

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



| • | | | - | | , • | | | | |
|-----------------------------|--------------|---|---|---------------|-----------------------------|------------------------------|------------------|--|--|
| | _ 0 | - : 90- 2 = | | efurn (| of Privat | te Found | dation | | UMB No 154510052 7 |
| FO De | | nt of the Treasury | | Treate | d as a Priva | xempt Chari te Foundation | าท | | ୭ଲ ೧ ଛ ଁ |
| Int | ernal R | evenue Service | Note: The found number ay | he able to us | e a copy of the | nis return to sa | itisfy state rep | | <u> </u> |
| _ | | | , or tax yes beginning | P=: . | 12/ | | , and ending | ī | 11/30,2009 |
| G | Che | | Initial return | Final re | eturn | Amended | return X | ' | Name change |
| | 1 4 | Name of to | undation | | | | | A Employer identifi | cation number |
| • | Jse u lab | | MINION BOX CC FD | N., INC | | | | 54- | 6036792 |
| | | OBD DO | nd street (or P O box number if | | livered to street | address) | Room/suite | | |
| | pr | int | | | | | | | |
| _ | or t | · 11575 W | W.T. HARRIS BLV | D. D1114 | 4 - 044 | | İ | (33 | 6) 732-2825 |
| | | Decilic | n, state, and ZIP code | | | | | C If exemption applica | tion is |
| • | istiu | Ations. | | | | | | pending, check here D 1. Foreign organizat | ▶ |
| | | CHARLO' | TTE, NC 28288-11 | 61 | | | | 2 Foreign organizat | |
| Н | Che | ck type of organiz | zation: X Section 501 | (c)(3) exem | npt private fe | oundation | _ | 85% test, check h | ere and attach |
| ſ | | • • • | onexempt charitable trust | | | ivate foundat | ion | | |
| ī | Fair | market value of a | all assets at end J Acco | unting me | thod: X Ca | ash Acc | rual | E If private foundation under section 507(b | status was terminated |
| | of y | ear (from Part II, d | col. (c), line | ther (speci | fy) | | | | n a 60-month termination |
| | 16) | > \$ | 402,008. (Part I | , column (d |) must be or | n cash basis.) | - | |)(1)(B), check here . > |
| F | art l | total of amounts i may not necessari | enue and Expenses (The n columns (b), (c), and (d) ily equal the amounts in age 11 of the instructions)) | (a) Rev | enue and ses per ooks | (b) Net inve | | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | | ts, etc , received (attach schedule) . | | | | | | |
| | 2 | | e foundation is not required to ch Sch B | | | | | | |
| | 3 | | nd temporary cash investments | | | | | | |
| | 4 | Dividends and inte | rest from securities | <u> </u> | 20,164. | 2 | 0,134. | | STMT 1 |
| | 5 a | Gross rents | | | | | | | |
| | b | Net rental income or | (loss) | | | | | | |
| Revenue | | Net gain or (loss) from Gross sales price for a assets on line 6a | n sale of assets not on line 10 all 28, 120. | | -48,348. | | | | |
| e | 7 | | come (from Part IV, line 2) . | | | | | | |
| <u>~</u> | 8 | Net short-term cap | ıtal gaın | | | | | | |
| | | Income modification Gross sales less returnant allowances | ns RECEIVE | D | | | | | |
| | ь | Less Cost of goods s | old | 100 | | | | | |
| | С | Gross profit or (los | s)(bittâdh schedule)-1, 0, ?,{ | 10 10 | 1 | | | | |
| | 11 | Other income (atta | ch schedule) | 30 00 | 1 | | | | |
| _ | 12 | Total. Add lines 1 | | 117 | 28,184. | 2 | 0,134. | | |
| | 13 | Compensation of office | cers, directors tuetee, etc. | UI_ | <u> 5,917.</u> | | 5,917. | | |
| | 14 | Other employee sa | | | | | | | |
| Ses | 15 | Pension plans, emp | | | | | | | |
| e | 16a | | schedule) STMT . 2 . | | 15. | | NONE | NONE NONE | 15 |
| and Administrative Expenses | b | Accounting fees (a | ttach schedule) | | | | | | |
| 9 | c | Other professional | fees (attach schedule) | | | | | | |
| rati | 17 | | | | 400 | | 101 | | |
| istı | 18 | Taxes (attach schedu | le) (see page 14 of the instructions) | | 420. | | 121. | | |
| Ë | 19 | Depreciation (attack | th schedule) and depletion. | | | | | | ļ |
| Adr | 20 | | | | | | | | |
| קַ | 21 | Travel, conferences | s, and meetings | | | | | | |
| ā | 22 | Printing and public | ations | | | | | | |

6,352

25,372

31,724

-59,908

6,038

6,038

14,096.

c Adjusted net income (if negative, enter -0-). . For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. JSA 8E1410 1 000

Form 990-PF (2008)

NONE

NONE

24

25

Operating 23

ADW622 543P 06/23/2010 11:55:39

Other expenses (attach schedule)

Total operating and administrative expenses.

Contributions, gifts, grants paid

Total expenses and disbursements Add lines 24 and 25

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

Add lines 13 through 23

Subtract line 26 from line 12

Attached schedules and amounts in the End of year Beginning of year Part II Balance Sheets description column should be for end-of-year amounts only (See instructions) (c) Fair Market Value (a) Book Value (b) Book Value 145,055 NONE 3,224 7.213 7,213. 2 Savings and temporary cash investments Accounts receivable Less: allowance for doubtful accounts ▶ Pledges receivable Less, allowance for doubtful accounts ▶ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) NONE Other notes and loans receivable (attach schedule) NONE Less: allowance for doubtful accounts ▶ ______ NONE 8 Inventories for sale or use 9 NONE NONE 10 a Investments - U.S. and state government obligations (attach schedule) . NONE NONE b Investments - corporate stock (attach schedule) NONE NONE c Investments - corporate bonds (attach schedule)..... 11 Investments - land, buildings, and equipment basis and equipment basis
Less accumulated depreciation (attach schedule) NONE NONE 12 Investments - other (attach schedule) STMT 4 410,623. 376,718 394,795. 13 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) NONE NONE 15 Other assets (describe Total assets (to be completed by all filers - see the 558,902 383,931 402,008. 17 Accounts payable and accrued expenses 18 Grants payable 19 Liabilities 20 Loans from officers, directors, trustees, and other disqualified persons . 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe 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. Balances 24 25 Temporarily restricted 26 Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X þ 558,902 27 383,931 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund NONE 29 Retained earnings, accumulated income, endowment, or other funds . . Total net assets or fund balances (see page 17 of the Net 558,902. 383,931 Total liabilities and net assets/fund balances (see page 17 558,902 383,931 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 558,902. end-of-year figure reported on prior year's return) 1 2 Enter amount from Part I, line 27a -59,908. 2 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 5 498,994. 4 115,063. 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 383,931. Form 990-PF (2008) .ISA

