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DLN: 93493283003662

Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

\ F-		2011 calendar	ming 04 04 0011	and audium 40 04 004	1.1		Inspection
		calendar year, or tax year begin  C Name of organization  THE COLUMN ASSOCIATION COMM		and ending 12-31-201	1.1	D Employer ide	ntification number
_	еск ітар Iress ch	THE SOUTHEAST VIRGINIA COMM	UNITY			27-252901	
_	ne chai	Doing Business As				E Telephone nu	
_	ıal retui		f mail is not deliver	ed to street address) Doom/s	ute	(757) 397-5	5424
– Ten	mınated	5800 HIGH STREET WEST	mail is not delivere	ed to street address) Room/s	uite	<b>G</b> Gross receipts s	\$ 3,092,830
– <sub>Am</sub>	ended i	return City or town, state or country, an	d ZIP + 4				
– <sub>App</sub>	lication	PORTSMOUTH, VA 23703					
		F Name and address of p	rıncıpal officer		H(a) Is th	<b>」</b> nis a group return	for
		THOMASE WOOD	•			ates?	「Yes <b>▽</b> No
		5800 HIGH STREET WES PORTSMOUTH, VA 2370			H(h) Are a	ıll affiliates include	ed?
					1 -		(see instructions)
Тах	x-exem	pt status	(Insert no )	4947(a)(1) or 527		up exemption nui	-
W	ebsite	∷► WWW SEVACF ORG					
<b>(</b> Forn	n of org	ganization 🔽 Corporation 🗀 Trust 🗀 Associa	tion Other 🕨		L Year of fo	ormation 2010 M	State of legal domicile VA
Pa	rt I	Summary			•	•	
		Briefly describe the organization's miss					
ņ	2	CONNECTING PEOPLE WHO CARE V	<u>VITH CAUSES L</u>	ARGE AND SMALL TO	BENEFIT THE	COMMUNITIE	S WE SERVE
1							
<u>.</u>	-						
aovemance		Check this box দ if the organization				1 1	
		Number of voting members of the gove		•		3	27
ACUVIUES &		Number of independent voting member Fotal number of individuals employed i				. 4	26
		Fotal number of volunteers (estimate i	•			6	30
Ì		Total unrelated business revenue from				7a	
		Net unrelated business taxable income	•	` ''		7b	
nue					Pri	or Year	Current Year
	8	Contributions and grants (Part VIII,	line 1h)			540,829	637,139
	9	Program service revenue (Part VIII,			0		
Revent	10	Investment income (Part VIII, colur		77,462	243,522		
_	11	Other revenue (Part VIII, column (A		31,000	92,478		
	12	Total revenue—add lines 8 through 1 12)			ie	649,291	973,139
	13	Grants and sımılar amounts paıd (Pa				309,263	641,461
	14	Benefits paid to or for members (Par					0
<b>\$</b> 2	15	Salaries, other compensation, emplo 5-10)	yee benefits (Pa	art IX, column (A), lines		64,012	141,039
Expenses	16a	Professional fundraising fees (Part I	X, column (A ), lı	ne 11e)			0
хbе	ь	Total fundraising expenses (Part IX, column					
Ш	17	Other expenses (Part IX, column (A				84,696	213,795
	18	Total expenses Add lines 13-17 (m	nust equal Part I	(X, column (A), line 25)		457,971	996,295
	19	Revenue less expenses Subtract lin	ie 18 from line 1	2		191,320	-23,156
£ 68					_	g of Current Year	<b>End of Year</b>
area September	20	Total assets (Part X, line 16)				9,240,123	8,790,655
net Assets or Fund Balances	21	Total liabilities (Part X, line 26).				32,660	514
Εğ	22	Net assets or fund balances Subtrac				9,207,463	8,790,141
Par	t II	Signature Block				•	
Jnder (nowl	· penal	ties of perjury, I declare that I have exam and belief, it is true, correct, and complet					
		*****				012-10-08	
Sign		Signature of officer			С	ate	
dere	2	THOMAS E WOOD PRESIDENT Type or print name and title					
		<u> </u>		l Data	Charle &	D=======	d
)_!.!		Preparer's KIMBERLY C PAINTER		Date 2012-10-08	Check if self-	(see instructions)	ver identification number
Paid Prons	arer <sup>i</sup> o		ODMINIST A VICTOR		employed 🕨		
Jse (	arer's Only	ıf self-employed),	ORNWELL & HEILMA	AN PLC		EIN 🕨	
	<b>y</b>	address, and ZIP + 4 908 EDEN WAY N	STE 201			Phone no ▶ (7!	57) 961-5017
		CHESAPEAKE, VA	233202640			FROME NO F (7:	21 J 201-2011

May the IRS discuss this return with the preparer shown above? (see instructions) . .

