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Department of the Treasury

## **Return of Private Foundation**

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

temal Revenue		No	ote The fol	undation may	be able to use a copy of this	return to sati	sfy state repo	orting requirements	LUUJ
or calendar	year 2009, or	tax year	beginning			, and e	nding		<u> </u>
Check all t	that apply		Initial retur	n	Initial return of a f	ormer public o	charity	Final return	
		=	Amended i		Address char	•	····, 🖂	Name change	
Ise the IRS	Name of four	ndation					-	A Employer identification	number
iabei.									
therwise.	OTIS &	MES	CAL E	URKE C	HARITABLE TR	UST		55-6152536	
print	Number and str	reet (or P C	) box numbe	er if mail is not d	elivered to street address)		Room/suite	B Telephone number	
	ро вох	459						(540) 825-	1666
ee Specific	City or town,	state, an	d ZIP code				•	C If exemption application is pe	ending, check here
structions.	CULPEP			2701				D 1. Foreign organizations.	, check here
Check typ	e of organization	on [	X Sectio	n 501(c)(3) e	xempt private foundation			Foreign organizations mee     check here and attach cor	eting the 85% test,  inputation
Section	n 4947(a)(1) n	onexemp	ot charitable	trust 🔲	Other taxable private found	ation		E If private foundation state	
Fair market	value of all as	sets at er	nd of year	J Account	ing method X Cash	Accr	rual	under section 507(b)(1)(	A), check here
	II, col. (c), lin				ther (specify)			F If the foundation is in a 6	0-month termination
▶\$					ımn (d) must be on cash	basis.)	,	under section 507(b)(1)(	
	nalysis of Revo				(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for chantable purposes
ne	cessanly equal th	e amounts	s in column (a	a))	expenses per books	inco	ome	income	(cash basis only)
	ntributions, gif	. •						N/A	·····
	ck X If the			o attach Sch B					
3 casi	rest on savings a h investments	na tempor	rary		2,138.	<u> </u>	2,138.		STATEMENT 1
4 Div	idends and into	erest fror	n securities	5					-,441 1 11
5a Gro	ss rents								
b) Net	rental income or	(loss)			,			,,	
6a Net	gain or (loss) fror		ssets not on	line 10			<b></b>		
b asse	ets on line 6a					<u></u>			
ž	ital gain net inco		-				0.		·····
8 Net	short-term ca		1		<u> </u>		H1		
9 Inc	ome modificati ss sales less retu						······································		***************************************
10a and	allowances	-							
D Less	s Cost of goods	-					······································		
14 046	ss profit or (lo	SS)							
	er income	*b rough	. 44		2,138.		2,138.		
	al. Add lines 1				2,130.		0.	<del> </del>	0
	•	on of officers, directors, trustees, etc loyee salaries and wages					•		
1	ision plans, en		•						
2   162   00	al fees	.p.0,002			<u> </u>				
b Acc	counting fees		ST	MT 2	400.		0.		0
c Oth	er professiona	I fees							
17 Inte	rest								
18 Tax			ST	MT 3	51.		0.		0
19 Dec	reciation and	depletion							<del></del>
E 20 -0cc	upancy								
	vel, Rife end	S Addin	eetings	].					
22 Prif	iting and publi								
23	er expenses		SI	MT 4	59.		0.		0
24 8	al operating a	ጫ ሜፀ!	fistrative						
E exp	enses. Add lin	es 13 th	rough 202		510.		0.	İ	0
25 Cor	tr <b>©</b> @DE	s drants	[Daid		9,000.				9,000
	al expenses a								
	lines 24 and 2				9,510.		0.		9,000
	tract line 26 fr		12						
a Exce	ess of revenue ov	er expense	es and disbu	rsements	<7,372.				
	investment in						2,138.		
c Adj	usted net inco	me (if neg	gative, enter -	0-)				N/A	
0504					Act Notice, see the instruc	tions.			Form <b>990-PF</b> (2009

2009.02041 OTIS & MESCAL BURKE CHARITA 41155-71

Form **990-PF** (2009

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		Т	
	(must agree with end-of-year figure reported on prior year's return)	1		189,061.
2	Enter amount from Part I, line 27a	2	Т	<7,372.
3	Other increases not included in line 2 (itemize)	3	Ι	0.
4	Add lines 1, 2, and 3	4	Т	181,689.
5	Decreases not included in line 2 (itemize)	5	L	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		181,689.