54 6030792

ADW622 543P 06/23/2010 11:55:39

8E1420 1 000

| (a) Base period years Calendar year (or tax year beginning in) | | ears (b) (c) Paginning in) Adjusted qualifying distributions Net value of noncharitable-use assets | | | (d) Distribution ratio (col. (b) divided by col. (c)) | |
|--|--|--|--|----------|---|--|
| | 2007 | 21,000. | 474,391. | | 0.04426728163 | |
| | 2006 | 25,000. | 539,170. | | 0.04636756496 | |
| | 2005 | 19,750. | 507,801. | | 0.03889318847 | |
| | 2004 | 21,767. | 495,524. | | 0.04392723662 | |
| _ | 2003 | 25,913. | 488,733. | | 0.05302077003 | |
| | | | | 2 | 0.22647604171 | |
| 3 | _ | or the 5-year base period - divide ation has been in existence if less | the total on line 2 by 5, or by the than 5 years | 3 | 0.04529520834 | |
| 4 | Enter the net value of nonc | harıtable-use assets for 2008 from | π Part X, line 5 | 4 | 368,181. | |
| 5 | Multiply line 4 by line 3 | | | 5 | 16,677 | |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | | | | 141 | |
| 7 | Add lines 5 and 6 | | | | 16,818. | |
| 8 | Enter qualifying distribution | ns from Part XII, line 4 | | 8 | 25,387. | |
| | If line 8 is equal to or greathe Part VI instructions on g | | c in Part VI, line 1b, and complete | e that p | part using a 1% tax rate. See | |

| | Section 4940(a), 4940(b), 4940(e), or 4948 - see page 13 of t | he ins | | age 4 | |
|---------|--|--|-----|-------------|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | | |
| | Date of ruling letter. (attach copy of ruling letter if necessary - see instructions) | | , | | |
| ង | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 1 | 41. | |
| | here X and enter 1% of Part I, line 27b | | | | |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | _ | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | _ | | | |
| 3 | Add lines 1 and 2 3 | 141. | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 | | N | <u>IONE</u> | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 1 | <u>.41.</u> | |
| 6 | Credits/Payments | | | | |
| а | 2008 estimated tax payments and 2007 overpayment credited to 2008 6a Orig. Extension 14 | | | , | |
| b | Exempt foreign organizations-tax withheld at source | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c NONE | | | | |
| d | Backup withholding erroneously withheld | | | - | |
| 7 | Total credits and payments Add lines 6a through 6d | | N | <u>IONE</u> | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | _ | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | |
| 11 | Enter the amount of line 10 to be Credited to 2009 estimated tax > Refunded > 11 | | | | |
| Par | t VII-A Statements Regarding Activities | <u> </u> | | | |
| 1a | | | Yes | <u>No</u> | |
| | participate or intervene in any political campaign? | 1a | | <u> X</u> | |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | ١ | | v | |
| | of the instructions for definition)? | 1b | - | X | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | |
| | published or distributed by the foundation in connection with the activities | ۱. | | X | |
| | Did the foundation file Form 1120-POL for this year? | 1c | | | |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶\$ | | | | |
| | | | | 1 | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | | |
| 2 | foundation managers. \$ | 2 | | Х | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | | |
| 3 | If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | |
| 3 | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X | |
| 45 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X | |
| 7a h | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | X | |
| • | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| • | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | |
| | conflict with the state law remain in the governing instrument? | 6 | X | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. | 7 | X | | |
| 8a | | | | | |
| | instructions) ► STMT 6 | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | Х | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) | | | | |
| | or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on | | | | |
| | page 27)? If "Yes," complete Part XIV | 9 | | <u>X</u> | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |
| | names and addresses | ۱ ۵۰ | | X | |

JSA 8E1440 1 000

| Farm | 990-7F (2008) 54-6036792 | ٠, | | - 5 | | | | |
|------|--|----------|-----|-----------|--|--|--|--|
| Par | VII-A Statements Regarding Activities (continued) | | | <u>-</u> | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | | | | | |
| | meaning of section 512(b)(3)? if "Yes," attach schedule (see page 20 of the instructions) | 11 | | _X | | | | |
| 12 | Did the foundation acquired, direct or indirect interest in any applicable insurance contract before | - 1 | | | | | | |
| | August 17, 20087 | 12 | | <u>X</u> | | | | |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | | | | | |
| | Website address ► N/A | | | | | | | |
| 14 | The books are in care of ► WACHOVIA BANK Telephone no. ► (336) 732-2. Located at ► 1525 WEST WT HARRIS BLVD., CHARLOTTE, NC ZIP+4 ► 28288- | 825_ | | | | | | |
| | | | | | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | · | | | | |
| Dan | and enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| TELL | | | Yes | No | | | | |
| 1. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 163 | IVU | | | | |
| 18 | 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 | | | | | | | |
| | the suggestion and the controlling of property and a suggestion proper | | | | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No | | | · | | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | | | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | | | | | |
| | the benefit or use of a disqualified person)? | | | | | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if | | | | | | | |
| | the foundation agreed to make a grant to or to employ the official for a period after | • | | | | | | |
| | termination of government service, if terminating within 90 days) | | | | | | | |
| ь | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | | | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1b | | X | | | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | | | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | - | | | | | | |
| | were not corrected before the first day of the tax year beginning in 2008? | 1c | | X | | | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | | | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | | | |
| а | 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? | ; | | | | | | |
| | If "Yes," list the years | | | | | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | | | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | , | | 1 | | | | |
| | to all years listed, answer "No" and attach statement - see page 20 of the instructions) | 2b | | <u> X</u> | | | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | | | | | |
| | > | | | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | | | | | |
| | enterprise at any time during the year? Yes X No | | | | | | | |
| b | If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or | | | | | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | | ' | | | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse | | | | | | | |
| | of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | 21- | | | | | | |
| | foundation had excess business holdings in 2008) | 3b 4a | | X | | | | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 74 | | | | | | |
| D | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? | 4b | | Х | | | | |

