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990-PF

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052 200R

Internal Revenue Service Note:			Note: The foundat	ion may	be able to use a	copy of	this return to	satisfy state	e repor	ting requirements	<u> </u>	
F	For calendar year 2008, or tax year beginning			11/01 , 2008, and ending			ling		10/31,2009			
_			hat apply	Initial retu		Final return		Amended			Address change	Name change
Ť			Name of for					, , , , , , , , , , , , , , , , , , , ,		''	A Employer identifi	
		L IDO								ł	A Linpoyer tuellun	Cauci number
		he IRS	L									
		bel.		ONE FOUNDAT								6064982
	Otherwise, Number and street (or P O. box number it				if mail is not delivered	to street	t address)	Room/si	urte	B Telephone number (se	e page 10 of the instructions)	
	print or type.											
		ype. pecific	P.O. BOX	X 29682							(80	4) 784-6300
		ctions.		, state, and ZIP co	de				-		C If exemption applica	ation is
٠	11344	CDOID.									pending, check here	►
			DICUMONI	D. VA 23229	ı						D 1. Foreign organiza	· —
-	<u> </u>	als Asimi				/-\/ ()\		la d a di a			2. Foreign organiza 85% test, check i	
H	\neg		_	ation <u>x</u> Sect						i	computation .	▶ ∟
1				nexempt charitable				ivate found:			E If private foundation	n status was terminated
j	Fair	marke	t value of all	l assets at end	A Acco	ounting method:	LXI C	ash [] Ad	crual)(1)(A), check here . 🕨 🔛
	of y	ear (fro.	m Part II, co.	l. (c), line		Other (specify) _					F If the foundation is	in a 60-month termination
	16)	▶ \$	9,43	36,851.	(Part I	, column (d) mus	t be or	cash basis)		under section 507(b)(1)(B), check here
E	art	Analy	sis of Reve	nue and Expen	ses (The							(d) Disbursements
_		total o	f amounts in c	columns (b), (c), an	d (d)	(a) Revenue a expenses p		(b) Net in		(0	c) Adjusted net	for charitable
		may n	ot necessarily	equal the amount	s in	books	3 1	inco	me		income	purposes
_				ge 11 of the instruc		 		族[[2]		 		(cash basis only)
	1	Contribut		, etc., received (attach so foundation is not req		78 1 87 74 587 1 36765		2017. 77			·	
	2	Check	attach	Sch B		塞瓦哥次高	-177 r	· ·	<u>'</u>	_		
	3	Interest	on savings and	temporary cash inve	stments			ļ				
	4	Divider	nds and intere	est from securities		243,	570.	2.	43,570.			
	5a	Gross r	ents				•					
	Ь			ess)		E. NEW MET	J. 1				DEG	
_	` ' [-815,					RECF	WED	
Revenue	Ь	Gross s	ales price for all					- N			p p	
9	l _		n line 6a			100 S. J. S. S S.					/ 	791
2	7	•	•	ome (from Part IV,		5. 北海市城市				\mathbf{L}	SEP 2 (2010 8
	8			algain		POLICE TO SEE THE	\$2 P. J			- -	<u>u - (</u>	1 2010 131
	9	Income	modification	s · · · · · · ·	• • • •		Na. 33 (44)			$\vdash \vdash$	AODE:	<u> </u>
	TUB		les less retums wances			建作等中心	静. 违	1-625			_UGUFA	LIF L
_	b	Less Co	est of goods solo	ı		中國 的基础的	的學問	· **				-01
<u></u>	C	Gross	profit or (loss)	(attach schedule)				(f) (i				
	111			h schedule)								
2	12			rough 11			258.	2	43,570.			
Z	13			rs, directors, trustees			NONE					
Ī	14			aries and wages .		1						
8			• •	•								
nses	15			loyee benefits						\vdash		
8	16a	Legal 1	ees (attach so	chedule)						_		
		Accour	nting fees (att	chedule) tach schedule)						├		
		Other p	professional fe	ees (attach sc issait	细).1.	60,	<u>615.</u>		60,615.	├ —		
쿌	17	Interest	t							<u>L</u>	_	
풀	18	Taxes (e	nttach schedule)	(see page 14 of the ins	tructions) '	3,	019.			<u> </u>		
Ę	19	Deprec	ation (attach	schedule) and de	pletion					L		
ŧ	20	•	•		•							
₹	21			and meetings								
Ĕ	22											
perating and Administrative	22	•	•	tions						 		
틀	23		•	ach schedule)						 		
978	24			l administrative ex	•	1						
ŏ			-	h 23		8	634.		60.615.			
_	25	Contrib	utions, gifts,	grants paid		625,	550.				<u>.</u>	625,550
_	26	Total expe	enses and disbur	sements. Add lines 2	4 and 25	689.		(60.615.			625,550
	27	Subtrac	t line 26 fron	n line 12 [.]		湖 質点語		,				
	а	Excess of	revenue over exp	penses and disburseme	ente .	-1,261,		grade ,				
				orne (if negative, er		L. LEVELIA	10 3 2 2	1,5	32,955.			
j	ì			e (if negative, enter		SOLEDE SEVE		E Vi			-0-	
_												