	ne kind(s) of property sold (e.g., r use, or common stock, 200 shs. N		<del></del>	) P	low acquired - Purchase - Donation	(0	) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1a				<del>                                     </del>						
b NONE										
С										
d										
<u>e</u>	<del> </del>		<del></del> _	<u> </u>						
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale			(	(h) Gain or (loss (e) plus (f) minus (					
a										
b										
C										
d										
Complete only for coasts above a			40/04/00	$\dashv$						
Complete only for assets showing gain							ains (Col. (h) gain ), but not less thar			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (I) r col (J), If any		_	L	osses (from col (	h)) 		
<u>a</u>										
b						_				
C								<del></del>		
d					<del>.</del>		<u> </u>			
<u>e</u>										
2 Capital gain net income or (net capital li	oss) $ \begin{cases} If gain, also enter in \\ If (loss), enter -0-in \end{cases} $	Part I, line Part I, line	7 : 7	}	2					
3 Net short-term capital gain or (loss) as	•									
If gain, also enter in Part I, line 8, colum		,		}						
If (loss), enter -0- in Part I, line 8				I	3					
Part V Qualification Unde	r Section 4940(e) for H	educed	lax on Net	Inve	estment I	ncor	ne			
If section 4940(d)(2) applies, leave this pai  Was the foundation liable for the section 45  If "Yes," the foundation does not qualify uni  Enter the appropriate amount in each c	942 tax on the distributable amou der section 4940(e) Do not comp	olete this pa	art					Yes X No		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distrib	outions	Net value of no	(c) nchari	table-use ass	ets	Distrib	(d) ution ratio ided by col (c))		
2008	9	,949.			189,06	51.				
2007		,924.			194,53					
2006	9	,960.			194,03	37.		.051330		
2005	5	,000.			102,42	26.	. 04881			
2004										
2 Total of line 1, column (d)							2	.203784		
3 Average distribution ratio for the 5-year	base period - divide the total on I	line 2 by 5,	or by the number	of yea	rs	Ī				
the foundation has been in existence if I							3	.050946		
4 Enter the net value of nonchantable-use	assets for 2009 from Part X, line	5					4	178,964.		
5 Multiply line 4 by line 3							5	9,117.		
6 Enter 1% of net investment income (1%	of Part I, line 27b)						_6	21.		
7 Add lines 5 and 6							7	9,138.		
8 Enter qualifying distributions from Part	XII, line 4			_			8	9,000.		
If line 8 is equal to or greater than line 7 See the Part VI instructions		, and comp	elete that part using	g a 1%	tax rate	L	·	· · · · · · · · · · · · · · · · · · ·		
<del></del>										

_	m.990-PF(2009) OTIS & MESCAL BURKE CHARITABLE TRUST 55-615			Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uctio	ns)
1:	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
1	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%			<u>43.</u>
	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-)			0.
3	Add lines 1 and 2			43.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5				43.
6				
	a 2009 estimated tax payments and 2008 overpayment credited to 2009			
ı	b Exempt foreign organizations - tax withheld at source 6b			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0.
8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
9				43.
10	, , ,			
	Enter the amount of line 10 to be Credited to 2010 estimated tax ► Refunded ► 11			
	art VII-A Statements Regarding Activities	_,	1	
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	Yes	No
	any political campaign?	1a		X
ţ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	ļ	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.			
	c Did the foundation file Form 1120-POL for this year?	10	ļ	X
(	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	f		
	(1) On the foundation ► \$ (2) On foundation managers ► \$ 0.			
•	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0 •	ļ		
2				v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2	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 incorporation, or			
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			х
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a	<u> </u>	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	41		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	If "Yes," attach the statement required by General Instruction T.	-		
6				
•	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		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.		-	
8a	■ Enter the states to which the foundation reports or with which it is registered (see instructions)			ŀ
	VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Х

