiens, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Strong of the set of the set of the yes with the value of the set of the set of the yes with the value of the set of the set of the set of the yes with the value of the set of the set of the yes with the value of the set of the set of the set of the yes with the value of the set of the set of the yes with the value of the set of the set of the yes with the value of the set of t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former officers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a bax-esempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 24a X. 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C. 25d Did the organization are scrow account other than a refanding escrow at any time during the year to defease any tax-exempt bonds? 24d C. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a X. 25b Is the organization aware that the graged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25b X. 25b Id the organization aware that the graged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? 25b If "Yes," complete Schedule L. Part I 25b X. 26b Id the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L. Part II 27b X. 27b Did the organization provide a grant or other assistance to an officer, director, frustee, key employee. 28b Substantial combitator or employee thereof, a grant escention with on or the following parties (see Schedule L. Part IV 27b X. 28b Was the organization expert or any of these persons? If "Yes," complete Schedule L. Part IV 27b X. 29c An entity of which a current or former officer, director, frustee, or key employee (or a family member thereof) 27b X. 29c An entity of which a current or former officer, d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
employees? If "Yes," complete Schedule 32	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25d b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization nows an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and an "on behalf of issuer for bonds outstanding at any time during the year? 24d Sa Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II sisten organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II Yes, "complete Schedule L. Part II Yes," complete Schedule L. Part II Yes, "complete Schedule L. Part II Yes," complete Schedule L. Part II Yes, "complete Schedule L. Part II Yes," complete Schedule L. Part II Yes, "complete Schedule L. Part II Yes," complete Schedule L. Part II Yes, "complete Schedule L. Part II Yes," complete Schedule L. Part II Yes, "complete Schedule L. Part IV Yes," complete Schedule L. Part IV Yes, "complete Schedule L. Part IV Yes," complete Schedule L. Part IV Yes, "complete Schedule L. Part IV Yes," complete Schedule L. Part IV Yes," complete Schedule L. Part IV Yes, "complete Schedule L. Part IV Yes," complete Schedule R. Part IV Yes," complete Schedule R. Part IV Yes," Complete Schedule R. Part II, III, Yes," Complete Schedule R. Par		organization's current and former officers, directors, trustees, key employees, and highest compensated			
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		employees? If "Yes," complete Schedule J	23		Х
through 24d and complete Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization aware and "no hebalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 16 If "Ves," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, directors, trustees, key employee, subjects compensated employees, or disqualified person's If "Ves," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof; a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 A X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28 A Current or former officer, director, trustee, or key employee (or a family member thereof) 29 Was an officer, director, trustee, or fey employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II and the particulation of the particulati	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms '990 or '990-E27' it' 'Yes,' complete Schedule L. Part I I 25b X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons'? If 'Yes,' complete Schedule L., Part II 27b Jid the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 27b A 28b Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27b A	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
If "Yes," complete Schedule L, Part I	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 1 27 X X 10 bit the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 10 bit the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 10 bit instructions for applicable filing thresholds, conditions, and exceptions): Bert A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 10 bit the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28 X 10 bit the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 10 bit the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 1 31 X 10 bit the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 10 bit the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or II 10 bit the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or II 10 bit the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X X 10 bit the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27		If "Yes," complete Schedule L, Part I	25b		Х
disqualified persons? If "Yes," complete Schedule L, Part II 7	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IIII 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV 28c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Sched		current or former officers, directors, trustees, key employees, highest compensated employees, or			
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I III, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 56 Section 501(c/3) organizations. Did the organization make any transaction with a contro		disqualified persons? If "Yes," complete Schedule L, Part II	26		X
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a	27				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 20 Did the organization stell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 B Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Enclose the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal					
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conservation contributions? If "Yes," complete Schedule M 30		·	29		Λ
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		20		v
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	Port	24		v
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related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
	38				
			38	X	

	Check if Scriedule O Contains a response of note to any fine in this Part V	• • •	• • •	ш_
4-	Fatastha asserbasica and fa Ross 2 of Farm 4000 Fatas 0. Hast applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	gifts were not tax deductible?	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
_~		. 75		