| ronn | 990-PF (2008) | | 34-60 | | Form | (9 Rage o |
|----------|---|---------------------------------------|-------------------------|---------------------------------|-------------------------|-----------------------|
| Par | t VII-B Statements Regarding Activities for | Which Form 47 | 20 May Be Requi | red (continued) | 14. | 2 11 m 4 m 1 1 m |
| 5a | During the year did the foundation pay or incur any amou | nt to | | | Ε, | e y |
| | (1) Carry on propaganda, or otherwise attempt to influence | | 4945(e)\? | Yes X No | | 11 Carry C1 |
| | (2) Influence the outcome of any specific public election | (see section 4955); o | r to carry on, | | | 1 |
| | directly or indirectly, any voter registration drive? | | - | Yes X No | , | |
| | (3) Provide a grant to an individual for travel, study, or oth | ner similar purposes? | | Yes X No | , | |
| | (4) Provide a grant to an organization other than a charita | | | | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s | _ | | Yes X No | . | ļ |
| | (5) Provide for any purpose other than religious, charitable | | | | | |
| | educational purposes, or for the prevention of cruelty | · · | | Yes X No | | |
| | · · | | | | ' | |
| Ь | If any answer is "Yes" to 5a(1)-(5), did any of the transaction | • • | • | | | t |
| | Regulations section 53 4945 or in a current notice regard | - | | | · · · 5b | |
| | Organizations relying on a current notice regarding disaste | er assistance check h | iere | ▶ 🗀 | | |
| C | If the answer is "Yes" to question 5a(4), does the foundation | on claim exemption f | rom the tax | | | |
| | because it maintained expenditure responsibility for the g | rant ⁷ | | Yes No | • | |
| | If "Yes," attach the statement required by Regulations section | ion 53.4945-5(d) | | | | |
| 6 a | Did the foundation, during the year, receive any funds, dir | ectly or indirectly, to | pay premiums | | | ŀ |
| | on a personal benefit contract? | | | . Yes X No | , _ | |
| b | Did the foundation, during the year, pay premiums, directl | y or indirectly, on a p | ersonal benefit contrac | rt? | 6b | X |
| | If you answered "Yes" to 6b, also file Form 8870. | | | | | |
| 7 a | At any time during the tax year, was the foundation a part | y to a prohibited tax | shelter transaction? | Yes X No | , | ļ , |
| b | If yes, did the foundation receive any proceeds or have an | y net income attribut | able to the transaction | · | 7b | |
| | 1 VIII Information About Officers, Directors | | | | | |
| - | and Contractors | J AL | | | .4* | |
| 1_ | List all officers, directors, trustees, foundation ma | (b) Title, and average | ompensation (see p | d) Contributions to | | |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter | employee benefit plans | (e) Expens other all | e account, owances |
| | | devoted to position | -0-1 | and deferred compensation | | |
| CDI | STATEMENT 7 | | 5,917. | -0- | | -0- |
| ادان | | | 3,311. | - 0 - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Compensation of five highest-paid employees (oth | er than those incl | uded on line 1 - see | page 23 of the inst | ructions). | |
| | If none, enter "NONE." | · | | (d) Contributions to | | |
| (2 | Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | employee benefit | (e) Expens | |
| • | | devoted to position | (0) 00 | plans and deferred compensation | other all | owances |
| | | | | • | | |
| 100 | JE | | NONE | NONE | N | ONE |
| | | | NONE | HONE | | <u> </u> |
| | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| - | | | | | | |
| | | | | | | |
| Γota | I number of other employees paid over \$50,000 . | <u> </u> | <u> </u> | | <u></u>) | NONE |
| | | | | | | |

| Page | <u>7</u> |
|------|----------|
| | |
| | |
| | |

| Five highest-paid independent contractors for professional services (see page 23 of t | the instructions). If none, | enter "NONE." |
|---|-----------------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Tope of service | (c) Compensation |
| ONE | | NONE |
| | | |
| | | |
| | | |
| | | |
| otal number of others receiving over \$50,000 for professional services | | ▶ NON |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | on such as the number | Expenses |
| 1NONE | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see page 23 of the instruct Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | tions) | Amount |
| 1NONE | | Amount |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See page 24 of the instructions | | |
| All other program-related investments. See page 24 of the instructions 3NONE | | |

| Par | Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.) | eign foundations | , , , , , , , , , , , , , , , , , , , |
|-----|--|---------------------|---------------------------------------|
| | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | T : | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | 373,501. |
| b | Average of monthly cash balances | 1b | 287. |
| C | Fair market value of all other assets (see page 24 of the instructions) | 1c | NONE |
| d | Total (add lines 1a, b, and c) | 1d | 373,788. |
| е | | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | . 2 | NONE |
| 2 | Subtract line 2 from line 1d | 3 | 373,788. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 5,607. |
| | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 368,181. |
| 6 | Minimum investment return. Enter 5% of line 5 | . 6 | 18,409. |
| | t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privious foundations and certain foreign organizations check here ▶ □ and do not complete the | vate operating | |
| 1 | Mınımum investment return from Part X, line 6 | . 1 | 18,409. |
| | Tax on investment income for 2008 from Part VI, line 5 | | |
| | Income tax for 2008. (This does not include the tax from Part VI.) 2b | | |
| | Add lines 2a and 2b | 2c | 141. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | . 3 | 18,268. |
| | Recoveries of amounts treated as qualifying distributions | | NONE |
| | Add lines 3 and 4 | | 18,268. |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | NONE |
| | Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, | • | |
| | line 1 | . 7 | 18,268. |
| | t XII Qualifying Distributions (see page 25 of the instructions) | | 20/2001 |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 25,387. |
| b | Program-related investments - total from Part IX-B | 1b | 23,301. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | . 10 | |
| - | | 2 | NONE |
| 3 | purposes | • • | NONE |
| а | Suitability test (prior IRS approval required) | 3a | NONE |
| Ь | Cash distribution test (attach the required schedule) | . 3a | NONE NONE |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | . 4 | 25,387. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | 45,307. |
| • | Enter 1% of Part I, line 27b (see page 26 of the instructions) | | 141. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 25,246. |
| U | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating | | |
| | note: The amount on line o will be used in Part V, column (b), its subsequent years when calculating a qualifies for the section 4940(e) reduction of tax in those years | witetitet the found | auon |

e Excess from 2008 . . .