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

OTIS & MESCAL BURKE CHAR		Poguinod (1. 14)	55-61525	36	Page 6
Part VII-B   Statements Regarding Activities for Which   5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	or to carry on, directly or indir		( <del>.</del>		
any voter registration drive?	• =	es X No			
<ul><li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li><li>(4) Provide a grant to an organization other than a charitable, etc., organization</li></ul>		<b>Y</b>	es X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii described iii section		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or	•	ES LTT IND		1
the prevention of cruelty to children or animals?	or concentrate purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	•			
section 53 4945 or in a current notice regarding disaster assistance (see instru		Ū	N/A	5b	İ
Organizations relying on a current notice regarding disaster assistance check h	iere		▶□ [		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	. 1	I/A 🗌 Y	es No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y <sub>(</sub>	es X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		-	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?	v	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Information About Officers, Directors, Trust		nagers. Highly		70	
Part VIII Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	compensation.		-		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other owances
OTIS BURKE	PRESIDENT	0.11.07	Comparisation	<del>                                     </del>	
PO BOX 459					
CULPEPER, VA 22701	0.00	0.	0.		0.
			.,		
		İ			
<del></del>					
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		L	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other wances
NONE	devoted to position		compensation	allu	Wallces
		}			
				L	
				1	
Total number of other employees paid over \$50,000			<b>•</b>	L	
					<u>_</u>

0.

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All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must c	omplete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	. purposes		<del></del> -
а			1a	0.
b	Average of monthly cash balances		1b	
C	Fair market value of all other assets	•	10	181,689.
d	Total (add lines 1a, b, and c)	_	1d	181,689.
e	Reduction claimed for blockage or other factors reported on lines 1a and			
_	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	181,689.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see in	structions)	4	2,725.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part \	·	5	178,964.
6	Minimum investment return. Enter 5% of line 5		6	8,948.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here  and do not complete this part )	i) private operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	8,948.
2a	Tax on investment income for 2009 from Part VI, line 5	43.		
b	Income tax for 2009 (This does not include the tax from Part VI)			
C	Add lines 2a and 2b		2c	43.
3	Distributable amount before adjustments   Subtract line 2c from line 1		3	8,905.
4	Recoveries of amounts treated as qualifying distributions	-	4	0.
5	Add lines 3 and 4		5	8,905.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, lin	ne 1	7	8,905.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		10	9 000
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	-	1a	9,000.
þ	Program-related investments - total from Part IX-B		1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	, purposes .	2	
3	Amounts set aside for specific charitable projects that satisfy the		0-	
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)	Will be a 4	3b	9,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part	· ·	4	9,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_	Λ
_	Income Enter 1% of Part I, line 27b		5	9,000.
6	Adjusted qualifying distributions Subtract line 5 from line 4	laulating whathar the four dates.	6	<del></del>
			manues infil	o correcti

4940(e) reduction of tax in those years

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7			110	8,905.
2 Undistributed income, if any, as of the end of 2009	···· · · · · · · · · · · · · · · · · ·		··	0,903.
a Enter amount for 2008 only			0.	
b Total for prior years	<del></del>	····· / , / , , , , , , , , , , , , , , ,	V •	··· ··································
B rotal for prior years		0.		
3 Excess distributions carryover, if any, to 2009	***************************************			
a From 2004				
b From 2005				
c From 2006 295.				
d From 2007				
e From 2008	-			
f Total of lines 3a through e	295.			
4 Qualifying distributions for 2009 from	2,33.			
Part XII, line 4 ►\$ 9,000.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				., ,, ,,
'''		0.		
years (Election required - see instructions)		<u> </u>	·· · · · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0.			
(Election required - see instructions)		н.		8,905.
d Applied to 2009 distributable amount	95.			0,303.
e Remaining amount distributed out of corpus	0.	,,		0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	390.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.	i	
e Undistributed income for 2008 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	]		
8 Excess distributions carryover from 2004				······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				······
Subtract lines 7 and 8 from line 6a	390.	į.		
O Analysis of line 9	3,00			
a Excess from 2005		-		
b Excess from 2006 295.				
c Excess from 2007		Į.		
d Excess from 2008		[		
		ł		
e Excess from 2009 95.			· · . · . · . · . · . · . · . ·	5 000 DE (0000)

