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### Form **990-PF**

## **Return of Private Foundation**

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

artment of the Treasury real Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

For cale	ndar year 2010, or ta	x year beginning		, and ending				
G Check all that apply: Initial return			Initial return of a fo	rmer public charity	Final retur	n		
		Amended return	Address chan	ge	Name change			
Name o	of foundation				A Employer identification number			
		I FOUNDATION	54-1947904	1				
Number	·	mber if mail is not delivered to street	address)	Room/suite	B Telephone number	.01		
Cuty or	town, state, and ZIP c	RK AVENUE			804 358-31			
City Oi	RICHMON		645		C If exemption application is p D 1. Foreign organization			
H Chec	k type of organization				Foreign organizations m check here and attach c	eeting the 85% test,		
			Other taxable private founda	tion				
	narket value of all asse			Accrual	E If private foundation sta under section 507(b)(1			
(from	Part II, col (c), line	16) 🔲 0	ther (specify)		F If the foundation is in a			
▶\$		041,854. (Part I, colu	ımn (d) must be on cash t	pasis)	under section 507(b)(1			
Part	The total of amounts in necessarily equal the	ue and Expenses n columns (b), (c), and (d) may not amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
1	Contributions, gifts,	grants, etc., received	341,119.		N/A			
2		undation is not required to attach Sch. B						
3	Interest on savings and cash investments	temporary						
4	Dividends and intere	est from securities	55,731.	<u>55,731</u>	•	STATEMENT 1		
3 -	a Gross rents							
1 _	b Net rental income or (los		1,987.					
e e	Gross sales price for all	ale of assets not on line 10 2,659.	1,90/-					
Bevenue 7	D assets on line 6a Capital gain net income			1,987		<del></del>		
~ ~ 8		•		1,501	•			
9	Income modification	is						
10	Gross sales less returns and allowances							
,	<b>b</b> Less Cost of goods sol	d						
	<b>c</b> Gross profit or (loss	)						
11			1,658.	1,658		STATEMENT 2		
1 12		(Ond by 1—1)	400,495.	59,376				
13		rice and wages	0.	0	•	0.		
15	Pension nans iemn	pyGeypeBeilir SU11						
ω l	a Legal fees 교	Machochenies Still						
ì ⊂								
\$ <u>\$</u>	b Accounting fees c Other protessional f							
. <u>9</u> 17								
Operating and Administrative Expe		STMT 3	567.	567		0.		
_ <u>.</u> [19	•	pletion						
[ [ 20								
₹ 21		=						
E 22			1.0	1.5				
23 ating 24	•	STMT 4	46.	46	•	0.		
e a	Total operating and expenses Add lines		613.	613				
රි <sub>25</sub>	•	-	75,083.	013	•	75,083.		
26	=	- '	73,003.			13,003.		
	Add lines 24 and 25		75,696.	613		75,083.		
27	Subtract line 26 from					,,,,,,,		
	a Excess of revenue over	expenses and disbursements	324,799.					
	b Net investment inco	me (if negative, enter -0-)		58,763				
023501	C Adjusted net incom	e (if negative, enter -0-)	l	<del> </del>	N/A			

		0-PF (2010) LOUPASSI FOUNDATION			947904	Page 2
P	art	II. Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of		
	art	Ballatice Siteets   column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	
	1	Cash - non-interest-bearing	19,985.	45,065.	45	065.
	2	Savings and temporary cash investments				
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts				
	4	Pledges receivable -				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
ets	_	Inventories for sale or use				
Assets	_	Prepaid expenses and deferred charges				
Q		Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 5	1,340,248.	1,640,809.	1,996	<u>,789.</u>
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation				
	15	Other assets (describe ► PREPAID FEDERAL TAX)	842.	0.		0.
	l			_		
	16	Total assets (to be completed by all filers)	1,361,075.	1,685,874.	2,041	<u>,854.</u>
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ë	21	Mortgages and other notes payable				
	22	Other liabilities (describe )				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
'n		and complete lines 24 through 26 and lines 30 and 31.		_		
Net Assets or Fund Balances	24	Unrestricted	<u>1,361,075.</u>	1,685,874.		
lar	25	Temporarily restricted				
8	26	Permanently restricted				
Ĕ	ļ	Foundations that do not follow SFAS 117, check here				
Ĕ		and complete lines 27 through 31.		i		
ts	27	Capital stock, trust principal, or current funds	- <del></del>			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	<del></del>			
ğ	29	Retained earnings, accumulated income, endowment, or other funds				
Ž	30	Total net assets or fund balances	1,361,075.	1,685,874.		
_	31	Total liabilities and net assets/fund balances	1,361,075.	1,685,874.		
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances			
_		I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		<del></del>	
		st agree with end-of-year figure reported on prior year's return)	JU		1 261	075
	•	r amount from Part I, line 27a			1,361	
		r increases not included in line 2 (itemize)		2		<u>,799.</u>
		lines 1, 2, and 3		3	1 605	0.
		eases not included in line 2 (itemize)		4	1,685	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 20	5	1 605	0.
<u>.                                    </u>	ruld	i net assets of fund palanees at the of year (line 4 fillings line 5) - Part II, Co	ionni (n), mic 30	6	1,685	