	1000 (2014) HVA FOUNDATION INC 00-140290			age o
Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No)"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O: tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u>X</u>
56 6	This Section B requests information about policies not required by the internal Revenue Code.)		Vaa	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	2		
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CT MA NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	666161 6164 16461165 at 1 619at 124161 to Thake 161 61116 1626 (61 1624 ii applicable), 556, and 556 1 (666161166 16)			
	available for public inspection. Indicate how you made these available. Check all that apply.			

financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: PATIENCE LINDHOLM (860)672-6678, ROUTE 7 PO BOX 28, CORNWALL BRIDGE, CT 06754

Form 990 (2014) HVA FOUNDATION INC 06-1402968 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (B) (E) (F) (A) (D) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) week (list anv from related other organizations hours for the compensation Officer Institutional trustee related Individual trustee Key employee employee Highest compensated organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related organizations line) (1) MICHAEL NESBITT 0.50 Χ Χ PRESIDENT, DIRECTOR O O (2) GUY_PETERSON_ 0.50 SECRETARY/TREASURER, DIRECTOR Χ Χ O 0 (3) ROBERT HOULIHAN 0.50 Χ DIRECTOR 0 0 (4) JOHN PEROTTI 0.50 Χ Χ n n VICE PRESIDENT, DIRECTOR (5) F ANTHONY ZUNINO 0.50 DIRECTOR Χ 0 n 0 (6) JAMES MALONEY 0.50 Χ DIRECTOR 0 n (7) (9) (10)_____ (11) (13) (14)

Form 990 (2014)

06-1402968

(A) Name and title	(B) Average hours per week (list any	box, office	unles: er and	s pers	tion ore the on is ector/	nan one both an /trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or, ar	npensati rom the ganization d relate anizatio	on ed
(15)												
<u>(16)</u>												
<u>(17)</u>												
(18)												
<u>(19)</u>												
<u>(20)</u>												
<u>(21)</u>												
<u>(22)</u>												
<u>(23)</u>												
<u>(24)</u>												
<u>(25)</u>												
1b Sub-total	on A						>	0	0			0
Total number of individuals (including but not limited to reportable compensation from the organization							e tha		0	ı		
3 Did the organization list any former officer, director	or or trustee	kev er	mplo	vee	or h	niahes	t con	nnensated			Yes	No
employee on line 1a? If "Yes," complete Schedule J f	or such individ	dual								3		Х
4 For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than \$\\$	•					•						
individual						· · ·				4		X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If "Yes," co						-		or individual		5		X
Section B. Independent Contractors										<u>'</u>		
 Complete this table for your five highest compensate compensation from the organization. Report compen year. 									n's tax			
(A) Name and business address								(B) Description of	services		(C) pensatio	on.
Total number of independent contractors (including b received more than \$100,000 of compensation from the			e list	ed a	bove	e) who		•				

Form 990 (2014) Page 9 HVA FOUNDATION INC 06-1402968 Part VIII Statement of Revenue П