OTIS & MESCAL BURKE CHARITABLE TRUST

55-6152536

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SANDY SPRINGS ROAD STEVENSBURG, VA 22741   DONATION   DONATION	Part XV Supplementary Information	· <del>' ′ </del>		33 01.	72330 Fage II
Show any relaboration of the period defined of husiness)   Show any relaboration of the period of			Payment	Т	
B Past dumng the year CEMM MINISTRIES INC 18301 SANDY SPRINGS ROAD STEVENSBURG, VA 22741   SOLC3 UNDESIGNATED DONATION   SOLC3 UNDESIGNATED DONATION   SOLC5 UNDESIGNATED DONATION   1,000.		show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
2130 GERMANNA HWY LOCUST GROVE, VA 22508  RAPPAHANNOCK COMMUNITY COLLEGE 52 CAMPUS DRIVE WARSAW, VA 22572  CULDEPER REGIONAL HOSPITAL HOSPITAL DRIVE CULPEPER, VA 22701  ST STEPHENS EPISCOPAL CHURCH 115 N EAST STREET CULPEPER, VA 22701  CULPEPER BAPTIST CHURCH S. MAIN STREET CULPEPER, VA 22701  NONE  501C3  FOOD CLOSET  500.  Total  Total  Approved for future payment  NONE  DONATION  FOOD CLOSET  5,690.  5,690.  5,690.  DONATION  NONE  501C3  FOOD CLOSET  500.  Total  Approved for future payment  NONE  S01C3  FOOD CLOSET  5,690.  5,690.  NONE  501C3  FOOD CLOSET  5,690.  NONE  501C3  FOOD CLOSET  5,690.  NONE  501C3  FOOD CLOSET  5,690.  NONE  501C3  FOOD CLOSET  5,690.  NONE  501C3  FOOD CLOSET  5,690.  NONE  501C3  FOOD CLOSET  5,690.  NONE  501C3  FOOD CLOSET  5,690.	CBM MINISTRIES INC 18301 SANDY SPRINGS ROAD			I	500.
COLLEGE 52 CAMPUS DRIVE WARSAW, VA 22572  CULPEPER REGIONAL HOSPITAL HOSPITAL DRIVE CULPEPER, VA 22701  ST STEPHENS EPISCOPAL CHURCH 115 N EAST STREET CULPEPER, VA 22701  CULPEPER BAPTIST CHURCH S. MAIN STREET CULPEPER, VA 22701  Donation  Total  NONE  NONE  Donation  Donatio	2130 GERMANNA HWY LOCUST	NONE	501C3		1,000.
HOSPITAL HOSPITAL DRIVE CULPEPER, VA 22701  ST STEPHENS EPISCOPAL CHURCH 115 N EAST STREET CULPEPER, VA 22701  CULPEPER, VA 22701  CULPEPER BAPTIST CHURCH S. MAIN STREET CULPEPER, VA 22701  Total  Approved for future payment  NONE  DONATION  FOOD CLOSET  500.  Total  DONATION  501C3  UNDESIGNATED DONATION  5,690.  Approved for future payment  NONE	COLLEGE 52 CAMPUS DRIVE WARSAW,	NONE	501C3	KATELYN HALL	810.
CHURCH 115 N EAST STREET CULPEPER, VA 22701  CULPEPER BAPTIST CHURCH S. MAIN STREET CULPEPER, VA 22701  Total  NONE  NONE  Donation  > 3a 9,000.	HOSPITAL HOSPITAL DRIVE CULPEPER,	NONE	501C3	1.	500.
S. MAIN STREET CULPEPER, VA 22701  Total  Approved for future payment  NONE	CHURCH 115 N EAST STREET	NONE	501C3	FOOD CLOSET	500.
NONE  NONE	S. MAIN STREET CULPEPER,	NONE	l .	1	5,690.
NONE  NONE					
NONE	Total		· · · · · · · · · · · · · · · · · · ·	<b>▶</b> 3a	9,000.
	<b>b</b> Approved for future payment				
Total .	NONE				
	Total		<u> </u>	▶ 3b	0.

THE ATTEMPT AND VIOLENCE TOUCHING ACTIVITIES	Part XVI-A	Analysis of Income-Producing	<b>Activities</b>
--	------------	------------------------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated t	usiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Amount	Tunction income
a	<del></del>			<u> </u>	
b	<del></del>	<del>-</del>			
	<del>                                     </del>		<del></del>		<del></del>
u	<del> </del>				<u> </u>
	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash		_			
Investments					2,138
4 Dividends and interest from securities		<del></del>	<u> </u>		
5 Net rental income or (loss) from real estate.				*	<del></del>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events		<u></u>		, <del></del>	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C					
d					<del></del>
e		·			<u></u>
12 Subtotal Add columns (b), (d), and (e)			).	0.	2,138. 2,138.
13 Total. Add line 12, columns (b), (d), and (e)		•		13	2,138.
(See worksheet in line 13 instructions to verify calculations.)					