023511 12-07-10

F	Part IV   Capital Gains a	and Losses for Tax on In	vestment	t Income					<u> </u>
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b) F D	low acquired - Purchase - Donation (	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
12 VISTEON CORP - CASH IN LIEU OF FRACTIONAL									
_	b SHARE	<u></u>				7 q	ARI	OUS	11/08/10
	c .84 SHARE IDEAF	RC - BANKRUPT		<del>.</del>			MRI	OUS	11/17/10
_(	d 26 SH IDEARC -	BANKRUPT			ļ.,	P 7	ARI	OUS	11/11/10
_	<u>e CAPITAL GAINS I</u>	DIVIDENDS			<u> </u>				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				in or (loss (f) minus (	
	a			<u>.                                    </u>					
_	b 55.								55
_ (	С				8.				<8.
_(	d			66	4.				<664
_ (	e 2,604.								2,604
	Complete only for assets showing	g gain in column (h) and owned by t						ol. (h) gain ot less thai	
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (3), if any				(from col. (	
-	a	,	<del></del>						
l	b								55
-	С				_				<8
	d								<664
_	<u>e                                      </u>				_				2,604
2	Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0-			}	2			1,987
3	Net short-term capital gain or (loss		d (6) <sup>-</sup>						
	If gain, also enter in Part I, line 8, o		` '		}				
	If (loss), enter -0- in Part I, line 8	d C ti 40.40(-)	D. J	. T M.A	<u>ب</u>	3		N/A	
_	Part V   Qualification Ur						me		
(F	or optional use by domestic private	foundations subject to the section 4	940(a) tax on	net investment in	come	.)			
lf	section 4940(d)(2) applies, leave thi	ıs part blank.							
	. , , , , , ,	·							
	as the foundation liable for the secti			•	Lioda				Yes X No
	"Yes," the foundation does not qualif Enter the appropriate amount in ea				00			<del></del>	
	(a)		ICTIONS DETONE	making any enum			1		(d)
	Base periód years	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchar	ıtable-use assets	١,	Distrib	oùtion ratio
	Calendar year (or tax year beginnin 2009	9 111/		700 70100 07 710				cor (n) aiv	rided by col. (c))
-	2009		8,395.			,332,394.			.036322
	2007		3,568. 1,518.		_ <u>_</u>	<u>, 324, 957.</u>			.04797
	2006		1,964.		Τ.	,168,033.			.04410
	2005		5,350.			812,169. 776,116.			.051669
_	2003		J, JJ( •			770,110.	+ 1	·-··	.03643.
2	Total of line 1, column (d)						,		.23850
	Average distribution ratio for the 5	-vear bace period - divide the total c	n lina 2 hy 5	or by the number	of you		2		. 43650
J	the foundation has been in existen		ili ilile Z by 5,	or by the number	oi yea	118	,		047701
	the foundation has been in existen	ce il less tilali 5 years					3		.047703
4	Enter the net value of noncharitable	e-use assets for 2010 from Part X, I	ine 5				4		1,416,055
	Multiply line 4 by line 3						_		67,547
5							5		01,021
		e (1% of Part I line 27h)							
	Enter 1% of net investment income	e (1% of Part I, line 27b)					6		588
6		e (1% of Part I, line 27b)							
6 7	Enter 1% of net investment income	,					6		588