DONOR EDUCATION AND OTHER PROGRAMS

Other program services (Describe in Schedule O ) 4d (Expenses \$ including grants of \$ ) (Revenue \$

Total program service expenses►\$

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

•	·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 1			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 <b>b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
<b>a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year <sup>7</sup>	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b				-110
	If "Yes," enter the name of the foreign country ►			
	Was the organization a party to a prohibited toy chalter transaction at any time district the tay was	E-		NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a Eb		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
		5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
•	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			<del></del>
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
b	allocated to each state  Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

C     C   -     -   -   -										
Check if Schedule O	contains a res	bonse to	anv di	Jestion i	n this Part VI					

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13				
14	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written whistleblower policy?	13 14	Yes Yes	
15	Did the organization have a written document retention and destruction policy?			
	Did the organization have a written document retention and destruction policy?			
а	Did the organization have a written document retention and destruction policy?	14	Yes	No
а	Did the organization have a written document retention and destruction policy?	14 15a	Yes	No
a b	Did the organization have a written document retention and destruction policy?	14 15a 15b	Yes	
a b	Did the organization have a written document retention and destruction policy?	14 15a	Yes	No
a b 16a b	Did the organization have a written document retention and destruction policy?	14 15a 15b	Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - ✓ Own website ✓ Another's website ✓ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F THOMAS E WOOD

5800 HIGH STREET WEST PORTSMOUTH, VA 23703

(757) 397-5424

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiza	ition nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee	
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	<b>(F)</b> Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) THOMAS R MARSHALL EXECUTIVE DI	40 00	Х						23,912	0	0	
(2) THOMAS E WOOD PRESIDENT	5 00	Х						0	0	0	
(3) J ROBERT BRAY DIRECTOR	1 00	х						0	0	0	
(4) PATRICK S CALLAHAN DIRECTOR	1 00	х						0	0	0	
(5) PAIGE D CHERRY DIRECTOR	1 00	х						О	0	0	
(6) DONALD W COMER JR 1ST VICE PRE	1 00	Х						0	0	0	
(7) RAY A CONNER DIRECTOR	1 00	х						0	0	0	
(8) PATRICK E CORBIN DIRECTOR	1 00	Х						0	0	0	
(9) GLORIA M CREECY DIRECTOR	1 00	х						0	0	0	
(10) TIMOTHY S CULPEPPER DIRECTOR	1 00	х						О	0	0	
(11) AMY W FOLKES DIRECTOR	1 00	х						0	0	0	
(12) DANIEL E GRUBB DIRECTOR	1 00	х						0	0	0	
(13) CARL L HARDEE DIRECTOR	1 00	х						0	0	0	
(14) CLIFTON E HAYES DIRECTOR	1 00	х						0	0	0	
(15) HEDY HEKLER DIRECTOR	1 00	х						0	0	0	
(16) LOUIS H HIBBITTS JR DIRECTOR	1 00	х						0	0	0	
(17) STEPHENS JOHNSON 2ND VICE PRE	1 00	Х						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organiza	I
(18) [ DIREC	DAVID R KENERSON JR TOR	1 00	x						0	C	)	0
(19) N	VILLIAM H OAST III TOR	1 00	х						0	C	)	0
(20) F	ATRICK L REYNOLDS TOR	1 00	х						0	C	)	0
(21) S	SUSAN G ROBERTSON STOR	1 00	х						0	C		0
(22) J	HOWARD RODMAN JR SURER	1 00	х						0	C		0
	HILIP M RUDISILL	1 00	х						0	C	)	0
	DAVID W STOCKMEIER	1 00	х						0	C	)	0
	MIL A VIOLA	1 00	х						0	C		0
	RICHARD E H WENTZ	1 00	х						0	C	)	0
	ROBERT T WILLIAMS	1 00	х						0	C		0
DINE	TOK											
1b	Sub-Total			٠.	<u> </u>	<u>.                                    </u>	1	<u> </u>				
С	Total from continuation sheets t	o Part VII, Sect	tion A					<b>&gt;</b>				
d	Total (add lines 1b and 1c)			•			•	•	23,912			
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above	) who	received more tha	an		
											Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Scho</i>	•				-	mploy •	ee, c	or highest compens		3	No
4	For any individual listed on line 1 organization and related organiza individual									ch	_	
5	Did any person listed on line 1a r services rendered to the organiza									or individual for	5	No
			.,-					,			5	No_
	ction B. Independent Cont									- 46		
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	the organization										
		(A) e and business add	lress						Desc	<b>(B)</b> ription of services	(C Comper	
_	Fotal number of independent contr \$100,000 of compensation from tl	•	-	ot lın	nited	to t	those I	ıste	d above) who recei	ved more than		