		Check if Schedule O contains a response	or note	e to any line in this F	Part VIII	. .		
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္ဆ	1a	Federated campaigns	1a					312 311
aut	b	Membership dues	1b		-			
ည် ဋိ	C	Fundraising events	1c		-			
fts, Ir A	d	Related organizations	1d		-			
<u>≘</u> .	e	Government grants (contributions)	1e		-			
Siri	f	All other contributions, gifts, grants,						
uti Je		and similar amounts not included above	1f					
- 문항	g	Noncash contributions included in lines 1a-1			-			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f						
0.0		Total: //da iii/os fa ii		Business Code				
an e	2a			240000 0040				
ever								
9. 24	C							
ervi	d							
S	e							
Program Service Revenue		All other program service revenue						
Ţ	l	Total. Add lines 2a-2f						
	l	Investment income (including dividends, intere and other similar amounts)	est,		48,456	48,456		
	4	Income from investment of tax-exempt bond p	orocee	ds▶				
	l	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents		. ,				
	b	Less: rental expenses						
	l	Rental income or (loss)						
	l							
		Gross amount from sales of (i) Securitie		(ii) Other				
		assets other than inventory						
	В	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	l	Net gain or (loss)						
nue	l	Gross income from fundraising						
/en		events (not including \$						
Other Reve		of contributions reported on line 1c).						
Jer		See Part IV, line 18	. а					
₹	b	Less: direct expenses	. b					
	l	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
		returns and allowances	. а					
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		•	48,456	48,456	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colun	nns. All other organizati	ons must complete colu	mn (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .	0.040		0.040	
f	Investment management fees	2,848		2,848	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	22,332	22,332		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	25,180	22,332	2,848	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and_				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	49,216	2	70,038
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	746,933	11	743,404
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	796,149	16	813,442
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liat		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets	246,737	28	264,030
pur	29	Permanently restricted net assets	549,412	29	549,412
Ę,		Organizations that do not follow SFAS 117 (ASC 958), check here			
ts o	••	complete lines 30 through 34.			
sse	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds		32	040.440
	33	Total net assets or fund balances	796,149	33	813,442
	34	Total liabilities and net assets/fund balances	796,149	34	813,442

Form	1990 (2014) HVA FOUNDATION INC	06-140	2968		Pa	age 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				<u>. U</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			48,	456
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			25,	180
3	Revenue less expenses. Subtract line 2 from line 1	. 3			23,	276
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			796,	149
5	Net unrealized gains (losses) on investments	. 5			(5,	983)
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10			813,	442
Par	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🗆 </u>
			,		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form 990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

HVA FOUNDATION INC 06-1402968 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) HOUSATONIC VALLEY AS 06-6049295 Χ 22,332 (B) (C) (D) (E) 22,332

Schedule A (Form 990 or 990-EZ) 2014 HVA FOUNDATION INC 06-1402968 Page

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
•	21	
		37
2		X
3a		X
3b		
38		
3с		
4a		X
4a		Λ
4b		
4c		
5a		X
5b		
5c		
6		X
7		Х
		v
8		X
9a		Х
9b		X
35		23
9с		X
10a		Χ
10b		

$\overline{}$	INITIAL TO THE SECONDATION INC.			agc
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		7.7
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		X
Sec	tion D. All Type III Supporting Organizations		Vaa	Nia
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type & amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions)	•
a				
b		caa in:	etructi	one)
2	Activities Test. Answer (a) and (b) below.	366 III	Yes	No.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Employer identification number

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

06-1402968 HVA FOUNDATION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	ule D (Form 990) 2014 HVA FOUNDATION IN	C			06-14029	68	Page 2
	rt III Organizations Maintaining Co		t, Historical Tre	easures, or C			
3	Using the organization's acquisition, accession, and						
	collection items (check all that apply):						
а	Public exhibition	d Loan	or exchange program	ms			
b	Scholarly research	e 🗌 Othe					
С	Preservation for future generations						
4	Provide a description of the organization's collection	ns and explain how th	nev further the organiz	zation's exempt p	urpose in Part		
	XIII.		3				
5	During the year, did the organization solicit or recei	ve donations of art, h	istorical treasures, or	other similar		_	_
	assets to be sold to raise funds rather than to be m	aintained as part of th	ne organization's colle	ection?		🗌 Yes	s 🗌 No
Pai	t IV Escrow and Custodial Arrang						
	Complete if the organization ans	swered "Yes" to	Form 990, Part	IV, line 9, or r	eported an amoun	t on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or or	other intermediary for	contributions or other	r assets not			
	included on Form 990, Part X?					🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following	table:				
					Am	ount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 99	90, Part X, line 21, for	escrow or custodial	account liability?		Yes	s No
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanat	ion has been provide	d in Part XIII		. .	🗌
Pai		•					
	Complete if the organization ans	swered "Yes" to	Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	549,412	549,412	549,41			49,412
b	Contributions	,	•	-	,		
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
e	Other expenditures for facilities and						
·	programs						
f	Administrative expenses						
	End of year balance	549,412	549,412	549,41	12 549,412	5.	49,412
g 2	Provide the estimated percentage of the current ye				12 349,412		17,112
a	Board designated or quasi-endowment	%	rg, column (a)) nola e				
b	Permanent endowment 100.00 %						
C	Temporarily restricted endowment	%					
C	The percentages in lines 2a, 2b, and 2c should equ						
3a	Are there endowment funds not in the possession		at are held and admir	victored for the			
Ja		or trie organization trie	at are nelu and admi	iistered for the		v	es No
	organization by:						es No X
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	^A
b	If "Yes" to 3a(ii), are the related organizations listed					3b	
Do:	Describe in Part XIII the intended uses of the organ		TUNOS.				
rai	rt VI Land, Buildings, and Equipme		Form 000 D==	IV/ line 44 = 5	Pag Form 000 De-	4 V II.a 4	0
	Complete if the organization and						
	Description of property	(a) Cost or othe	' '	r other basis	(c) Accumulated	(d) Book v	alue
		(investme	(int)	other)	depreciation		
1a	Land	• •					
b	Buildings	• •					
С.	Leasehold improvements	• •					
d	Equipment						