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. **STMT 2 JSA 8E1410 1 000

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Attached schedules and amounts in the Beginning of year End of year

Dart I	Balance Sheets description column should be for end-of-year	Beginning of year	End	End of year	
	amounts only. (See Instructions)	(a) Book Vatue	(b) Book Value	(c) Fair Market Value	
` 1	Cash - non-interest-bearing	1,454,905.	825,093.	825,093	
2	Savings and temporary cash investments				
3	Accounts receivable	(MAA) Ga.			
i i	Less: allowance for doubtful accounts ▶				
4	Pledges receivable				
	Less: allowance for doubtful accounts	<u> </u>			
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other				
	disqualified persons (attach schedule) (see page 15 of the instructions)				
7	Other notes and loans receivable (attach schedule)	See !	· · · · · · · · · · · · · · · · · · ·		
	Less: allowance for doubtful accounts	47			
, 8	Inventories for sale or use				
Assets 10 a	Prepaid expenses and deferred charges				
88				<u> </u>	
-	Investments - U.S. and state government obligations (attach schedule)		7 275 662	0 611 750	
"	Investments - corporate stock (attach schedule) STMT 3.	8,007,293.	7,375,663.	8,611,758	
116	Investments - corporate bonds (attach schedule)	জন্ম		 	
	and acciment back	rate.			
	Less accumulated depreciation (attach schedule)				
12	Investments - mortgage loans	<u> </u>			
13 14	Investments - mortgage loans Investments - other (attach schedule) Land, buildings, and equipment: basis	The state of			
	equipment basis Less: accumulated depreciation (attach schedule)			 -	
15	Other assets (describe)				
16	Total assets (to be completed by all filers - see the				
	instructions. Also, see page 1, item l)	9,462,198.	8,200,756.	9,436,851	
17	Accounts payable and accrued expenses				
18	Grants payable				
g 19	Deferred revenue				
골 20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities 50 71 72 73	Mortgages and other notes payable (attach schedule)				
∄ 22	Other liabilities (describe			1	
	, , , , , , , , , , , , , , , , , , , ,	· 			
23	Total liabilities (add lines 17 through 22)				
+-	Foundations that follow SFAS 117, check here ▶			-	
	and complete lines 24 through 26 and lines 30 and 31.	l i			
89 24 25	Unrestricted				
	Temporarily restricted			1	
26	Permanently restricted			4	
Dung 27	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. \blacktriangleright X				
Ö 27	Capital stock, trust principal, or current funds	9,462,198.	8,200,756.	1	
Net Assets	Paid-in or capital surplus, or land, bldg, and equipment fund			1	
8 29	Retained earnings, accumulated income, endowment, or other funds	NONE	NONE	2	
₹ 30	Total net assets or fund balances (see page 17 of the				
2	instructions)	9,462,198.	_8,200,756.		
31	Total liabilities and net assets/fund balances (see page 17]	
	of the instructions)	9,462,198.	8,200,756.		
Part	Analysis of Changes in Net Assets or Fund	Balances		·• ·	
	I net assets or fund balances at beginning of year - Part II		t agree with	7	
	of-year figure reported on prior year's return)			9,462,198	
2 Ente				-1,261,442	
	r increases not included in line 2 (Homise) >			-1,201,442	
				0 000 000	
				8,200,756	
	reases not included in line 2 (itemize)	B- 5\ B-4B1 0\	5	 	
6 Tota	I net assets or fund balances at end of year (line 4 minus	ште э) - мап II, column (b)	, line 30 6	8,200,756	
JSA 8E1420 1	000			Form 990-PF (2008)	