855

| Form | 990-PF (2008) | | | | 6036792 | | For 95. Page 10 |
|------|--|---------------------------|----------------------------|-----------------------------|-----------------------------|-------------------------------------|---------------------------------|
| Pa | rt XIV Private Oper | ating Foundations | (see page 27 of the | e instructions and Pa | rt VII-A, que | stion 9) NOT | APPLICABL |
| 1 a | If the foundation has | | | | ating | | : Ir = cu |
| | foundation, and the ruling | is effective for 2008, en | iter the date of the rulin | g | . ▶ | | foundation |
| b | Check box to indicate who | ether the foundation is a | private operating found | lation described in section | | 4942(j)(3) or | 4942(j)(5) |
| 2. | Catal the larger of the or | Tax year | <u> </u> | Prior 3 years | | | (-) T-4-) |
| 2a | Enter the lesser of the ad- justed net income from Part | (a) 2008 | (b) 2007 | (c) 2006 | (d) 20 | 05 | (e) Total |
| | or the minimum investment | | | | | | |
| | return from Part X for each year listed | | | | | ļ | |
| _ | 85% of line 2a | | | | | | |
| Ь | | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | |
| đ | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line | | | | | | |
| 3 | 2d from line 2c | | | | | | |
| • | Complete 3a, b, or c for the alternative test relied upon | | 1 | | 1 | 1 | |
| а | "Assets" alternative test - enter | | | | | | |
| | (1) Value of all assets(2) Value of assets qualifying under section | | | | 1 | | |
| | 4942(j)(3)(B)(i) | <u>-</u> . | | <u></u> | | | |
| b | "Endowment" alternative test- enter 2/3 of minimum invest- | | | | | | |
| | ment return shown in Part X, | ļ | | | 1 | | |
| | line 6 for each year listed | | ļ | | | | |
| С | "Support" alternative test - enter | | | | İ | | |
| | (1) Total support other than | | | | | İ | |
| | gross investment income (interest, dividends, rents, | | | | | | |
| | payments on securities | | | | | | |
| | loans (section 512(a)(5)), or royalties) | | | | | | |
| | (2) Support from general | | | | | | |
| | public and 5 or more exempt organizations as | | | | İ | | |
| | provided in section 4942 (j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of sup- | | | | | | |
| | port from an exempt organization | | | | | | |
| | (4) Gross investment income | | | | 1 | | |
| Pa | rt XV Supplement | ary Information (Co | mplete this part o | nly if the foundation | had \$5.00 | 0 or more in a | ssets at anv |
| | | the year - see page | | | | | , |
| 1 | Information Regarding | | | - | | | |
| а | List any managers of before the close of any | the foundation who l | have contributed mo | | | | the foundation |
| | NONE | | | | | | |
| b | List any managers of ownership of a partner NONE | | | | | n equally large | portion of the |
| 2 | Information Regarding | Contribution, Grant, | Gift, Loan, Scholars | hip, etc., Programs: | | | |
| | Check here ► X if t unsolicited requests f organizations under ot | or funds. If the foun | dation makes gifts, | grants, etc. (see page | table organi e 28 of the | zations and doe instructions) to | es not accept individuals or |
| а | The name, address, an | d telephone number o | of the person to whor | n applications should b | e addressed: | | |
| b | The form in which app | lications should be su | bmitted and informat | tion and materials they | should includ | le: | |
| С | Any submission deadli | nes: | | | | | |
| | Any restrictions or li | mitations on awards | , such as by geog | raphical areas, charita | ıble fields, k | ands of instituti | ons, or other |
| | factors: | | , - - | | | | |

| Page | 1 | 1 |
|------|---|---|
| raye | • | |

| 3 | Grants and Contributions Raid During | the Vear or Appro | vad for Eu | itura Baymant | |
|----------|---|--|------------|----------------------------------|----------|
| <u> </u> | | If recipient is an individe a | | | |
| | Recipient Name and address (home or business) | If recipient is an individ 11, show any relationship to any foundation manager or substantial contributor | Foundat of | Purpose of grant or contribution | Amount |
| | | or substantial contributor | recipieni | | |
| а | Paid during the year | | | | |
| | SEE STATEMENT 8 | | | | |
| | SEE STATEMENT O | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total | | | ▶ 3a | 25,372. |
| | Approved for future payment | | | | |
| | . , , | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u></u> | <u></u> | <u> </u> |
| | Total | <u> </u> | <u></u> | ▶ 3b | |

| Part XV | | cina Activ | vities | - | | Page 12 |
|---------------|---|----------------------|----------------------|-----------------------|--------------------------|---|
| | s amounts unless otherwise indicated | T | ated business income | Excluded by | section 512, 513, or 515 | (e) |
| | am service revenue | (a) Business code | (b) | (c) Exclusion code | (d) | Related or exempt function income (See page 28 of the instructions) |
| a | | | | | • | |
| b | | | | | | |
| c _ | | | | | | |
| d _ | | | | | | |
| е _ | | | | | | |
| f | | | | | | |
| - | es and contracts from government agencies | | | | | |
| 2 Memb | ership dues and assessments | | | _ | | |
| | t on savings and temporary cash investments | | | | | |
| | nds and interest from securities | | | 14 | 20,164. | |
| | ntal income or (loss) from real estate: | | | | | |
| | ebt-financed property | <u> </u> | | - | | - |
| | ot debt-financed property | - | | | | |
| | ital income or (loss) from personal property | | | | | |
| | investment income | <u> </u> | | · | -48,348. | |
| | (loss) from sales of assets other than inventory come or (loss) from special events | ' | | - | -40,340. | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| | profit or (loss) from sales of inventory revenue a | | | <u> </u> | | |
| b b | Tevenue a | | | | | |
| c | | | | | | |
| d _ | | | | | | |
| e | | | | | | |
| 12 Subtot | tal. Add columns (b), (d), and (e) | | | | -28,184. | |
| 13 Total. | Add line 12, columns (b), (d), and (e) | | | | 13 | -28,184. |
| (See work | sheet in line 13 instructions on page 28 t | o verify calcu | ulations) | | | |
| Part XV | | | | | | tributed importantly to |
| • | the accomplishment of the for page 28 of the instructions.) | oundation's | exempt purposes (| other than I | by providing funds for | such purposes). (See |
| | | | • | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | ····· | | | |
| | | | NOT APPLICAB | r 10 | | |
| | | | NOT APPLICAB | பட | | |
| | - | | | | | |
| | | | | | | |
| - | | | - - | | | |
| | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | _ | | | |
| | - | | | | | |
| | - | | | | | |
| | <u> </u> | | · | | | |
| | | | · - | | · - | |
| | | | | | | |
| | <u> </u> | | | | - | |