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplise the foundation's exempt purposes (other than by providing funds for such purposes)	shment of
3	INTEREST EARNINGS	
		<del></del>
		<del></del>
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
923621 02-02-10		Form <b>990-PF</b> (2009)

		Exempt Organ		Jana mansaotion		mpo reminitionionam	ubic	•	
1	Did t		rectly engage in any of the follow	wing with any other organi	zation described in section	on 501(c) of		Yes	No
			c)(3) organizations) or in section						
а	Trans	sters from the reporting found	lation to a noncharitable exempt	organization of	•				
	(1)	Cash					ia(1)		X
	(2)	Other assets				_	la(2)		Х
ħ	Othe	transactions							
	(1)	Sales of assets to a noncharita	ible exempt organization				Ib(1)		Х
			oncharitable exempt organization	1			b(2)		X
		Rental of facilities, equipment,					b(3)		Х
	(4)	Reimbursement arrangements	3			Г	b(4)		Х
	(5)	oans or loan guarantees				Ī.	lb(5)		Х
	(6)	Performance of services or me	embership or fundraising solicita	ations .		F	b(6)		Х
C			ailing lists, other assets, or paid e				10		Х
d	l If the	answer to any of the above is	"Yes," complete the following so	chedule Column (b) shoul	d always show the fair m	arket value of the goods, oth	er ass	ets,	
			foundation If the foundation rece					·	
	colur	nn (d) the value of the goods,	other assets, or services receive	ed					
(a)	Line no	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description	of transfers, transactions, and sha	nng am	angeme	nts
			N/A	1					
						······································			
			-	-	-				
	-					, , , , , , , , , , , , , , , , , , ,			
						· · · · · · · · · · · · · · · · · · ·			
			<u> </u>						
			<del> </del>		·	· -			
		<del></del>							
			<u> </u>						
		<del> </del>		· · · · · · · · · · · · · · · · · · ·					
0-		face date and constitution of the constitution	\$5 - affiliate of			*****			
2a			tly affiliated with, or related to, o		janizations described			10	1
			r than section 501(c)(3)) or in se	ection 52/7		. $\square$	Yes	LX.	] No
D	i it Ye	s," complete the following scho		(h) Tuno of organization	nn	A) Description of relationship			
		(a) Name of org	Janization	(b) Type of organization	n (i	c) Description of relationship			
		N/A							
		<del></del>	<del></del>						
_									
į		the state of the s	have examined this return, including act or than taxpayer op fiduciary) is based of			my knowledge and belief, it is true	соггес	:t,	
ı		() 7		101,-1-					
	<b>)</b> -		June _	12/18/2	TRUSTE	E			
إق	Si	gnature of officer or trustee		Date	Title	····			
Sign Here	σ-	Preparer's			colf	Ck If Preparer's	dentifyi	ng num	ber
3	<u>_</u> e c		B.F. FRANKLIN		02/11/10 emp	oloyed 🕨 🔲			
ľ	Paid Preparer's Use Only		ING, FRANKLIN		l	EIN ►			
ľ	Pre Us		CHARLES STREE						
		address, and ZIP code FRED	ERICKSBURG, VA	22401		Phone no (540)	373	<u>3–89</u>	<del>)</del> 73
						Form	990-	PF (2	2009)

FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY CASH I	NVESTMENTS	STATEMENT
SOURCE				AMOUNT
SUN TRUST				2,138.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	2,138
FORM 990-PF	ACCOUNTING FEES		STATEMENT 2	
DESCRIPTION		(B) NET INVEST- MENT INCOME		
	400.	0.		0
TO FORM 990-PF, PG 1, LN 16B	400.	0.		0
FORM 990-PF	TAX	ES		STATEMENT :
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLI
2008	51.	0.		0
TO FORM 990-PF, PG 1, LN 18 =	51.	0.		0
FORM 990-PF	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLI PURPOSES
	59.	0.		0.
TO FORM 990-PF, PG 1, LN 23	59.	0.		0.