Part IV	Capital Gains	and Losses for Tax on Inv	estment Income		·	
	• •	d describe the kind(s) of property sold (rick warehouse; or common stock, 200	. •	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr.)
1a SEE	E PART IV SCHE	DULE				
b						
С						
d						
е						
(e) (Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a						
b						
C				L		
d						
e						
Comple	te only for assets s	howing gain in column (h) and owi	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
			(k), but not less			
(I) F.M	1.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Losses (from co	(h)) (
а						
b						
c						
d						
в	_					
2 Capita	al gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	_	815,828.
3 Netsh	nort-term capital gain	or (loss) as defined in sections 12			· · · · · ·	010/0201
		line 8, column (c) (see pages 13		i i		
-		line 8	.	3		
			uced Tax on Net Investment Inc	ome		
Was the		·	outable amount of any year in the ba	ase period	t? [Yes X No
			; see page 18 of the instructions be	fore mak	no ami entries	
1 Cillei	(a)		<u> </u>	noie mak	(d)	·
B Calendar y	ase period years ear (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution is (col (b) divided by	/ col (c))
	2007	661,871.	11,543,142.			0.057339
	2006	785,541.	12,650,256.			0.062097
	2005	610,478.	10,582,257.			0.057689
	2004	515,982.	8,508,371.			0.060644
	2003	496,935.	7,208,933.			0.068933
2 Total	of line 1, column (d)	, ,	• • • • • • • • • • • • • • • • • • • •	2		0.306702
	•	for the 5-year base period - divide	• • •			
numb	er of years the found	dation has been in existence if less	s than 5 years	3		0.061340
4 Enter	the net value of non	charitable-use assets for 2008 fro	m Part X, line 5	4	9	,070,953.
5 Multip	ply line 4 by line 3			5		556,412.
6 Enter	1% of net investme	nt income (1% of Part I, line 27b)		6		1,830.
		·				*******
7 Add I	ines 5 and 6			7		558,242.
B Enter	qualifying distribution	ns from Part XII, line 4	k in Part VI, line 1b, and complete	8		625.550

orm 1	990-PF	(2008) 54-6064982			Page 4
Par	t VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he in:		
1a	Exempt	operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date o	f ruling letter (attach copy of ruling letter if necessary - see instructions)			
		stic foundations that meet the section 4940(e) requirements in Part V, check		1.	830
	here I	X and enter 1% of Part I, line 27b			
		er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax un	ider section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
		nes 1 and 2		1,	830
4	Subtitle	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			NON
5	Tax ba	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,	830
6	Credits	s/Payments:			
а	2008 e	estimated tax payments and 2007 overpayment credited to 2008, 6a 436.			
b	Exemp	of foreign organizations-tax withheld at source			
C	Tax pa	d with application for extension of time to file (Form 8868)			
d	Backup	p withholding erroneously withheld			
7	Total c	redits and payments. Add lines 6a through 6d		7.	936
8	Enter a	any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			_38
9	Tax du	e. If the total of lines 5 and 8 is more than line 7, enter amount owed			
0	Очегра	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6,	068.
		he amount of line 10 to be: Credited to 2009 estimated tax ▶ 6,068. Refunded ▶ 11			
Pari	t VII-A	Statements Regarding Activities			
1a		the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
		pate or intervene in any political campaign?	1a		X
		spend more than \$100 during the year (either directly or Indirectly) for political purposes (see page 19			
		instructions for definition)?	1b		X
		answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	i		
		hed or distributed by the foundation in connection with the activities.			
		e foundation file Form 1120-POL for this year?	1c		NA
		the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
		the foundation >\$(2) On foundation managers >\$			
e		the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
		ation managers. > \$			١
		e foundation engaged in any activities that have not previously been reported to the IRS?	2		X
		e foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			ļ
		oration, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
		e foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
		," has it filed a tax return on Form 990-T for this year?	4b	N	/A
		nere a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
		attach the statement required by General Instruction T.			
		e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
-		anguage in the governing instrument, or			
	•	state legislation that effectively amends the governing instrument so that no mandatory directions that			
	•	t with the state law remain in the governing instrument?	6	Х.	
		e foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	х	
		the states to which the foundation reports or with which it is registered (see page 19 of the			
		tions) ►			
b	If the	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
		ignate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
		foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	ог 494	(2(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on	ı		
	page 2	7)? If "Yes," complete Part XIV	9		x
		ny persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	I		
		and addresses	10	- 1	X

