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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

2010

			be able to use a copy of this i		rting requirements.		
For c	alen	dar year 2010, or tax year beginning		, and ending			
G C	heck	all that apply: Initial return	Initial return of a fo	· ,	Final return		
		Amended return	X Address chang	je 🔲	Name change		
Nan	ne of	foundation			A Employer identification number		
1		MANNING FAMILY FOUNDA	TION		74-3054138	_	
Num	ber ar	d street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number		
		200 GARRETT STREET, S	UITE O		434-980-81	00	
Crtv	or to	wn, state, and ZIP code	<u>-</u>	L	C If exemption application is po		
Johny	J, 10		22902		D 1. Foreign organizations	· —	
<u></u>	hool	type of organization: X Section 50 1(c)(3) ex			Foreign organizations me check here and attach co	eting the 85% test.	
<u></u>	٦.		Other taxable private founda	ton	check here and attach co	mputation	
<u> </u>				X Accrual	E If private foundation state		
		rket value of all assets at end of year J Accounti	•	Acciual	under section 507(b)(1)	•	
		Part II, col (c), line 16)	her (specify)	2000)	F If the foundation is in a 6		
_		15,055,864. (Part I, colu			under section 507(b)(1)	1 111	
Pa	<u>rt l</u>	' (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes	
	_	necessarily equal the amounts in column (a))		MOOMA		(cash basis only)	
	1	Contributions, gifts, grants, etc., received	15,000,000.		N/A		
	2	Check If the foundation is not required to attach Sch. B					
ļ	3	Interest on savings and temporary cash investments	17,089.	17,089.	,	STATEMENT 1	
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	<35.	>			
2	ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)		0.			
æ	8	Net short-term capital gain					
	9	Income modifications	······································	······································			
	10a	Gross sales less returns		· ·,· · · · · · · · · · · · · · · · · ·		<u> </u>	
		and allowances Less Cost of goods sold		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		Gross profit or (loss)					
		Other income					
	11	Total. Add lines 1 through 11	15,017,054.	17,089		-	
	12	- <u> </u>	0.	17,005	<u></u>	0.	
	13	Compensation of officers, directors, trustees, etc	- 0.	<u>U</u>		<u> </u>	
	14	Other employee salaries and wages				<u> </u>	
98	15	Pension plans, employee benefits					
	1	Legal fees			DIPAL		
Expens		Accounting fees			RECEN	VED -	
页		Other professional fees			111	·	
ţi.		Interest			15 SEP 20	79 2011 8	
Operating and Administrative	18	Taxes			A OTL SO	<u> </u>	
nis	19	Depreciation and depletion			1		
<u>Ē</u>	20	Occupancy			CODEN		
A	21	Travel, conferences, and meetings			1840	21	
Z.	22	Printing and publications					
<u>~=</u> δ	23	Other expenses					
~ .	24	Total operating and administrative					
<u></u> §		expenses. Add lines 13 through 23	0.	. 0	.	0.	
کم	25	Contributions, gifts, grants paid	0.			0.	
	26	Total expenses and disbursements.					
		Add lines 24 and 25	0.	0.	.]	0.	
SCANNED	27		1	<u> </u>		-	
急	27	Subtract line 26 from line 12;	15 017 054		1		
	ª	Excess of revenue over expenses and disbursements	15,017,054.	17,089		 	
	"	Net investment income (if negative, enter -0-)		17,089			
	_	Adjusted net income (if negative, enter -0-)	1	<u> </u>	N/A	Form 990-PF (2010)	
0235 12-07	7-10	LHA For Paperwork Reduction Act Notice, see	tne instructions.			Form 330-FF (2010)	