| Form 990-PF (| 2008) | Degarding 1 | Franctors To and | Tropost: | | <u>4-6036792</u> nd Relationships With | Page 13 |
|------------------|---|----------------------|-------------------------------|----------------|--------------|---|---|
| KA XVII | Exempt Orga | | iransiers to and | ıransactı | ons a | na neiationships with | мо <u>псда</u> ткавіє |
| √ Did th | e organization ilrectiv | or indirectly eng | age in any of the follow | ing with any | other o | rganization described in section | Yes No |
| 501(c) | of the Code (other than | section 501(c)(3 |) organizations) or in secti | on 527, relat | ting to po | olitical organizations? | |
| | | | ncharitable exempt organi | | | | |
| (1) Ca | sh | | | | | | |
| (2) Ot | her assets | | | | | | . 1a(2) X |
| | transactions [,] | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (3) Re | ntal of facilities, equipm | ent, or other asse | ets | | | | |
| (4) Re | imbursement arrangeme | ents | | | | | |
| (5) Lo | ans or loan guarantees | | | | | | |
| (6) Pe | rformance of services oi | r membership or t | fundraising solicitations . | | | | |
| c Sharın | g of facilities, equipmen | t, mailing lists, ot | her assets, or paid employ | ees | | | . 1c X |
| | · · · · · · · · · · · · · · · · · · · | | • | | | ould always show the fair marke | |
| other | assets, or services give | n by the reportir | ig foundation. If the foun | dation receiv | ved less | than fair market value in any t | ransaction or sharing |
| arrang | ement, show in column | (d) the value of the | ne goods, other assets, or s | services recei | ived | | |
| 7-11 | // / / / / / / / / / / / / / / / / / / | 423 Managar | | | | | |
| (a) Line no. | (b) Amount involved | (c) Name of | noncharitable exempt organiza | ation | (a) Descri | ption of transfers, transactions, and s | naring arrangements |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| - | | | | | | | |
| | | | | | | | |
| | · | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | empt organizations described i | |
| | | | 501(c)(3)) or in section 52 | <i>"</i> | | | Yes X No |
| b if "Yes | complete the following: (a) Name of organization: | | (h) Type of organ | uzation | | (a) Description of rolati | annin . |
| | (a) Name of Organization | | (b) Type of organ | 112811011 | - | (c) Description of relati | onsnip |
| | | | | | - | | |
| <u> </u> | | | | | | | - · · · · · - · · · · · · · · · · · · · |
| | | | | | | | |
| | | | - | | | | |
| Under | nenalties of nervice I deal | lare that I have a | amined this return including | accompany | ng schadu | les and statements, and to the bes | t of my knowledge and |
| | | | | | | ed on all information of which prepare | |
| | HAH | | | 1 | 06/2 |)/2010\ | |
| | JC.FI. | נוז מנוס | ווא האווע | | | 3/2010 Trust Office | er |
| ign Here | nature of officer or trustee | WACHO | JIA BANK | T | ate | Title | 'a idantifica |
| 풀 | | | | Date | | Check if | 's identifying number lature on page 30 of the |
| . <u>5</u> 5 ≥ | Preparer's | | | | | self-employed Instructio | |

EIN ▶

Phone no

Preparer's signature
Firm's nam self-employ

Firm's name (or yours if

self-employed), address,

and ZIP code

SCHEDULE D (Form 1041)

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, it applicable) UMR No 1545-0092

2008

Department of the Treasury Internal Revenue Service

Employer suggestion number Name of estate or trust OLD DOMINION BOX CO FDN., INC 54-6036792 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) 1a SHORT-TERM CAPITAL GAIN DIVIDENDS STMT 1 1,086. 1b 307. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 -12<u>4,267</u>. 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, -122,874 Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (mo, day, yr) (mo, day, yr) 6a LONG-TERM CAPITAL GAIN DIVIDENDS STMT 1 10,129. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b........ -13,859. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 78,256. 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

| Schode | ulc D (Form 1041) 2008 | | | | | | Page 2 |
|--------|--|---------------|----------------|-------------|----------------|---------|------------------------------|
| | Summary of Parts I and II | | (1) Benefi | ciaries' | (2) Est | ate's | |
| | Caution: Read the instructions before completing this par | rt. | (see pa | ge 5) | or tru | | (3) Total |
| 13 | Net short-ferra usin or (loss) | 13 | | | | | -122,874 |
| 14 | Net long-term 'gain or (loss): | | | | - | | |
| 3 | Total for year | 14a | _ | | | | . 74,526. |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht.) | 14b | | | | | |
| С | 28% rate gain | 14c | | | | | 74,566. |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | 15 | | | | | -48,348. |
| | : If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For | | | | | | |
| to Par | rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete P | art IV a | and the Capita | l Loss Car | ryover Work | sheet, | as necessary. |
| Part | IV Capital Loss Limitation | | | | = | | |
| | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa | | | | | | |
| а | The loss on line 15, column (3) or b \$3,000 | | | | | 16 | (3,000) |
| Note: | : If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pagi over Worksheet on page 7 of the instructions to figure your capital loss carryove | e 1, lin r | e 22 (or Forn | n 990-T, li | ne 34), is a . | loss, c | omplete the Capital Loss |
| | V Tax Computation Using Maximum Capital Gains Rates | <u>'</u> | | | | | |
| | 1041 filers. Complete this part only if both lines 14a and 15 in colu | mn 12 |) are nains | or an am | nount is an | harad | in Part Lor Part II and |
| | is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor | | | Or all all | iodiit is eii | cieu | iii i ait i oi i ait ii aitu |
| | ion: Skip this part and complete the worksheet on page 8 of the instruc | | | | | | |
| | her line 14b, col. (2) or line 14c, col. (2) is more than zero, or | | | | | | |
| • Во | th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. | | | | | | |
| | 990-T trusts. Complete this part only if both lines 14a and 15 are | | | | | | |
| | orm 990-T, and Form 990-T, line 34, is more than zero. Skip this particle of the state of the st | rt and | complete t | he works | sheet on p | age 8 | of the instructions if |
| eithe | r line 14b, col. (2) or line 14c, col. (2) is more than zero. | | | | | | |
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3 | 4) . | 17 | | | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) | | | | | | |
| | but not less than zero | | | | | | |
| 19 | Enter the estate's or trust's qualified dividends | | | | | | |
| | from Form 1041, line 2b(2) (or enter the qualified | | | | | | |
| | dividends included in income in Part I of Form 990-T) 19 | | | | | | |
| 20 | Add lines 18 and 19 | | | | | | |
| 21 | If the estate or trust is filing Form 4952, enter the | | | | | | |
| | amount from line 4g; otherwise, enter -0 ▶ 21 | | _ [| | | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0 | | 22 | | | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0 | | 23 | | | | |
| | | | | | | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,200 | | 24 | | | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24 | 17 | | | | | |
| | Yes. Skip lines 25 and 26; go to line 27 and check the "No" box | • | | | | | |
| | No. Enter the amount from line 23 | | 25 | | | | |
| 26 | Subtract line 25 from line 24 | | 26 | | | | |
| 27 | Are the amounts on lines 22 and 26 the same? | | | | | | |
| | Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line | ne 22 | 27 | | | | |
| | | | | | | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | | 28 | | | | |
| | | | h | | | | |
| 29 | Subtract line 28 from line 27 | | | | | | |
| 30 | Multiply line 29 by 15% (.15) | | | | | _30_ | - <u></u> |
| 31 | Figure the tax on the amount on line 23. Use the 2008 Tax Rate Sc | | | | | | |
| | the Schedule G instructions) | | <i></i> | | | 31 | |
| | | | | | | | |
| 32 | Add lines 30 and 31 | | | | | 32 | |
| | Figure the tax on the amount on line 17. Use the 2008 Tax Rate So | | | | | | |
| | the Schedule G instructions) | | | | | 33 | |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or i | | | | | | |
| | Schedule G, Form 1041 (or line 36 of Form 990-T) | | <u></u> | <u></u> | <u></u> . | 34 | |

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041).