EEA Schedule D (Form 990) 2014

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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014 HVA FOUNDATION INC 06-1402968 Page 3

Part VII Investments - Other Securities

rait VII	Complete if the organization answere	ed "Yes" to Form 990. P	art IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on:
(1) Financial de	erivatives			
(2) Closely-hel	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" to Form 990, P	art IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1)			·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	ad "Vas" to Form 990 P	art IV line 11d See Form 990	Part Y line 15
		Description	art iv, line i id. See i oilli 990,	(b) Book value
(1)	(a)	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 1	15.)	•	
Part X	Other Liabilities.	10.)	• • • • • • • • • • • • • • • • • • •	
T GIT 71	Complete if the organization answere line 25.	ed "Yes" to Form 990, P	art IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
	ncome taxes	(a) Soon value		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990. Part X. col. (B) line 25.)			

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 HVA FOUNDATION INC 06-1402968 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 12a.	
1	70 7		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Staten		er Return.
	Complete if the organization answered "Yes" to Form 990, P	•	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	40
С 5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		4c 5
	t XIII Supplemental Information.		<u> </u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	and 2h: Part V line 4: Part X line	ne
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi		
2 , 1 u	try, into 2d and 45, and 1 arryin, into 2d and 45. Also complete this part to provide any additional try and the provide and try and	donar irriorriadori.	

EEA Schedule D (Form 990) 2014

(g) Sec. 512(b)(13) cntrled entity? Yes No × (f)
Direct controlling
entity OMB No. 1545-0047 Open to Public Inspection Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 2014 Employer identification number Direct controlling Ξ 06-1402968 End-of-year assets N/A **e** Public charity status (if section 501(c)(3)) <u>e</u> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Total income ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ਉ ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Exempt Code section Related Organizations and Unrelated Partnerships (p) (c) Legal dom. (state or foreign country) 501(C)(3) Legal dom. (state or foreign country) છ G Attach to Form 990. Primary activity ENVIRONMENTAL RESOURCE Primary activity one or more related tax-exempt organizations during the tax year. PROTECT For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) of disregarded entity (1) HOUSATONIC VALLEY ASSOCIATION INC, 06-6049295 Name, address, and EIN of related organization CORNWALL BRIDGE, CT 06754 HVA FOUNDATION INC Department of the Treasury Internal Revenue Service Name of the organization **SCHEDULE R** (Form 990) ROUTE 7 Part II Part I Ξ 3 4 (8) 4 9 3 9 2