<u></u>	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
Р	aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	34,457.	15,000,796	15,000,796.
		Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
		Pledges receivable ▶			
	•	Less; allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable			
	l ′	Less: allowance for doubtful accounts			1
	٦				
Assets		Inventories for sale or use			
Ass	1	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			-
	l	Investments - corporate stock			
	l .	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			1
		Less accumulated depreciation			
	12	Investments - mortgage loans		F1 000	FF 060
	13	Investments - other STMT 2	0.	51,282	55,068.
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe		····	
	1				
	18	Total assets (to be completed by all filers)	34,457.	<u> 15,052,078</u>	
	17	Accounts payable and accrued expenses	574.	574	<u>. </u>
	18	Grants payable			_
ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
				·	
	23	Total liabilities (add lines 17 through 22)	574.	574	<u>.</u>]
		Foundations that follow SFAS 117, check here		·	7
		and complete lines 24 through 26 and lines 30 and 31.			
8	24	Unrestricted	33,883.	15,051,504	
Assets or Fund Balance	25	Temporarily restricted			
Bal	26	Permanently restricted			
힏	-	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	·		İ
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net/	30	Total net assets or fund balances	33,883.	15,051,504	7
z	30	Total list assets of fund buildiness	33,003.	10,001,001	Ť
	31	Total liabilities and net assets/fund balances	34,457.	15,052,078	
_	·			13,032,070	•1
_	art				
1		l net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		<u> </u>	33,883.
2	Ente	r amount from Part I, line 27a			
3	Othe	r increases not included in line 2 (itemize) PRIOR YEAR	ADJUSTMENT		
4	Add	lines 1, 2, and 3	-		15,051,504.
5	Deci	eases not included in line 2 (itemize)			0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		15,051,504.
					5 000 DE (0040)

2-story brick v	varehouse; o	nd(s) of property sold (e g or common stock, 200 sh	., real estate, s. MLC Co)		I, b			c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
a SALE OF SECUR	ITIES				<u> </u>	P VARIOUS V			VARIOUS	
)					\vdash				-	
								-		
d		<u> </u>			+					
(e) Gross sales price	(f) C	Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (e) plus (f) m		
a				3	35.					<35
b										
<u> </u>										
<u>!</u>	<u> </u>							.		
0		/5\	4b - 4 d-A	40/04/60						
Complete only for assets show	Т		T — · ·					iains (Col. (h) k), but not les		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses (from		
			1							<35
a b										
c										
đ										
8]							
Capital gain net income or (net	canital loss)	If gain, also ente	r in Part I, line	7	}	2				<35
, ,	•	`		,)		-			
Net short-term capital gain or (I If gain, also enter in Part I, line I		, ,	nd (6):)					
If (loss), enter -0- in Part I, line	8				ľ	3			I/A	
Part V Qualification	Under S	ection 4940(e) for	r Reduced	Tax on Ne	t Inv	estmer	nt Inco	me		
as the foundation liable for the so "Yes," the foundation does not qu Enter the appropriate amount i	alify under	section 4940(e). Do not c	omplete this pa	art.	_					Yes X N
(a) Base period years Calendar year (or tax year begin	ning in/	(b) Adjusted qualifying dis	stributions	Net value of n	(c) oncha		assets			(d) oution ratio vided by col. (c))
2009	<u> </u>		0.				042.		, D / GII	• 00000
2008			0.				245.			.00000
2007			0.				371.			.00000
2006		46	57,119.				534.			1.93396
2005			0.			22	774.	1		.00000
Total of line 1, column (d)	_							2		1.93396
Average distribution ratio for the the foundation has been in exist	-	•	on line 2 by 5,	, or by the numbe	or of ye	ears		3		.38679
Enter the net value of nonchard	able-use as	sets for 2010 from Part X	, line 5					4		665,734
Multiply line 4 by line 3								5		257,502
Enter 1% of net investment inc	ome (1% of	Part I, line 27b)						6		171
Add lines 5 and 6								7		257,673
Enter qualifying distributions fr	om Part XII,	, line 4						8		(
If line 8 is equal to or greater the See the Part VI instructions.	ian line 7, ct	neck the box in Part VI, lin	e 1b, and com	plete that part us	ing a	l% tax rate	•			

	990-PF (2010) MANNING FAMILY FOUNDATION rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		3054 - see ir			age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter					
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			3	42.
	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).	ĺ				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	_ 3			3	<u>42.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			3.	42.
6	Credits/Payments;					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
þ	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 8c					
d	Backup withholding erroneously withheld 6d	Ī				_
7	Total credits and payments. Add lines 6a through 6d	7	ļ			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	ļ		3	<u>42.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
_	Enter the amount of line 10 to be; Credited to 2011 estimated tax	11	<u> </u>			
	rt VII-A Statements Regarding Activities				V I	NI -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	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 instructions for definition)?			<u>1b</u>		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities.				1	
	Did the foundation file Form 1120-POL for this year?			10		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .					
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. > \$ 0.			_		v
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS?			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 governing instrument, articles of incorporation, or other similar instruments? If "Yes," attack a conformed copy of the changes.) i		3		v
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?		•	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	7.4	.,	5		X
•	If "Yes," attach the statement required by General Instruction T.					
В	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	a 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)					
	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	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 cale	endar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	¹ 3	10	X	

X

3Ь

4a

Yes X No

N/A

during the year?