2008

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

| | State of trust MINION BOX CO FDY T | NC | | | Employer identification 54 - 6036792 | n number |
|--------|--|---|----------------------------------|--|--|---|
| Part I | MINION BOX CO FDN., I Short-Term Capital Gains as | nd Losses - Asset | s Held One Year | or Less | 51 0050752 | |
| | (a) Description of property (Example 100 sh. 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price (see page 4 of the instructions) | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
| | GOLDEN SMALL CORE | | / / | | | |
| VALUE | FD INS CL | 12/08/2008 | 08/12/2009 | 2,626.00 | 2,319.00 | 307.00 |
| | | | | | _ | |
| | | _ | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | • | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | · - |
| | | | | | | |
| | . | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | L | | | |

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

307.00

Schedule D-1 (Form 1041) 2008

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

| | ate or trust as shown on Form 1041 Do not | | ei identification numbe | r if shown on the other side | 1 | |
|---------------|---|-----------------------------|---------------------------------|----------------------------------|----------------------------------|---|
| | DOMINION BOX CO FDN., | INC | Pald Man The | Coo Voor | 54-603679 | 92 |
| Part II | Long-Term Capital Gains and | (b) Date | | (d) Sz es price | (e) Cost or other basis | |
| <u> </u> | (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | acquired (mo , day, yr) | (c) Daw sold (mb , day, yr.) | (see page 4 of the instructions) | (see page 4 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
| 6a 19. | DODGE & COX STK FD | 01/10/2003 | 08/12/2009 | 1,647.00 | 1,759.00 | -112.00 |
| | EVERGREEN SELECT 'Y TR STRATEGIC GROWTH | 01/10/2003 | 08/12/2009 | 5,331.00 | 4,509.00 | 822.00 |
| VALUE | .362 GOLDEN SMALL CORE FD INS CL | 09/06/2007 | 08/12/2009 | 26,833.00 | 42,373.00 | -15,540.00 |
| _MGMT | PIMCO FDS PAC INVT SER HIGH YLD FD INSTL | 09/06/2007 | 08/12/2009 | 6,051.00 | 7,089.00 | -1,038.00 |
| | DODGE & COX STK FD | 01/10/2003 | 10/21/2009 | 11,439.00 | 11,297.00 | 142.00 |
| | EVERGREEN SELECT TY TR STRATEGIC GROWTH | 01/10/2003 | 10/21/2009 | 8,989.00 | 7,122.00 | 1,867.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | · |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6b Total | . Combine the amounts in column | (f). Enter here and | on Schedule D. lin | le 6b | | -13,859.00 |

Schedule D-1 (Form 1041) 2008

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

| Kind of P | | NS AND LOSSES FOR TAX ON INVEST Description | | | | | Date | Date sold |
|--------------------------------|--|--|---|-------------------|-----------------------|------------------|--------------|------------|
| Gross sale | ross sale Depreciation Cost or FMV Adj basis Excess of | | | | D | acquired Gain | | |
| price less expenses of sale | allowed/ allowable | other basis | as of 12/31/69 | as of 12/31/69 | FMV over adı basis | \downarrow | or (loss) | |
| | | TOTAL SHORT | -TERM CAPIT | TAL GAIN DI | VIDENDS | | 1,086. | |
| | | TOTAL SHORT PARTNERSHIP ESTATES OR | , S CORPORA | ATION, AND | | | -124,267. | |
| | | | | | 705110 <i>a</i> | | · | |
| | | TOTAL LONG- | TERM CAPITA | AL GAIN DIV | IDENDS | | 10,129. | |
| | | TOTAL LONG- PARTNERSHIP ESTATES OR | , S CORPORA | ATION, AND | | | 78,256. | |
| | | 19. DODGE & PROPERTY TY | | | | | 01/10/2003 | 08/12/2009 |
| 1,647.00 | | 1,759.00 | FE. SECORI | 115 | | | -112.00 | |
| | | 226. EVERGR | | | STRATEGI | | 01/10/2003 | 08/12/2009 |
| 5,331.00 | | 4,509.00 | PROPERTY TYPE: SECURITIES 4,509.00 | | | | 822.00 | |
| | | 338. GOLDEN | | | INS CL | | 12/08/2008 | 08/12/2009 |
| 2,626.00 | | PROPERTY TYPE: SECURITIES 2,319.00 | | | | | 307.00 | |
| | | | 3453.362 GOLDEN SMALL CORE VALUE FD INS | | | | 09/06/2007 | 08/12/2009 |
| 26,833.00 | | PROPERTY TY 42,373.00 | PE: SECURIT | TIES | | | -15,540.00 | |
| | | 747. PIMCO PROPERTY TY | | | HIGH YL | | 09/06/2007 | 08/12/2009 |
| 6,051.00 | | 7,089.00 | PE: SECURI | 1165 | | | -1,038.00 | |
| | | 122. DODGE | | | | | 01/10/2003 | 10/21/2009 |
| 11,439.00 | | PROPERTY TY 11,297.00 | PE: SECURI | ITED | | | 142.00 | |
| | | 357. EVERGR | | | STRATEGI | | 01/10/2003 | 10/21/2009 |
| 8,989.00 | | PROPERTY TY 7,122.00 | PE: SECURIT | ILES | | • | 1,867.00 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SA | | 1 | | | | | | |

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

| | Kınd of P | | | OSSES FOF | iption | | P or | Date | Date sold |
|------------------------|-----------|-----------------------|----------------|-----------|---------------------|-----------------------|-------------------|------------------|-----------|
| Gross s | | Depreciation | Cost or | FMV | Adı basis | Excess of | P | acquired Gain | |
| price le expenses o | ess l | allowed/ allowable | other basis | as of | as of 12/31/69 | FMV over adı basış | | or (loss) | |
| expenses (| zi sale | allowable | DASIS | 12/31/69 | 12/31/69 | 1 auj nasis | Ħ | 110221 | |
| | | | | | | | | | |
| | | | | | | | Ш | | |
| | | | | | | | Ш | | |
| OTAL G | AIN(L | oss) | | | • • • • • • • • • • | • • • • • • • | $\cdot \mid \mid$ | -48,348. | |
| | | | | | | | Ш | ======= | |
| | | | | | | | П | | |
| | | | | | | | Ш | | |
| | | | | | | | П | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | ! | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | | | | | П | | |
| | | | | | | | П | | |
| | | | | | | | П | | |
| | | | | | | | П | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | Н | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | İ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | } | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | П | | |
| | | | 1 | | | | | | |
| | | | | | | | $\ \ $ | | |
| | | | | | | | | | |
| | | | | | | | $\ \ $ | | |
| | | | 1 | | | | Ιl | 1 | |