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			İ
	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11_		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13_	Х	<u>L</u>
4.4	The books are in care of ▶ C.S. LUCK III Telephone no. ▶ 804-78	1-33		
14	Located at ►LUCK STONE CORPORATION, P.O. BOX 29682 RICHMOND, VA ZIP+4 ► 23229	:-55	55	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A .			$-\Box$
_	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·	,	,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	L	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1	ľ	ļ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		l
	disqualified person?	1]	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		1 :	l
	the benefit or use of a disqualified person)?	İ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if		<u> </u>	
	the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)	[!
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			l
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	N/	Α
	Organizations relying on a current notice regarding disaster assistance check here			l
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2008?	1c		<u> X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			l
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
8	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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N/A

3 b

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	t VII-B Statements Regarding Activities for		1/20 May Be Requ	irea (continuea)		
5 a	During the year did the foundation pay or incur any amou. (1) Carry on propaganda, or otherwise attempt to influe.		n 4045(e)\2	Yes X No		
	(2) Influence the outcome of any specific public election			. Lites Mind	'	ł
	directly or indirectly, any voter registration drive?			Yes X No	.]
	(3) Provide a grant to an individual for travel, study, or of	her eimilar numeee?	• • • • • • • • • • •	Yes X No		- 1
	(4) Provide a grant to an organization other than a char			. Lies A	'	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No	.	ĺ
	(5) Provide for any purpose other than religious, charitat			. Ties Vinc	'	
	• • •	•		Yes X No		ļ
_	educational purposes, or for the prevention of cruelly				'	
0	If any answer is "Yes" to 5a(1)-(5), did any of the transact	•	•			,, ,
	Regulations section 53.4945 or in a current notice regar	=	• •	'. 	5b	N/A
	Organizations relying on a current notice regarding disas			▶ 🗀		
С	If the answer is "Yes" to question 5a(4), does the found	•		— . —	1 1	
	because it maintained expenditure responsibility for the g			. Yes X No	' []	
	If "Yes," attach the statement required by Regulations sec	٠,				
6 a	Did the foundation, during the year, receive any funds, o	•				
	on a personal benefit contract?				' []	
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contrac	1 ?	6b	X
	If you answered "Yes" to 6b, also file Form 8870				1 1	
	At any time during the tax year, was the foundation a pa	•	•	•	' ├	
_	If yes, did the foundation receive any proceeds or have					
Par	Information About Officers, Directors and Contractors	i, I rustees , Foun	dation Managers,	Highly Paid Emplo	yees,	,
1	List all officers, directors, trustees, foundation m			page 22 of the instru	uctions).	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
SEE	STATEMENT 4		NONE	NONE		NONE
			-			
	Compensation of five highest-paid employees (ot f none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	``
	None and address of each analysis and asset to the decision of the contract of	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	account.
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allo	
		TOTAL TO POSICION		compensation		
<u>VOIN</u>	<u> </u>					
		i				
						
		L		L		
otal	number of other employees paid over \$50,000 .		 .			NONE

Part VIII Information and Contract	About Officers, Directors, Trustees, Foundation tors (continued)	n Managers, Highly Paid Emplo	yees,
3 Five highest-paid indepen	ndent contractors for professional services (see pages)	ge 23 of the instructions), If none,	enter "NONE."
(a) Name an	d address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
NO			
			İ
			<u> </u>
Total number of others rece	iving over \$50,000 for professional services	<u> </u>	· · · ▶ NONE
Part IX-A Summary of	Direct Charitable Activities		
	direct chantable activities during the tax year. Include relevant statistic ciaries served, conferences convened, research papers produced, etc.	cal information such as the number	Expenses
1 THE FOUNDATION M	AKES GRANTS TO QUALIFYING PUBLIC CH	HARITIES	
•	FICANT INVOLVEMENT IN ANY DIRECT CH		
ACTIVITY.			
2			
3			
4			
5			
Part IX-B Summary of	Program-Related Investments (see page 23 of the	ne instructions)	
Describe the two largest program	-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
1 NONE			
2			
All other program-related investme	ents. See page 24 of the instructions.		
3 NONE			
Total. Add lines 1 through 3		<u></u>	