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Part VI Excise Tax Based on Investment Income (Section		4948 -	see ins	truc	tion	ıs)
1a Exempt operating foundations described in section 4940(d)(2), check here  a	and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter in						
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check her	e ▶ 🗶 and enter 1%	1			5	<u>88.</u>
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	er 4% of Part I, line 12, col. (b). リ					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	ıly. Others enter -0-)	2				<u>0.</u>
3 Add lines 1 and 2		3			5	<u>88.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	nly. Others enter -0-)	4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			5	<u>88.</u>
6 Credits/Payments:	1 1					
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a 354	<u>. </u>				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	_				
c Tax paid with application for extension of time to file (Form 8868)	6c	_				
d Backup withholding erroneously withheld	6d	<b>↓</b>				
7 Total credits and payments. Add lines 6a through 6d		7			3.	<u>54.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	s attached	8				2.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>•</b>	9			2	36.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpa	ıid , ▶	10				
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded ▶	11_				
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or interve	ne in			Yes	
any political campaign?			<u> </u>	1a		<u> </u>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political p	· · · · · · · · · · · · · · · · · · ·			1b		<u>X</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and copies of any materials publisi	ned or				
distributed by the foundation in connection with the activities.						
c Did the foundation file Form 1120-POL for this year?			<u> </u>	1c		_X_
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during						
(1) On the foundation. > \$ (2) On foundation man		•		- 1		
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	penditure tax imposed on foundation					
managers. ▶ \$						
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		<u> </u>	2		<u>X</u>
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its govern		, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the ch	•			3		<u> X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during th	e year?	3.7	<u> </u>	la		<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?  5. What there a liquidation, termination, dissolution, as substantial contraction during the		1/	/A /	*D		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year ?		-	5		<u> </u>
<ul> <li>If "Yes," attach the statement required by General Instruction T.</li> <li>Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf</li> </ul>	and outhors					
By language in the governing instrument, or	icu citilei.					
By state legislation that effectively amends the governing instrument so that no mani-	datory directions that conflict with the et-	ita law				
remain in the governing instrument?	datory directions that conflict with the St	ite iaw				v
7 Did the foundation have at least \$5,000 in assets at any time during the year?			<b>—</b>	7	x	<u>X</u>
If "Yes," complete Part II, col. (c), and Part XV			-	<del>'</del> +	^_	
8a Enter the states to which the foundation reports or with which it is registered (see instr	uctions)					
VA					1	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or decignate)				ĺ	
of each state as required by General Instruction G? If "No," attach explanation	and Autorney denotal (Of designate)		۱,	, l	$\mathbf{x}$	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(1)(3) or 4942(1)(5) for or	landar	<u> </u>	3b	^	
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Ye		nonual		9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a s			<u> </u>	10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Higher Paid Employees, and Contractors (continued)			-
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of	service	(c) Cor	npensation
NONE			
	_		
Total number of others receiving over \$50,000 for professional services		<b></b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	;	Expense	es
1 N/A			
2			
	_		
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amoun	<del></del>
1 N/A	-	Alliouli	<del></del>
I N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<b>•</b>		0.
		Form <b>990-</b>	PF (2010)

P	art X. Min'imum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	1,405,094.
	Average of monthly cash balances	1b	32,525.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,437,619.
-	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	1,437,619.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21,564.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,416,055.
6	Minimum investment return Enter 5% of line 5	6	70,803.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	70,803.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	588.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	70,215.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	70,215.
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, line 1	7	70,215.
P	art XII Qualifying Distributions (see 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	75,083.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b		3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	75,083.
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	5	588.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	74,495.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		<u> </u>		
line 7				70,215.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			11,842.	
b Total for prior years:				
your tel prior yours,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008	•			
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 75,083.				
a Applied to 2009, but not more than line 2a			_ 11,842.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	ľ	o.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				63,241.
e Remaining amount distributed out of corpus	0.			03,241.
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				6,974.
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 2005	<del>"-</del>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
				Form 990-PF (2010)