Schedule R (Form 990) 2014

HVA FOUNDATION INC

Schedule R (Form 990) 2014

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 06-1402968

Page 2

(k) % owner- ship							(i) 2.512(b)(13) controlled entity?	S						0) 2014
Gen. or managing partner?						, t ≤,	Sec.512 contr enti	Yes						Form 990
						990, Par	(h) (i) Percentage Sec.512(b)(13) ownership controlled entity?							Schedule R (Form 990) 2014
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						on Form	(g) Share of end-of-year assets							
(h) Disproportionate allocations?						'Yes"								
(g) Share of end-of- year assets						n answered " ar.	(f) Share of total income							
(f) Share of total Sincome						e organizatior ing the tax yea	(e) Type of entity (C corp. S corp. or trust)							
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)						as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	(d) Direct controlling entity							
(d) Direct controlling entity						on or Trust s a corporation	Legal Dis domicile (state or foreign							
Legal domicile (state or foreign country)						porati ated as								
(b) Primary activity (s) (s)						Taxable as a Corl	(b) Primary activity							
						izations re relate								
(a) Name, address, and EIN of related organization						Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization							
	(1)	(2)	(3)	(4)	(5)	Part IV			(1)	(2)	(3)	(4)	(5)	EEA

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Part V Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	ion answered "Yes" on Form	າ 990, Part IV, line 34, 3ຢ	5b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Si No	<u>ہ</u> ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations listed in Parts II-	·IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	ار
b Gift, grant, or capital contribution to related organization(s)				1b X		
c Gift, grant, or capital contribution from related organization(s)				10	×	ار
d Loans or loan guarantees to or for related organization(s)				1d	×	ار
e Loans or loan guarantees by related organization(s)				-	×	
f Dividends from related organization(s)				*	×	
				= 3	4 >	ا,
				<u>5</u>	4 >	ار.
h Purchase of assets from related organization(s)				Ę	∢ ;	ار.
i Exchange of assets with related organization(s)				;	☆ >	.[ر
 j Lease of facilities, equipment, or other assets to related organization(s) 				-	≺	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	ب
				=	×	
				1m	×	
Sharing of facilities equipment mailing lists or other assets with related organ				-	×	
				. 5	×	
				2	ł	
p Reimbursement paid to related organization(s) for expenses				σ ;	××	. ای
q Keimbursement paid by related organization(s) for expenses				D.	∢	
r Other transfer of cash or property to related organization(s)				+	×	ان
				18	×	ال
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nis line, including covered relationship	s and transaction thresholds.				
(a)	(q)	(၁)	(Q)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	mount invol	lved	
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
EEA			Schedule	Schedule R (Form 990) 2014	990) 2014	4

HVA FOUNDATION INC

Schedule R (Form 990) 2014

Page 4

06-1402968

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(q)	(2)	(p)	e	£	(b)	Ξ	(E)	9	8
Name, address, and EIN of entity	Primary activity	Legal language langua	Predominant partners income (related, section runrelated, excluded 501(c)(3)	Are all partne section 501(c)(Stota	Share of end-of-year assets	Disprop- ortionate	Cod	Gen. or managing	g owner-
		foreign f	rom tax under ection 512-514)	zations Zations	· ~ 9		tions?		Yes No	giys O
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
EEA								Schedule R (Form 990) 2014	(Form 99	0) 2014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

HVA FOUNDATION INC 06-1402968 01. Form 990 governing body review (Part VI, line 11) FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE DIRECTOR OF HOUSATONIC VALLEY ASSOCIATION INC., THE SUPPORTED ORGANIZATION, REVIEWS THE FORM 990 IN DETAIL, DISTRIBUTES COPIES AND DISCUSSES INFORMALLY WITH BOARD MEMBERS PRIOR TO FILING. 02. Governing documents, etc, available to public (Part VI, line 19) FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS (CONSOLIDATED WITH HOUSATONIC VALLEY ASSOCIATION, INC.) ARE MADE AVAILABLE UPON REQUEST, AND ON OUR WEBSITE HVATODAY.ORG, THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST 03. Explanation of other changes in net assets or fund balances (Part XI, line UNREALIZED GAINS ON INVESTMENTS FOR THE YEAR