Pa	Minimum Investment Return (All domestic foundations must complete this part Foreign see page 24 of the instructions.)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		-
	purposes:		
а	Average monthly fair market value of secuntes	1a	8,069,090.
b	Average of monthly cash balances	1b	1,139,999.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
đ	Total (add lines 1a, b, and c)	1d	9,209,089.
e	Reduction claimed for blockage or other factors reported on lines 1a and		372037003.
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	9,209,089.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		3,203,003.
		4	138,136.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,070,953.
6	Minimum investment return. Enter 5% of line 5	6	453,548.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ □ and do not complete this p		100,010.
1	Minimum investment return from Part X, line 6	1	452 E40
2а			453,548.
b	Income tax for 2008. (This does not include the tax from Part VI.)		
	· · · · · · · · · · · · · · · · · · ·	2c	1 020
3	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	3	1,830.
4	Recoveries of amounts treated as qualifying distributions	4	451,718.
5		5	451 710
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	451,718.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1 · · · · · · · · · · · · · · · · · ·	7	451 710
_			451,718.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	625,550.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Surtability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	625,550.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,830.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	623,720.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wi		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2008)

Pa	art XIII Undistributed Income (see page	e 26 of the instructio	ns)		
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7	10 10 10 10 10 10 10 10 10 10 10 10 10 1	****		
2	Undistributed income, if any, as of the end of 2007.	2442 4534	F.D. 1185.2		451,718
a		112000000	はなみをは (数) (をとし、)	NONE	
b		12 5N 4 21 TAV 5	NONE	NONE	
3	Excess distributions carryover, if any, to 2008:		NONE	···	
	From 2003	THE SECOND SECON	50 6.		
a _			<u></u>	İ	
	From 2004	しょくしこうしょうしん マン・アン・マン・マン・コンス・メニア アニシロシス	2.2		
	From 2005	IN THE PROPERTY OF THE PARTY OF	; `		
a	From 2006		Epo-		
8	From 2007 90,406.	The state of the s	(3)		
f	Total of lines 3a through e	453,490.	` .		
4	Qualifying distributions for 2008 from Part XII,		**		
	line 4: ▶ \$625,550.		2		
a	Applied to 2007, but not more than line 2a	公司扩充的	Sergedant"	NONE	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
	Treated as distributions out of corpus (Election required - see page 26 of the instructions)		\$ P		
d	Applied to 2008 distributable amount	"是我们"	i,		451,718
e	Remaining amount distributed out of corpus	173,832.			
5			يوم جياهي مرکد		
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:		2". 2		
_		627,322.			
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	627,322.	3x* · 1		
b	Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c	Enter the amount of prior years' undistributed		NONE		
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
~	amount - see page 27 of the instructions		NONE		
	Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page		d in the second second	NONE	
	27 of the manuchoris	The second second second	Ļ	NONE	
f	Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2009		Service of the servic		
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section	Something is a supplemental to the second of			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)		.\$**		
8	Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions)	137,402.	۴.,۱		
9	Excess distributions carryover to 2009.		-		
	Subtract lines 7 and 8 from line 6a	489,920.	<u> </u>		
10	Analysis of line 9		· ,		
	Excess from 2004 94,159.		4.		
	Excess from 2005		3		
C	Excess from 2006		Taget of the state		
d	Excess from 2007	THOSE THOMAS THE TANK	Service Control of th		
е	Excess from 2008 173, 832.	经验证证明	**************************************		

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

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factors

c Any submission deadlines.

NONE

Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appn	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Burness of arrest or	
Name and address (home or business)	any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year	or second databases			
SEE ATTACHMENT A		1		625,550.
				023,330.
	İ			
		ļ		
		-		
		•		
		ļ		
				1
Total			▶ 3a	625,550.
b Approved for future payment				
	1	l l		1

Part XV	-A Analysis of Income-Produ	icing Acti	vities	,		·
Enter gross	s amounts unless otherwise indicated.	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of the instructions)
1 Program	m service revenue:	Business code	Amount	Exclusion code	Amount	the instructions)
a		<u></u>				
b						
c _				<u> </u>		·
d				_		
e	<u></u>					,
f		 		ļ		
-	es and contracts from government agencies		ļ	ļ		
	ership dues and assessments	<u> </u>		 		
	on savings and temporary cash investments	<u> </u>				
	ds and interest from securities	- CASE BAR THESE	186880 1888 174 1 mm	14	239,808.	
	ital income or (loss) from real estate:	The state of the s	建筑的公司。	1		
	bt-financed property			ļ		
	t debt-financed property					
	al income or (loss) from personal property .			<u> </u>		
	nvestment income					
	(loss) from sales of assets other than inventory		<u> </u>	18	-815,828.	
	ome or (loss) from special events			 -		
	profit or (loss) from sales of inventory		<u> </u>			
	evenue. a	<u> </u>		 	0.50	
	HER ACCRUED REVENUE			<u> </u>	3,762.	
· ·						
d						
•	al Add columns (b), (d), and (e)	Service of the		 	-572,258.	
/Cooworks	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 t		ulations \		13	-5/2,258.
	Relationship of Activities			empt Purp	oses	
Line No.	Explain below how each activi					tributed importantly to
	the accomplishment of the fo					
•	page 28 of the instructions)		, , , , ,		•	
	NOT APPLIC	CABLE				