	<u>I FOUNDATIO</u>				147904 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of			ŀ		
foundation, and the ruling is effective for			▶		
<b>b</b> Check box to indicate whether the found	î	ng foundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	"	Prior 3 years		<u>.</u>
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed		<del></del>			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not			1		-
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					ļ
(1) Value of all assets	<u> </u>				
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return				Ì	
shown in Part X, line 6 for each year					
listed	,, <u></u> ,				
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	-				
and 5 or more exempt				t .	
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				·	
Part XV   Supplementary Info	rmation (Comple	te this part only	f the foundation	n had \$5,000 or m	ore in assets
at any time during the	he year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who		than 2% of the total contr	ibutions received by ti	he foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	,		
SEE STATEMENT 6					
b List any managers of the foundation who	own 10% or more of the	e stock of a corporation (	or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater interes	st.	. , , ,		<b>-</b>
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗓 If the foundation of	nly makes contributions t	o preselected charitable o	organizations and does	s not accept unsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc. (	see instructions) to indiv	iduals or organizations ui	nder other conditions,	complete items 2a, b, c, and	d d.
a The name, address, and telephone numb	er of the person to whon	n applications should be	addressed:		
,	•				
b The form in which applications should be	e submitted and informat	ion and materials they sh	ould include:	<del></del>	
			-		
c Any submission deadlines:				<u></u>	<del></del>
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields.	kinds of institutions. o	r other factors:	<del></del>
023601 12-07-10					Form <b>990-PF</b> (2010)

3 Grants and Contributions Paid During the Ye				
Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient If recipient is an individual,  Purpose of secretary				
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid daring the year				
				1
<b>_</b>				
SEE STATEMENT 7			<u> </u>	75 002
Total b Approved for future payment		T	<u>▶ 3a</u>	75,083.
b Approved for fatare payment				
NONE				
Total			<b>&gt;</b> 3b	0.
023611 12-07-10			Fo	orm <b>990-PF</b> (2010)

# Part XVI-A ` Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	business income		ded by section 512, 513, or 514	(e)		
	(a)	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue:	Business code	Amount	sion	Amount	function income		
a							
b				<del></del>			
c		<del>-</del>	<u> </u>				
d				,			
e			1				
f		·	$\vdash$				
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities			+		55,731		
5 Net rental income or (loss) from real estate:			<del> </del>		33,731		
a Debt-financed property			<del> </del>				
b Not debt-financed property			_				
6 Net rental income or (loss) from personal							
property							
7 Other investment income					1,658.		
8 Gain or (loss) from sales of assets other				-			
than inventory			1		1,987.		
9 Net income or (loss) from special events	·			-			
10 Gross profit or (loss) from sales of inventory			1				
11 Other revenue.							
a							
b							
C							
d							
e	_						
12 Subtotal. Add columns (b), (d), and (e)		0.		0.			
3 Total. Add line 12, columns (b), (d), and (e)				13			
See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	kemp	t Purposes			

Line No ▼	Explain below how the foundation's ex	each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of empt purposes (other than by providing funds for such purposes).
4	INVESTMENT	
7	INVESTMENT	INCOME
8	INVESTMENT	INCOME
	<u></u>	
	<u> </u>	

023821 12-07-10

Part )	VII Information Re Exempt Organ		nsfers To a	and Trans	actions a	nd Relation	nships With Non	charitable	9	
1 Did	the organization directly or indir		u of the followin	a with any oth	or organizatio	n decembed in co	notion 501/a) of		Yes	No
	Code (other than section 501(c)						ection 50 f(c) of		103	1,00
	isfers from the reporting founda			· ·	pullical organi	1241101157				
	Cash	ation to a noncharit	anie exempt on	yamzanom or.				10/1		<b> </b> ₩
								1a(1)		X
	Other assets							1a(2)		X
	er transactions:	LI	-4							
	Sales of assets to a noncharital							1b(1)		X
	Purchases of assets from a nor	-	organization					1b(2)	<u> </u>	X
. ,	Rental of facilities, equipment,							1b(3)		X
	Reimbursement arrangements							1b(4)		X
	Loans or loan guarantees		•					1b(5)		X
	Performance of services or me	•	•					1b(6)		X
	ring of facilities, equipment, mai							1c_	i	X
or s	e answer to any of the above is ervices given by the reporting fo mn (d) the value of the goods, o	oundation. If the for	undation receive			-	_	•	sets,	
a) Line no	1		of noncharitable	e exempt orga	nization	(d) Descrip	tion of transfers, transaction	s and sharing ar	rangeme	ents
		(0)	N/A			(0) 5000.5		o, a la alla ling a	- Langerine	
						-	<u> </u>			
						<del>                                     </del>	<del>_</del>			
	<del> </del>									
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	-				<del> </del>					
							···········			
						ļ	····			
				-11-						
							<u> </u>			
		·								
ın s	e foundation directly or indirect ection 501(c) of the Code (other es," complete the following sche	than section 501(d			xempt organiz	zations described	I	Yes	X	] No
	(a) Name of org			(b) Type of o	organization		(c) Description of rela	tionship		
	N/A							· -		
							·			-
	· ···									
						<del></del>				
		_								
	Under penalties of perjury, I declare	that I have examined	this return, includi	I ing accompanyin	g schedules and	statements, and to	the best of my knowledge a	and belief, it is tri	Je. corre	ect
Sign Here	and complete Declaration of prepar					oreparer has any kno		Car	2.	,
	Signature of officer or try	stee			Date	<u> </u>	Title	7-7-		
	Print/Type preparer's na	prie	Preparer's si	gnature		Date		PTIN		
			11	1	/		self- employed			
Paid	STEWART C.	MCTNNFC	The	TIM	Jam	11/11/11				
. c.c Prepa			TIME		dillo-	<del>"   "  </del>	Firm's CIM			
Use C		WART C MA 19 KALB F				•	Firm's EIN			
	Firm's address ► RI			0		<del></del>	Dhara			
	o address > KI	CUMOND, /	va 4344	3			Phone no.			