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2010)

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

b If "Yes," did it have excess business holdings in 2010 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2010) MANNING FAMILY FOUNDATIO	N		<u>74-30541</u>	<u>.38 </u>	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o		ectly,			
any voter registration drive?	•		s X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or f				
the prevention of cruelty to children or animals?	or oddoddonar parpooce, or r		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the eventions described i		3 (22) 110		
		ii neguiations	N/A	5b	1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•			*	
Organizations relying on a current notice regarding disaster assistance check h		4			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			. 🗀 " .		
expenditure responsibility for the grant?		「∕A . Ye	s L No		
If "Yes," attach the statement required by Regulations section 53 494					
$\textbf{6a} \ \text{Did the foundation, during the year, receive any funds, directly or indirectly, to} \\$	pay premiums on			Ì	
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	\dashv	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	/		
Falu Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	1	T	[(n - · · · ·		
4 N. H	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	acc (e) Expense count, other
(a) Name and address	to position	enter -0-)	and deferred compensation		llowances
PAUL B. MANNING	DIRECTOR				
200 GARRETT STREET, SUITE O					
CHARLOTTESVILLE, VA 22902	0.00	0.	Ι ο.		0.
DIANE L. MANNING	DIRECTOR				
200 GARRETT STREET, SUITE O					
CHARLOTTESVILLE, VA 22902	0.00	0.	О.		0.
JERNADOTI II DVI II I	1 0.00	"		Ή	
	†				
	<u> </u>	 		+-	
- · · · · · · · · · · · · · · · · · · ·	_			Ì	
			ļ		
2 Compensation of five highest-paid employees (other than those in	cluded on line 1) If none	enter "NONE "			
Compensation of five highest-paid employees former than those in	(b) Title, and average	dittor NOILE.	(d) Contributions to	16	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acc	count, other
	devoted to position		compensation	+ a	llowances
NONE					
		ļ		┼	
	_				
	ļ	1	_	4—	
			ļ		
		1		₩	
	_				
-				\perp	
Total number of other employees paid over \$50,000					0
			Form	1990-	-PF (2010)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	50,548.
Ь	Average of monthly cash balances	1b	50,548. 625,324.
C	Fair market value of all other assets	1c	
d		1d	675,872.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	675,872.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,138.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	665,734.
6	Minimum investment return. Enter 5% of line 5	6	33,287.
_	Piakih wakala Amanuna ()	d certain	<u> </u>
F	art XI Distributable Amount (see instructions) (Section 4942())(3) and ())(3) private operating foundations an foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	33,287.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 20 10. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	342.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,945.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,945.
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	32,945.
F	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T 1	
		1a	0.
ь		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:		· · · · · · · · · · · · · · · · · · ·
8		3a	
ь		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	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 for	the section

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, line 7				32,945.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005	}			
b From 2006 451,628.				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	451,628.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$0.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	32,945.			32,945.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	418,683.			
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	ļ			_
be distributed in 2011				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 2005	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	445 655			
Subtract lines 7 and 8 from line 6a	418,683.			
10 Analysis of line 9:				
a Excess from 2006 418,683.				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				5 000 DE (0040)