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

1	Did tl	ne organization directly	or indirectly en	gage in any of the follow	wing with	any oth	er organization	described in section		Yes	No
	501(c) of the Code (other than	section 501(c)(3) organizations) or in sec	tion 527,	relating t	to political orga	nizations?			
ē				noncharitable exempt orga		-			l	i	İ
									1a(1)		x
		ther assets									
		transactions:						• • • • • • • • • • •	18(2)		_X
٠			h a -14 a héa a						l		
	(1) 5	ales of assets to a nonci	nantaole exempt	organization	• • • • •	• • • •	· · · · · · · ·	· • • • • • • • • • • • • • • • • • • •	1b(1)		<u> </u>
				exempt organization					1b(2)		X
				ets					1b(3)		<u> </u>
								· · · · · · · · · · · · · · · ·	1b(4)		Х
								· • • • • • • • • • • • • • • • • • • •	1b(5)		Х
	(6) P	erformance of services of	or membership o	r fundraising solicitations				· · · · · · · · · · · · ·	1b(6)		Х
C	Sharı	ng of facilities, equipmer	nt, mailing lists, o	other assets, or paid emplo	yees				1c		<u> </u>
c	I If the	answer to any of the ab	ove is "Yes," co	implete the following sch	nedule. Co	olumn (b)	should always	show the fair market	value o	f the g	joods,
	other	assets, or services giver	by the reporti	ng foundation. If the fou	ndation r	eceived l	ess than fair m	narket value in any tra	nsaction	ors	haring
				he goods, other assets, or				•			J
	`		•								
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organi	zetion	(d) D	escription of trans	sfers, transactions, and sha	nng ama	ngemer	nts
		N/A	1	··· , · · · · · · · · · · · · · · · · ·		N/A	· · · · · · · · · · · · · · · · · · ·				
						1		,			
								, , , , .			
						<u> </u>			_		
			-	•		<u> </u>		-			
	-					 					
						 		 			
			<u> </u>			 	· · · · · · · · · · · · · · · · · · · 				
						-	_				
				<u> </u>		 					
	. -										
						 					
						 					
			l			<u> </u>					
2 a		•	•	ated with, or related to,				ſ			1
	section	n 501(c) of the Code (oth	er than section t	501(c)(3)) or in section 52	277				Ye	s <u>X</u>	No
b	If "Yes	s," complete the following	schedule.								
		(a) Name of organization	1	(b) Type of orga	nization			(c) Description of relations	hip		
								· · · · · · · · · · · · · · · · · · · 	_		
	Under	penalties of perjury, I deck	are that I have ex	amined this return, including	g accomp	anying sch	edules and state	ments, and to the best o	my kn	owledg	e and
	belief,	it is true, correct, and comp		of preparer (other than taxp	ayer or fid	uciary) is	based on all info	rmation of which prepare	has an	y know	ledge
ĺ	L	Charles	S. L	reh =		1914	12010	Chairman			
ا ھ	Si	nature of officer or trustee				Date		Title			
후				· · · · · · · · · · · · · · · · · · ·	Date			Preparer's	identify	ring nu	mber
ᄒ	6 0.	الما ا	100		1 1		Check if	(See Signate			
Sign Here	글릴	Preparer's			9	14 10	self-employ			-	
<i>හ</i>	Paid Preparer's Use Only	Signature		73 77 77 77 77 77 77 77 77 77 77 77 77 7	<u> </u>	<u> </u>		22	<u> </u>	<u> </u>	
ı	- F S	Firm's name (or yours if self-employed), address,		NATERHOUSECOOPE				BN ▶ 13-40083	24		
	İ	and ZIP code		RGINIA STREET,	SUITE						
			RICHMO	OND, VA		23	3219	Phone no 804-69		_	
								Fo	m 990	-PF(2008)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME						
Kind of Property		Desc	ription		or Date	Date sold
Gross sale Depreciation price less allowed/	Cost or	FMV	Adj. basis	Excess of	Gain	
expenses of sale allowable	other hasis	as of 12/31/69	as of 12/31/69	FMV over adi basis	or (loss)) [
		-				
	SEE ATTACHME	ENT B		}	VARIOU	s VARIOUS
834,940.	976,733.				-141,	793.
	SEE ATTACHME	ENT B			VARIOU	s VARIOUS
1,455,295.	2,129,330.				-674,	035.
TOTAL GAIN (LOSS)		• • • • • • • • • • • •	• • • • • • • • • •		-815,	
						ŀ