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

2010

54-1947904 LOUPASSI FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 1 of 1 of Part I

Name of organization

Employer identification number

## LOUPASSI FOUNDATION

54-1947904

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MANUEL G. LOUPASSI  2601 PARK AVENUE  RICHMOND, VA 23220	\$ <u>341,119.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

## LOUPASSI FOUNDATION

54-1947904

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 12-23-1		Schodula B (Form C	990, 990-EZ, or 990-PF

Schedule B (Forr	m 990, 990-EZ, or 990-PF) (2010)		Page of of Part
Name of orga			Employer identification number
ב עמווט ב	SI FOUNDATION		54-1947904
Part III	Exclusively religious, charitable, etc., ind	columns (a) through (e) and the fact, contributions of	n 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Touristance	(e) Transfer of gift	
	Transferee's name, address, and	1 ZIF + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and	-	Relationship of transferor to transferee
-			
	<del></del>		

FORM 990-PF DIVIDEN	DS AND INTE	REST FROM	SECU	JRITIES	STATEMENT	1
SOURCE	GROS	S AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	)
BROOKFIELD DAVENPORT & COMPANY MERRILL LYNCH POST MERGER MERRILL LYNCH WEALTH MANAGEM W P CAREY & CO LLP		7. 3,989. 5,604. 47,439. 1,296.		0. 0. 642. 1,962. 0.	3,9 4,9 45,4 1,2	62. 77.
TOTAL TO FM 990-PF, PART I,	LN 4	58,335.		2,604.	55,7	31.
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		
W P CAREY & CO, LLC - ROYALI VANGUARD NATURAL RESOURCES,		1,6	21. 637.	1,637		
TOTAL TO FORM 990-PF, PART I	- :, LINE 11 =	1,6	658.	1,658	•	
FORM 990-PF	ТА	XES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		
VA - REGISTRATION AND FRANCHISE FOREIGN TAX ON DIVIDENDS	125 442		125. 442.			0.
TO FORM 990-PF, PG 1, LN 18	567	•	567.			0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES
ACCOUNT EXPENSES BANK CHARGES	28. 18.	28.		0.
TO FORM 990-PF, PG 1, LN 23	46.	46.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 5
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE
DAVENPORT EQUITY FUND MERRILL LYNCH			158,228. 1,482,581.	158,228. 1,838,561.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		1,640,809.	1,996,789.
FORM 990-PF	PART XV - L			STATEMENT 6

### NAME OF MANAGER

MANUEL G. LOUPASSI CAROL HODGES - LOUPASSI

STATEMENT 7

FORM 990-PF

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BIG BROTHERS BIG SISTERS, RICHMOND, VA	NONE CHILDREN'S SUPPORT	PUBLIC CHARITY	1,800.
CHILDRENS MUSEUM OF RICHMOND, RICHMOND, VA	NONE EDUCATIONAL	PUBLIC CHARITY	1,000.
ELK HILL FARM, RICHMOND, VA	NONE CHILDREN'S SUPPORT	CHILD CENTER	1,000.
LEWIS GINTER BOTANICAL GARDEN, RICHMOND, VA	NONE EDUCATIONAL	PUBLIC CHARITY	1,000.
PRICE BULLINGTON INVITATIONAL NORTH AMERICAN OPEN, RICHMOND, VA	NONE HEALTH AND EDUCATION	ATLETICS	1,200.
SCIENCE MUSEUM OF VIRGINIA, RICHMOND, VA	NONE EDUCATIONAL	EDUCATION	2,500.
SCOTTISH RITE CHILDHOOD LANGUAGE CENTER, RICHMOND, VA	NONE MEDICAL CARE	CHARITY	1,000.
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, RICHMOND, VA	NONE PREVENT CRUELTY TO ANIMALS	PUBLIC CHARITY	1,000.