	FAMILY FOU		II A		4-3054138 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	▶ ∟	1040(3/0)	10404045
b Check box to indicate whether the found		ng toundation described	Prior 3 years	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	7 (e) Total
income from Part I or the minimum	(a) 2010	(0) 2009	(6) 2000	(4) 2007	(6) 10(2)
investment return from Part X for				İ	
each year listed			 		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			 		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					<u></u>
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:				İ	
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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 organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization		L			
(4) Gross investment income					
Part XV Supplementary Info			if the founda	ition had \$5,000	or more in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received	by`the foundation befor	re the close of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	section 507(d)(2).)			
NONE			<u> </u>		
b List any managers of the foundation wh			(or an equally large	portion of the ownersh	hip of a partnership or
other entity) of which the foundation has	s a 10% or greater intere	st.			
NONE					
2 Information Regarding Contributi					
Check here 🕨 🗶 if the foundation o	nly makes contributions	to preselected charitable	organizations and	does not accept unsolic	cited requests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other condition	ons, complete items 2a	, b, c, and d.
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:		
b The form in which applications should b	e submitted and informa	ition and materials they	should include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable field	s, kınds of ınstitutior	ns, or other factors:	
- -	,			-	
				- ··-	
023601 12-07-10					Earm 990-PF (2010)

Part XV Supplementary Informati	on (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	<u> </u>
a Paid duning the year				ļ
NONE				
				İ
				ļ.
		<u> </u>	<u> </u>	
Total b Approved for future payment			▶ 3a_	0
a representation ruture payment				
NONE				
		}		
		1		
Total			▶ 3h	

023611 12-07-10

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

nter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
	0000		1		
ab					·-· · · · · · · ·
					
c	-		-		
d		<u>-</u>	+		<u> </u>
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				15 000	
investments	ļ		14	17,089.	
4 Dividends and interest from securities		··			
5 Net rental income or (loss) from real estate:					
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			18	<35.	>
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue;					
8					
b					
c					
d					
6					
2 Subtotal. Add columns (b), (d), and (e)			0.	17,054.	0.
3 Total. Add line 12, columns (b), (d), and (e)	-		<u> </u>	13	17,054
See worksheet in line 13 instructions to verify calculations)				

Part XVI-B	Relationshi	p of Activities	to the Accom	plishment of	f Exempt Puri	ooses
I all Ati-D	Helauonsiii	P OI ACUVILIES	LO LITE ACCOUNT	busininent o	r Evellibri ail	70363

▼	the foundation's exempt purposes (other than by providing funds for such purposes).						
<u> </u>							
\neg							
\neg							
\dashv							
+							
							
\dashv							
\dashv							
_							

023621 12-07-10

Form 99Q-P	F (2010) MANNI	NG FAMILY	FOUND.	ATION		74-3	054138	Pa	ge 13
Part XV			ers To a	nd Transactions ar	nd Relations	hips With None	charitable	•	
	Exempt Organ		··						NI.
	e organization directly or indi					tion 501(c) of	ļ	Yes	No
	ode (other than section 501(c	,, , ,			cations?				
a Transi	fers from the reporting found	ation to a noncharitable	exempt org	janization of:					
(1) C	ash	-					1a(1)		X
(2) 0	ther assets						1a(2)		X
b Other	transactions;								
(1) S	ales of assets to a noncharita	ble exempt organization	١.				1b(1)	<u> </u>	X
(2) P	urchases of assets from a no	ncharitable exempt org	anızatıon				1b(2)	<u> </u>	X
(3) R	ental of facilities, equipment,	or other assets		-	-		1b(3)		X
(4) R	eimbursement arrangements						1b(4)	 	Х
(5) L	oans or loan guarantees						1b(5)		X
(6) P	erformance of services or me	mbership or fundraisin	g solicitatio	ns			1b(6)	.	X
c Sharır	ng of facilities, equipment, ma	uling lists, other assets,	or paid emi	ployees			1c		X
d If the	answer to any of the above is	"Yes," complete the foll	owing sche	dule. Column (b) should alw	ays show the fair	market value of the go	ods, other as:	sets,	
	vices given by the reporting f			ed less than fair market value	in any transaction	n or sharing arrangem	ent, show in		
colum	in (d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name of no		exempt organization	(d) Descriptio	n of transfers, transactions	, and sharing a	rangeme	ents
	<u></u>		N/A						
									_
_									
ın sec	foundation directly or indirection 501(c) of the Code (others," complete the following sch	or than section 501(c)(3			ations described		Yes	X] No
	(a) Name of or			(b) Type of organization		(c) Description of rela	tionship		
	N/A	<u> </u>	12 = 1 = 1	, , , , , , ,	-	· · · · · · · · · · · · · · · · · · ·			
									-
		· ··				· · · · · · · · · · · · · · · · · · ·			
			-						
	Under penalties of perjury, I declar and complete Declaration of prep						and belief, it is t	rue, com	ect,
Here	. 1~)		1 9/14/	201	FFICER			
	Signature of officer or tr	u Mee		Date	<u> </u>	Title			
	Print/Type preparer's n		reparer's s		Date		PTIN		
	1 time type proparet 5 ii	·		· · · · · · · · · · · · · · · · · · ·		self- employed			
Paid	VINCENT J.	NADDER	23	M/K	8/4/11	com omprojou	P004180	44	