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LUCK STONE FOUNDATION, INC.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	NET	INVESTMENT	INCOME	} 	56,098.	4,517.	60,615.	000000000000000000000000000000000000000
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1	56,098.	4,517.	60,615.	
			DESCRIPTION		INVESTMENT MANAGEMENT FEES	OTHER PROFESSIONAL FEES	TOTALS	

STATEMENT

FORM 990PF, PART I - TAXES

> **REVENUE** AND

EXPENSES

DESCRIPTION

PER BOOKS

-----TAXES

3,019.

TOTALS

3,019.

54-6064982

FORM 990PF, PART II - CORPORATE STOCK

LUCK STONE FOUNDATION, INC.

DESCRIPTION

INVESTMENTS IN CORP. STOCKS

TOTALS

ENI	щ	•
ENDING	BOOK VALUE	

7,375,663.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7,375,663.

8,611,758.

	ΕM	1	,
!			

ENDING FMV 8,611,75

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT	TREASURER	BOARD MEMBER
NAME AND ADDRESS	C.S. LUCK III P.O. BOX 29682 RICHMOND, VA 23229	J.H. PARKER III P.O. BOX 29682 RICHMOND, VA 23229	CHARLES S. LUCK, IV P.O. BOX 29682 RICHMOND, VA 23229

NONE

NONE

NONE

GRAND TOTALS

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

CHARLES S. LUCK, III P.O. BOX 29682 RICHMOND, VA 23242-0682 804-784-6398

Form 8868

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice	> Lite a sebaram of	pacadon for each return.		i	
 If you are f 	iling for an Automatic 3-N	lonth Extension, complete o	only Part I and check this	box		▶ x
Do not comple	te Part II unless you have	t Automatic) 3-Month Exter aiready been granted an aut	omatic 3-month extension	on a pre		•
Part I Auto	matic 3-Month Extens	ion of Time. Only submit o	original (no copies need	ied).		
A corporation Part I only		T and requesting an automa	tic 6-month extension - c	heck this b	oox and complete	, . ▶ □
All other corp	orations (including 1120-	C filers), partnerships, REM	IICs, and trusts must us	e Form 70	004 to request	an extension o
time to file inco	ome tax returns.					
one of the re electronically i returns, or a c	turns noted below (6 m if (1) you want the addit omposite or consolidated	can electronically file Form onths for a corporation regional (not automatic) 3-mon From 990-T. Instead, you m filing of this form, visit www	puired to file Form 990- th extension or (2) you to nust submit the fully com	F). HoweverF) FormsF) Pleted and	er, you cannot 990-BL, 6069, d signed page 2	file Form 8868 or 8870, group (Part II) of Form
Type or	Name of Exempt Organizat	ion			Employer identi	ification number
print	LUCK STONE FO				54-60649	82
File by the	Number, street, and room	or suite no. If a P.O. box, see inst	ructions			
due date for filing your	P.O. BOX 2968					
return See Instructions	City, town or post office, s	tate, and ZIP code. For a foreign	address, see instructions.			
	RICHMOND, VA					
	, г	separate application for each	n return):			
Form 990	-	Form 990-T (corporation)			m 4720	
Form 990	F	Form 990-T (sec. 401(a) or	• • •	-	m 5227	
Form 990		Form 990-T (trust other the	in above)	\rightarrow	m 6069	
X Form 990	-Pr [Form 1041-A		For	m 8870	
 If the organ If this is for for the whole gnames and Ell 	a Group Return, enter the group, check this box ⋅ ► Ns of all members the ext	office or place of business in organization's four digit Gro if it is for part of the gension will cover.	oup Exemption Number (G roup, check this box	EN)	nd attach a list v	
until		nth (6 months for a control of the exempt organized), to file the exempt organized at 11/01,200	nization return for the or	ganization	named above.	The extension is
2 If this tax	year is for less than 12 m	onths, check reason:	nitial return	return	Change in acc	counting period
3a If this ap	plication is for Form 990	-BL, 990-PF, 990-T, 4720,	or 6069, enter the tent	ative tax,	less any	. ————————————————————————————————————
	dable credits. See instruct				3a	\$ 7,936.
•		PF or 990-T, enter any refu	ndable credits and estim	ated tax p	ayments	1
		ayment allowed as a credit		<u> </u>	3b	\$ 436.
		n line 3a. Include your pay			16.342	
instruction		d, by using EFTPS (Electr	onic Federal lax Paym	ent Syste		
		stronic find with decised	4hia Farra 0000 = =	- 0450 55	3c	\$ 7,500.
		ctronic fund withdrawal with	ınıs Form 8868, see Forr	n 8453-EC	and Form 8879	HEO
or payment ins	~	Ion Ant Notice tot				
or Privacy Ac	t and Paperwork Reduct	ion Act Notice, see Instruction	ons.		Form 8	868 (Rev 4-2009)