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| NET INVESTMENT INCOME | 1,05 3,60 1,32 1,32 3,54 1,83 1,83 | |
|--------------------------------|--|--|
| REVENUE AND EXPENSES PER BOOKS | 1,052 3,603 1,322 1,322 3,543 1,860 7,828 | |
| DESCRIPTION | DODGE & COX INTERNATIONAL STOCK FD DODGE & COX STK FD EVERGREEN SELECT EQUITY TR STRATEGIC GRO EVERGREEN SELECT MONEY MKT TR PRIME CASH PIMCO FDS PAC INVT MGMT SER TOTAL RETURN PIMCO FDS PAC INVT MGMT SER HIGH YLD FD CHARITABLE FIXED INCOME INVESTMENT FUND | |

Н

STATEMENT

| (| • | |
|---|---|---|
| (| | |
| ţ | ١ | |
| | ī | |
| | | |
| 4 | ◂ | ľ |
| L | Ì | ٦ |
| | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| LEGAL FEES | |
|------------|-----|
| 1 | ii |
| | IF |
| Η | 11 |
| _ | 11 |
| Ħ | 11 |
| 4 | ii. |
| ď | ij |
| щ | H |
| _ | ï |
| 됴 | ï |
| 급 | ii |
| 5 | ii |
| Ō | ï |
| σ | ij. |
| | Ħ |
| Σ | Ħ |
| 斑 | П |
| Ō | н |
| ļΤι | H |

| CHARITABLE PURPOSES | 15. |
|---|----------------|
| ADJUSTED NET INCOME | NONE |
| NET INVESTMENT INCOME | NONE |
| REVENUE AND EXPENSES PER BOOKS | 15. |
| | TOTALS |
| DESCRIPTION | CTF LEGAL FEES |

eN!

STATEMENT

ᠬ

STATEMENT

- ADW622 543P 06/23/2010 11:55:39

| TAXES |
|--------|
| ı |
| Н |
| PART |
| 990PF, |
| FORM |

| NET INVESTMENT INCOME | ! ! ! ! | 121. |
|---|---|---|
| REVENUE AND EXPENSES PER BOOKS | | 207. 92. 121. 420. |
| DESCRIPTION | 1 | FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR |

OLD DOMINION BOX CO FDN., INC

| INVESTMENTS | 11 11 11 11 11 11 11 11 |
|-------------|--|
| OTHER | |
| 1 | ii |
| H | |
| PART | |
| _ < | ii |
| 990PF | |

| COST/ | FMV | OR F |
|-------|-----|------|
| บี | | ט |
| | | |
| | | |

DESCRIPTION

CHARITABLE FIXED INCOME CTF
DODGE & COX STOCK FUND
EVERGREEN STRAT GROWTH FUND

TOTALS

54-0036792 . . .

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH CR FUND BALANCES

DESCRIPTION

THUOMA

BOOK/COST BALANCING ADJUSTMENT

115,063.

=========

TOTAL

115,063.

STATEMENT 5

STATEMENT 6

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

OFFICER NAME:

FRANK H. BUHLER

ADDRESS:

OLD DOMINION BOX CO., INC.

ELON, VA,

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

AMY BUHLER

ADDRESS:

OLD DOMINION BOX CO., INC.

ELON, VA,

TITLE:

SEC - TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MICHAEL O. BUHLER

ADDRESS:

OLD DOMINION BOX CO., INC.

ELON, VA

TITLE:

VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

WACHOVIA BANK, NA

ADDRESS:

1525 WEST WT HARRIS BLVD.

CHARLOTTE, NC 28288-5709

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

COMPENSATION 5,917.

TOTAL COMPENSATION:

5,917.

=========

OLD DOMINION BOX CONFON , INC 54-6036792 . FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

SEE ATTACHED SCHEDULE

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CONTRIBUTION

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY

AMOUNT OF GRANT PAID 25,372.

TOTAL GRANTS PAID:

25,372.

STATEMENT 8

OLD DOMINION BOX COMPANY FOUNDATION, INC. SUMMARY OF DISTRIBUTIONS FOR YEAR ENDING 11-30-2009

| AMOUNT | \$125.00 | \$250.00 | \$250.00 | \$500.00 | \$250.00 | \$250.00 | \$500.00 | \$1,000.00 | \$1,000.00 | \$500.00 | \$500.00 | \$250.00 | \$5,000.00 | \$250.00 | \$50.00 | \$250.00 | \$250.00 | \$250.00 | \$250.00 | \$200.00 | \$1,000.00 | \$500.00 | \$12,000.00 | \$25,375.00 |
|-------------|-------------------------|-------------------------|-------------------------|--|-------------------------------------|-------------------------------------|------------------------------|--|------------------------------|---|------------------------------|---|---------------------------------|-----------------------------------|---------------------------------------|--|----------------------------|--|--|-----------------------------|--------------------------------|-------------------------|---------------------------------------|---------------------|
| DESCRIPTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | PAYMENT 1 OF 2 ON 2009 PLEDGE | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | CHARITABLE CONTRIBUTION | ADMINISTRATIVE SERVICES | TOTAL DISTRIBUTIONS |
| PAYEE | тне батеway | THE FESTIVAL CENTER | YWCA | 11/30/2009 INTERFAITH OUTREACH ASSOCIATION | 11/30/2009 CENTRA HEALTH FOUNDATION | 11/30/2009 CRISIS LINE OF LYNCHBURG | 11/30/2009 ADULT CARE CENTER | 11/30/2009 LYNCHBURG COVENANT FELLOWSHIP | 11/30/2009 LYNCHBURG COLLEGE | 11/30/2009 VA. CENTER FOR THE CREATIVE ARTS | 11/30/2009 MEALS ON WHEELS | 11/30/2009 COLONIAL WILLIAMSBURG FOUNDATION | 11/30/2009 ACADEMY OF FINE ARTS | 11/30/2009 W.E. SKELTON 4H CENTER | 11/30/2009 500 YEAR FOREST FOUNDATION | 11/30/2009 LYNCHBURG MUSEUM FOUNDATION | 11/30/2009 CVCC FOUNDATION | 11/30/2009 THE NATIONAL D-DAY FOUNDATION | 11/30/2009 JUBILEE FAMILY DEVELOPMENT CENTER | 11/30/2009 VA. COLLEGE FUND | 11/30/2009 SWEET BRIAR COLLEGE | POPLAR FOREST FOUNDATIN | 11/30/2009 OLD DOMINION BOX CO., INC. | |
| DATE | 4/8/2009 | 6/22/2009 | 11/30/2009 YWCA | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | 11/30/2009 | |
| CHECK # | 1267 | 1268 | 1302 | 1303 | 1304 | 1305 | 1306 | 1307 | 1308 | 1309 | 1310 | 1311 | 1312 | 1313 | 1314 | 1315 | 1316 | 1317 | 1318 | 1319 | 1320 | 1321 | 1322 | |