GRANTS AND CONTRIBUTIONS

 LOUPASSI FOUNDATION		Ę	54-1947904
SPECIAL OLYMPICS	NONE SPECIAL NEEDS YOUTH	SPECIAL YOUTH	1,000.
ST BENEDICT'S CATHOLIC CHURCH, RICHMOP, VA	NONE CHURCH	CHURCH	500.
ST BENEDICT'S CATHOLIC SCHOOL, RICHMOND, VA	NONE EDUCATION	SCHOOL	500.
ST. CATHERINE'S SCHOOL FOUNDATION, RICHMOND, VA	NONE SCHOOL	EDUCATION	1,000.
ST. CHRISTOPHERS SCHOOL, RICHMOND, VA	NONE EDUCATIONAL	SCHOOL	6,000.
ST. CONSTANTINE AND HELEN CHURCH, RICHMOND, VA	NONE RELIGIOUS	CHURCH	3,210.
STS. CONSTANTINE & HELEN BUILDING FUND, RICHMOND, VA	NONE CHURCH	CHURCH	25,305.
THE HEALING PLACE, RICHMOND, VA	NONE MEDICAL TREATMENT	MEDICAL	3,000.
THE SALVATION ARMY, RICHMOND, VA	NONE CHARITABLE	CHARITY	1,000.
THE STEWARD SCHOOL, RICHMOND, VA	NONE EDUCATIONAL	SCHOOL	1,000.

LOUPASSI FOUNDATION		54	1-1947904
THE VIRGINIA COLLEGE FUND, RICHMOND, VA	NONE EDUCATIONAL	EDUCATION	1,000.
THE VIRGINIA HOLOCAUST MUSEUM, RICHMOND, VA	NONE EDUCATIONAL	MUSEUM	1,000.
THE VIRGINIA HOME, RICHMOND, VA	NONE CHARITABLE	RETIREMENT COMMUNITY	1,000.
UNITED STATES OLYMPIC COMMMITTEE, NEW YORK, NY	NONE OLYMPIC SUPPORT	SPORTS ORGANIZATI	400.
UNIVERSITY OF RICHMOND, RICHMOND, VA	NONE EDUCATIONAL	UNIVERSITY	1,000.
VALENTINE RICHMOND HISTORY CENTER, RICHMOND, VA	NONE EDUCATIONAL	EDUCATION	1,000.
VARIOUS CHARITIES, RICHMOND, VA	NONE CHARITABLE	CHARITY	568.
VCU MASSEY CANCER CENTER, RICHMOND, VA	NONE CANCER RESEARCH	PUBLIC CHARITY	2,600.
VIRGINIA HOME FOR BOYS AND GIRLS, RICHMOND, VA	NONE CHARITABLE	CHILDRENS HOME	5,000.
VIRGINIA MUSEUM OF FINE ARTS, RICHMOND, VA	NONE EDUCATIONAL	MUSEUM	5,000.

LOUPASSI FOUNDATION			54-1947904
VISUAL ARTS CENTER OF RICHMOND, RICHMOND, VA	NONE YOUTH ORGANIZATION	EDUCATION	1,000.
WASHINGTON AND LEE UNIVERSITY, LEXINGTON, VA	NONE EDUCATIONAL	EDUCATION	2,500.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	<del></del>	75,083.