e If you are filing for an Additional (Not Automatic) 3-Month Extension, complete onty Part II and check this box	Form 8868 (Re	v 4-2009)			Page 2
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or Print Fibely she to the file of Fibely she to the group of the properties of the prope	• If you a	e filing for an Additional (Not Automatic) 3-Month Extension, complete on	ly Part II and check this b	DX	
Type or print prin					
Name of Exempt Organization LUCK STONE FOUNDATION, INC. Number, street, and noom or suite no. If a P.O. box, see instructions. P.O. BOX 29582 City, town or post office, state, and ZIP code. For a foreign eddress, see instructions. RICHMOND, VA 23229 Check type of return to be filed (File a separate application for each return): Form 990-BL Form 990-BL Form 990-FC Form 990-FC Form 990-FZ Form 990-T (fust other than above) STOPI Do not complete Part II If you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ C.S. LUCK III Telephone No. ▶ 804 784-335 If the organization does not have an office or place of business in the full states, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this twith the names and EINs of all members the extension is for. If It is tax year is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Be If this application is for Form 990-FF, 990-FF, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By 1 It is application is for Form 990-FF, 990-FF, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFFS (Electronic Federal Tax Payment System). See instructions. By 5 7, 500. Signature ▶ Title ▶ Date	 If you a 	e filing for an Automatic 3-Month Extension, complete only Part I (on page	1).		
The byte of print Fine by the care of P C.S. LUCK III Telephone No. ▶ 804 784-3335 If the books are in the care of ▶ C.S. LUCK III Telephone No. ▶ 804 784-3335 If the form shole group, check this box . ▶ If the list of part of the group, check this box . ▶ and attach a list with the names and EliNs of all members the extension is for the whole group, check this lox . ▶ If the reparation is for form short extension of time until of it has a paylication is for less than 12 months, check reason: I request an additional 3-month extension of time until 09/15/2010 For calendar year _ , or other tax year beginning 11/01/2008 , and ending 10/31/2009 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period tax payments begin stems on 1886. By this application is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Form 990-F, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid tax payments made include any prior year overpayment allowed as a credit and any amount paid tax payments of the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and the tentative tax and t	Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no c	opies	needed).
District LIUCK STONE FOUNDATION. INC. 54-6064982	Type or	Name of Exempt Organization	Employer iden	tification	n number
P.O. BOX 29682 City, town or post office, state, and ZIP code. For a foreign address, see instructions. It is constituted by the constituted by t		LUCK STONE FOUNDATION, INC.	54-60649	82	
due date for filing the return. Sees. RICHMOND, VA 23229 Check type of return to be filed (File a separate application for each return): Form 990-BL Form 990-PF Form 990-BL Form 990-FF Form 990-BL Form 990-T (frust other than above) STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ C.S. LUCK III Telephone No. ▶ 804 784-3335 If this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the understand and altitude and altitude and a second form of the group, check this box If the second for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is four and the care of the group of the group of the group of the group of the group of the group of the group of the group of the group of th	File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use on	/	
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Check type of return to be filed (File a separate application for each return): Form 990		City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Form 990-BL Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 6089 Form 990-EZ Form 990-T (trust other than above) Form 5227 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of C.S. LUCK III Telephone No. 804 784-3335 FAX No. If this is for a group Return, enter the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If the group, check this box If this is for the whole group, check this box If this is for an additional 3-month extension of time until 109/15/2010 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By Ty 936. By Ty 936. By Ty 936. By Ty 936. By Ty 936. By Ty 936. By Ty 936. By Ty 936. By Ty 936. By Ty 936.		RICHMOND, VA 23229			
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PRICEWATERHOUSECOOPERS LLP 111 VIRGINIA STREET, SUITE 300 RICHMOND, VA 23219