023622 04-26-11

Use Only

Phone no

54-1631262

(804)747-0000

Form **990-PF** (2010)

Preparer Firm's name ► KEITER, STEPHENS, HURST, GARY & SHREAVES, P Firm's EIN ►

RICHMOND, VA 23294-2066

Firm's address ▶ P.O. BOX 32066

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

2010

Employer identification number

MANNING FAMILY FOUNDATION 74-3054138 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 Form 990-PF 501(c)(3) exempt private foundation 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 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, 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

Name of organization

Employer identification number

MANNING FAMILY FOUNDATION

74-3054138

art 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
ļ		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

Schedule B (For	rm 990, 990-EZ, or 990-PF) (2010)		Page of of Par
lame of orga			Employer identification number
			_,
<u>MANNIN</u> Part III	IG FAMILY FOUNDATION Exclusively religious, charitable, etc. in	dividual contributions to section 50	74-3054138 (c)(7), (8), or (10) organizations aggregating
raitiii	more than \$1,000 for the year. Complete	columns (a) through (e) and the follow	ving line entry For organizations completing
	Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this infi		
(a) No.	\$1,000 of less for the year (Enter this inte	office See instructions)	
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a		Relationship of transferor to transferee
F	Transieree S name, audress, ar	10 237 + 4	Melationship of transferor to transferee
(a) No.	<u> </u>		
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			
		(e) Transfer of gift	
<u> </u>	Transforce's name address as	ad 27D + 4	Dolotionabin of transferor to transferoe
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
from		(c) Use of gift (e) Transfer of gift	
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(a) No.	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
(a) No.	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

					
FORM 990-PF INTEREST	ON SAVINGS AND	TEMPORARY CA	SH INVESTMENTS	STATEMENT	1
SOURCE				TUUOMA	
WELLS FARGO				17,08	39.
TOTAL TO FORM 990-PF,	PART I, LINE 3	3, COLUMN A		17,08	39.
FORM 990-PF	OTHER	RINVESTMENTS		STATEMENT	2
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
WELLS FARGO		COST	51,282.	55,00	68.
TOTAL TO FORM 990-PF,	PART II, LINE	13	51,282.	55,00	58.
FORM 990-PF	LIST OF SUBSTA	ANTIAL CONTRIE	BUTORS	STATEMENT	3
NAME OF CONTRIBUTOR		ADDRESS			
PAUL MANNING		200 GARRETT S CHARLOTTESVII	TREET, SUITE O LE, VA 22902		

(Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

File a separate application for each return.