· · FEDERAL CAPITAL GAIN DIVIDENDS

| SHORT-TERM CAPITAL GAIN DIVIDENDS | |
|---|-----------|
| DODGE & COX INTERNATIONAL STOCK FD 3. DODGE & COX INTERNATIONAL STOCK FD 57. PIMCO FDS PAC INVT MGMT SER TOTAL RETURN FD I 1,027. | .00 |
| TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS | 1,086.00 |
| LONG-TERM CAPITAL GAIN DIVIDENDS | |
| 15% RATE CAPITAL GAIN DIVIDENDS | |
| DODGE & COX INTERNATIONAL STOCK FD 1,507. EVERGREEN SELECT EQUITY TR STRATEGIC GROWTH F 7,036. PIMCO FDS PAC INVT MGMT SER TOTAL RETURN FD I 1,289. | 00 |
| TOTAL 15% RATE CAPITAL GAIN DIVIDENDS | 10,129.00 |
| TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS | 10,129.00 |

4,1

GAINS SET LOSSES FROM PASS-THRU ENTITIES

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

-124,267.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

----------124,267.00

==========

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

78,256.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

78,256.00

=========

RUN JUN 23 10 AT 1:07 PM

WELLS FARGO BANK, N.A. INVEST AFC/AFP INTERFACE

°, AGE 1 AS OF 05/31/10

DETAIL LIST SELECTED ACCOUNTS 11/30/09 THROUGH 11/30/09

| | SETTLE DATE POSITION | FOR 5019007295 | OLD DOMINION BO | OLD DOMINION BOX AS OF 11/30/09 | | |
|-------------|---|--------------------|-----------------|---------------------------------|--------------|----------------|
| CUSIP # | SECURITY NAME | UNITS / ORIG. FACE | BOOK VALUE | MARKET VALUE | FED TAX COST | STATE TAX COST |
| | PRINCIPAL ======== | | | | | |
| 299920330 | TEMPORARY INVESTMENTS | | 5,092.00 | 5,092.00 | | |
| TOTAL | TEMPORARY INVESTMENTS | | 5,092.00 | 5,092.00 | | |
| 256210105 | MUTUAL FUNDS - FIXED TAXABLE | 5,184 | 58,890.24 | 68,065.92 | 58,890.24 | 58,890.24 |
| 693390551 | PIMCO TOTAL RETURN FD II INSTL CL | 6,533 | 64,346.01 | 69,511.12 | 64,346.01 | 64,346.01 |
| 693390841 | PIMCO HIGH YIELD FD INSTL CL | 2,183 | 20,716.67 | 18,839.29 | 20,716.67 | 20,716.67 |
| TOTAL | MUTUAL FUNDS - FIXED TAXABLE | 13,900 | 143,952.92 | 156,416.33 | 143,952.92 | 143,952 92 |
| 256219106 | MUTUAL FUNDS - EQUITY | 894.752664 | 83,021.13 | 84,258.86 | 77,898.40 | 77,858.40 |
| 299909408 | EVERGREEN STRATEGIC GROWTH FD CL I (FD #440) | 3,370.596904 | 72,474.27 | 85,916.52 | 67,126.81 | 67,126.81 |
| 961323409 | WESTPORT FDS SELECT CAP FD CL I | 1,706 | 31,885.14 | 33,096.40 | 31,885.14 | 31,885.14 |
| TOTAL | MUTUAL FUNDS - EQUITY | 5,971.349568 | 187,380.54 | 203,271.78 | 176,910.35 | 176,910.35 |
| 256206103 | MUTUAL FUNDS - INTERNATIONAL EQUITY | 1,112.018 | 45,383.88 | 35,106.41 | 45,383.88 | 45,383.88 |
| TOTAL | MUTUAL FUNDS - INTERNATIONAL EQUITY | 1,112.018 | 45,383.88 | 35,106.41 | 45,383.88 | 45,383.88 |
| | PRINCIPAL CASH | | 00.00 | 00.00 | | |
| * * * * * * | PRINCIPAL TOTAL | 20,983.367568 | 381,809.34 | 399,886.52 | 366,247.15 | 366, 2, 7, 15 |

WELLS FARGO BANK, N.A. INVEST AFC/AFP INTERFACE

PAGE 2

DETAIL LIST SELECTED ACCOUNTS 11/30/09 THROUGH 11/30/09

| | CUSIP # | | 299920330 | TOTAL | | **** | |
|--|--------------------|--------|-----------------------|-----------------------|-------------|--------------|------------------|
| SETTLE DATE POSITION | SECURITY NAME | INCOME | TEMPORARY INVESTMENTS | TEMPORARY INVESTMENTS | INCOME CASH | INCOME TOTAL | ASSET FILE TOTAL |
| ITION FOR 5019007295 | UNITS / ORIG. FACE | | | | | | 20,983.367568 |
| OLD DOMINION BC | BOOK VALUE | | 2,121.23 | 2,121.23 | 00.00 | 2,121.23 | 383,930.57 |
| FOR 5019007295 OLD DOMINION BOX AS OF 11/30/09 | MARKET VALUE | | 2,121.23 | 2,121.23 | 00.00 | 2,121.23 | 402,007.75 |
| | FED TAX COST | | | | | 00.0 | 366,247.15 |
| | STATE TAX COST | | - | Ξ. | | 00.00 | 366,247.15 |

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of the Internal Revenue Se | | ► File a separate application for each return. | ļ | | |
|--|-------------------------------------|---|---------------|-----------|--------------|
| | | Automatic 3-Month Extension, complete only Part I and check this box | | | ▶ X |
| | | Additional (Not Automatic) 3-Month Extension, complete only Part II (on page | | | |
| | | nless you have already been granted an automatic 3-month extension on a previous | ously filed F | orm 886 | <u>8</u> |
| Part L Auto | matic 3-l | Month Extension of Time. Only submit original (no copies needed). | | | |
| A corporation i | required t | o file Form 990-T and requesting an automatic 6-month extension - check this bo | x and comp | lete | . — |
| Part I only | | | | | ▶ 🔲 |
| All other corpo | | including 1120-C filers), partnerships, REMICs, and trusts must use Form 7C turns | 004 to requ | uest an i | extension of |
| one of the ret electronically r returns, or a co | turns note f (1) you omposite | Generally, you can electronically file Form 8868 if you want a 3-month autored below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T Instead, you must submit the fully completed and on the electronic filing of this form, visit | | | |