orm 8868 (Rev. 1-2011)  If you are filing for an Additional (Not Automatic) 3-Month E ote. Only complete Part II if you have already been granted an					Page 2
	Extension, c	complete only Part II and check this b	ox		▶ X
, granto an granto an granto an				8868	
If you are filing for an Automatic 3-Month Extension, compl	ete only Pa	art I (on page 1)			
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the original (no o	opies r	needed)	
/pe or Name of exempt organization			Emp	loyer identificat	ion number
int			_	4 404500	
LOUPASSI FOUNDATION			5	<u>4-194790</u>	4
Number, street, and room or suite no If a PO box, e date for 2601 DARK AVENITE	see instruc	tions.			
na vour ZOOI FARK AVENOE	<b></b>			<del></del>	
City, town or post office, state, and ZIP code. For a RICHMOND, VA 23220-2645	ioreign add	ress, see instructions.			
RICHMOND, VA 23220-2043				<del></del>	
nter the Return code for the return that this application is for (f	filo a copara	to application for each return			0 4
iter the neturn code for the return that this application is for the	ile a separa	te application for each return)			<u> </u>
pplication	Return	Application			Return
For	Code	Is For			Code
orm 990	01				
orm 990-BL	02	Form 1041-A			08
orm 990-EZ	03	Form 4720			09
orm 990-PF	04	Form 5227			10
orm 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
orm 990-T (trust other than above)	06	Form 8870		_	12
TOP! Do not complete Part II if you were not already grante	ed an auton	natic 3-month extension on a previou	ısly file	d Form 8868.	
FOUNDATION MAN					
The books are in the care of FOUNDATION OF	ICE,		RICH	MOND, VA	<u>23220</u>
Telephone No ► 804 358-3808		FAX No 🕨			
If the organization does not have an office or place of busine				1	
If this is for a Group Return, enter the organization's four digi					
ox If it is for part of the group, check this box			memb	ers the extension	n is for
I request an additional 3-month extension of time until					
		, and ending _			
For calendar year 2010, or other tax year beginning					
If the tax year entered in line 5 is for less than 12 months,	check reas	on Initial return	Final r	eturn	
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period	check reas	on Initial return	Final r	eturn	
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension					
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS	IMPOSI	ED ON THE PREPARER I	зү н	IS	N
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI	IMPOSI	ED ON THE PREPARER I	зү н	IS	N
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI  ADDITIONAL EXTENSION IS REQUE	IMPOSI D EYE 1 ESTED	ED ON THE PREPARER I	зү н	IS	N
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI  ADDITIONAL EXTENSION IS REQUE  If this application is for Form 990-BL, 990-PF, 990-T, 4720	IMPOSI D EYE 1 ESTED	ED ON THE PREPARER I	NDI	IS DATE), A	
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI  ADDITIONAL EXTENSION IS REQUE  If this application is for Form 990-BL, 990-PF, 990-T, 4720  nonrefundable credits See instructions	IMPOSI DEYE 1 ESTED 0, or 6069, e	ED ON THE PREPARER IN PRESSURE (GLAUCOMA CAN nter the tentative tax, less any	зү н	IS	
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASED  ADDITIONAL EXTENSION IS REQUE  If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069	IMPOSI D EYE 1 ESTED 0, or 6069, e	ED ON THE PREPARER IN PRESSURE (GLAUCOMA COUNTY)  The the tentative tax, less any  refundable credits and estimated	NDI	IS DATE), A	
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI  ADDITIONAL EXTENSION IS REQUE  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069  tax payments made Include any prior year overpayment as	IMPOSI D EYE 1 ESTED 0, or 6069, e	ED ON THE PREPARER IN PRESSURE (GLAUCOMA COUNTY)  The the tentative tax, less any  refundable credits and estimated	BY HANDI	IS DATE), A	0.
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI  ADDITIONAL EXTENSION IS REQUE  If this application is for Form 990-BL, 990-PF, 990-T, 4720  nonrefundable credits See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069  tax payments made Include any prior year overpayment a previously with Form 8868	IMPOSI DEYE I ESTED O, or 6069, e 9, enter any allowed as a	ED ON THE PREPARER IN PRESSURE (GLAUCOMA CAN INTERPRESSURE	NDI	IS DATE), A	0.
If the tax year entered in line 5 is for less than 12 months,  Change in accounting period  State in detail why you need the extension  DUE TO LIMITED WORKING HOURS  OPTHALMOLOGI DUE TO INCREASEI  ADDITIONAL EXTENSION IS REQUE  If this application is for Form 990-BL, 990-PF, 990-T, 4720  nonrefundable credits See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069  tax payments made Include any prior year overpayment a  previously with Form 8868  Balance due. Subtract line 8b from line 8a Include your present the second of the second	IMPOSIDEYE IDESTED O, or 6069, e O, enter any allowed as a payment with	ED ON THE PREPARER IN PRESSURE (GLAUCOMA CAN INTERPRESSURE	BY HANDI	IS DATE), A \$	354.
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