 \mathbf{r}

If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box		•	X
● If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)		
Do not co	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fil	ed For	m 8868	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	months for a corp	oration
	o file Form 990-T), or an additional (not automatic) 3-moi				•	
•	file any of the forms listed in Part I or Part II with the exc		•		•	
	Benefit Contracts, which must be sent to the IRS in pap	•	,			
	irs gov/efile and click on e-file for Charities & Nonprofits		,		· ······ y · · ······	•
Part I	Automatic 3-Month Extension of Time		ibmit original (no copies needed)			
A corpora	ition required to file Form 990-T and requesting an autor			plete		
Part I only	· · · · · · · · · · · · · · · · · · ·			•	•	· 🗀
All other c	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization	* *		Empl	oyer identification	n number
print	MANNING FAMILY FOUNDATION			7	4-3054138	
File by the due date for filing your	Number, street, and room or suite no If a PO box, s 200 GARRETT STREET, SUITE (tions			
return See instructions	City, town or post office, state, and ZIP code For a for CHARLOTTESVILLE, VA 22902		lress, see instructions			
Entor the	Return code for the return that this application is for (file	a copara	to application for each return)		·	0 4
			, , , , , , , , , , , , , , , , , , ,		·	
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 990	-EZ	03	Form 4720		· · · · · · · · · · · · · · · · · · ·	09
Form 990		04	Form 5227			10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	PAUL B. MANNING					
	boks are in the care of 200 GARRETT STI	REET,	SUITE O - CHARLOTTE	SVI	LLE, VA 2	<u> 2902 </u>
	one No ► <u>434-980-8100</u>		FAX No 🕨			
	organization does not have an office or place of business		·		•	· [
	is for a Group Return, enter the organization's four digit	-			r the whole group,	
box 🕨 L	If it is for part of the group, check this box				<u>ers the extension i</u>	s for
1 Ire	quest an automatic 3-month (6 months for a corporation					
		t organiza	ition return for the organization named a	bove	The extension	
-	or the organization's return for					
►l	X calendar year 2010 or					
▶l	tax year beginning	, ar	nd ending		_	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on Initial return Fina	al retur	n	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	2-	¢	
	nrefundable credits See instructions nis application is for Form 990-PF, 990-T, 4720, or 6069,	onter er	refundable credits and	3a	\$	
	ins application is for Form 990-FF, 990-1, 4720, or 6009, imated tax payments made Include any prior year overp	•		Зь	s	0.
	ance due. Subtract line 3b from line 3a Include your pa			1 30		
	using EFTPS (Electronic Federal Tax Payment System)	-		3c	s	0.
	If you are going to make an electronic fund withdrawal v				EO for payment ins	
LHA F	or Paperwork Reduction Act Notice, see Instructions	 5.			Form 8868 (F	Rev 1-2011)

Form 8868 (Rev. 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month	Extension c	omplete only Part II and check this b	ox		X	
Note. Only complete Part II if you have already been granted				3868		
If you are filing for an Automatic 3-Month Extension, com						
Part II Additional (Not Automatic) 3-Monti			opies n	eeded).		
Name of exempt organization				over identifica	tion number	
ype or						
manning family foundation 74-3054138						
File by the Number street and ream assurts to If a P.O. have any instructions						
tended Number, street, and room of suite no mark or box, see instructions.						
eturn See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
mstructions. CHARLOTTESVILLE, VA 2290	•	1655, 566 HISTIGCIONS.				
CHARDOTTESVILLE, VA 2230.	<u> </u>					
man at the state of the state o					0 4	
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)			ــــــــــــــــــــــــــــــــــــــ	
		I			Deture	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A		·	08	
Form 990-EZ	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already gran		natic 3-month extension on a previo	usly file	d Form 8868.		
PAUL B. MANN					00000	
• The books are in the care of ▶ 200 GARRETT	<u>STREET,</u>	SUITE O - CHARLOTT	ESVI	LLE, VA	22902	
Telephone No. ► 434-980-8100	_	FAX No			. —	
 If the organization does not have an office or place of business. 					▶ ∟	
If this is for a Group Return, enter the organization's four of						
box . If it is for part of the group, check this box		ch a list with the names and EINs of a	ll memb	ers the extensi	on is for.	
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011				
5 For calendar year 2010 , or other tax year beginning	·	, and ending			·	
6 If the tax year entered in line 5 is for less than 12 month	hs, check reas	on: Initial return	J Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED T	O GATHE	R THE NECESSARY INF	<u>ORMA</u>	TION TO	FILE A	
COMPLETE AND ACCURATE RETUR	N					
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	720, or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and estimated	ł	ì		
tax payments made. Include any pnor year overpayme	nt allowed as	a credit and any amount paid		ļ		
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include you	ur payment wi	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System) See	instructions.		8c	\$	0.	
S	ignature ar	nd Verification				
Under penalties of periusy, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare t	ncluding accom	panying schedules and statements, and to t	he best c	of my knowledge	and belief,	
it is true, correct, and complete, and that I am authorized to prepare t	this form.				1.	
Signature \ / Aunu T-/kku Title	_		Date	> 8/12	///	
		· · · · · · · · · · · · · · · · · · ·		Form 88 6	88 (Rev. 1-2011)	