Form 99		Statement o	f Payanua					Page <b>9</b>
Palls		Statement o	revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated camp	paigns 1a	3,136				
亞吉	b	Membership du	es					
o°,	c	Fundraising eve	ents <b>1c</b>					
Æ æ	d	Related organiz	ations <b>1d</b>					
<u>يَّة</u>	e	Government grants	s (contributions) <b>1e</b>					
고 교	f	All other contribution	ons, gifts, grants, and <b>1f</b>	634,003		İ		j
Contributions, gifts, grants and other similar amounts	g		it included above butions included in 818					
20 E	h	· —	s 1a-1f	•	637,139			
e				Business Code				
Program Serwce Revenue	2a							
윤	Ь	-						
95	C							
<b>₹</b>	d							
Ē	e							
Š.	f	All other progra	m service revenue					
Ě	g	Total. Add lines	3 2a – 2f					
	3		ome (including dividen					
			aramounts)	_	204,575	202,789		1,786
	4	Income from inves	tment of tax-exempt bond	oroceeds . 🕨				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	2,158,638	,				
	ь	than inventory Less cost or other basis and sales expenses	2,118,627	1,064				
	c	Gain or (loss)	40,011	-1,064				
	d	Net gaın or (los	s)		38,947	38,947		
άs	8a	Gross income fi events (not incl						
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c) e 18					
<u>.</u>	ь	Less direct exi	penses <b>b</b>					
돌	c		loss) from fundraising	events 📂				
<b>~</b>	9a		rom gaming activities e 19					
	1.		a					
	b c		penses <b>b</b> loss) from gaming acti	vities <b>b</b> -				
	10a	Gross sales of returns and allo	inventory, less	vicies				
	Ь		a pods sold b					
	c		loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				†
	11a	ADMINISTRAT INCOME	IVE FEE	523000	81,808			81,808
	ь	MISCELLANEC	USINCOME	900099	10,670			10,670
	c							
	d	All other revenu	ıe					
	e	Total. Add lines	s 11a-11d		92,478			
	12	Total revenue.	See Instructions .	•	973,139	241,736		94,264

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	leck if Schedule O contains a response to any question in this Part 1x	<del></del>			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	564,311	564,311		
2	Grants and other assistance to individuals in the	304,311	304,311		
	United States See Part IV, line 22	77,150	77,150		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	23,912	17,934	3,587	2,391
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	89,398	67,049	13,410	8,939
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,682	2,146	536	0,505
9	Other employee benefits	16,379	13,103	3,276	
10	Payroll taxes	8,668	6,501	1,300	867
11	Fees for services (non-employees)	3,000	3,551	1,000	
a	Management				-
b	Legal	5,851	4,681	1,170	
c	Accounting	9,550	7,640	1,910	
d	Lobbying	3,330	7,010	1,310	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	105,974	84,779	21,195	
g g	Other	10,729	8,583	2,146	
12	Advertising and promotion	10,7.23	0,303	2,110	
13	Office expenses	9,408	7,526	1,882	
14	Information technology	1,111	1,222	2,222	
15	Royalties				
16	Occupancy	6,806	5,445	1,361	
17	Travel	180	145	35	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	710	568	142	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,957	34,957		
23	Insurance	2,283	2,055	228	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
а	COMPUTER AND SOFTWARE EXP	9,799	7,839	1,960	
b	DONOR SERVICES	6,258	5,006	1,252	
c	SCHOLARSHIP EVENT	3,305	3,305		
d	MEMBERSHIP DUES	2,650	2,120	530	
e					
f	All other expenses	5,335	4,268	1,067	
25	Total functional expenses. Add lines 1 through 24f	996,295	927,111	56,987	12,197
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1.778.488 52,963 1 1 2 1.039.338 2 Savings and temporary cash investments . . . . . . . 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 9 Prepaid expenses and deferred charges . . . . 732.647 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 216,713 539,900 b Less accumulated depreciation . . . . . 10c 515,934 6,921,735 7,182,420 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 9,240,123 16 16 8,790,655 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 32,501 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 159 25 514 D . . . . 26 32,660 26 514 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,625,194 27 Unrestricted net assets . . . . 4,316,828 2,651,533 28 2,417,979 28 Temporarily restricted net assets . . . . . Fund 29 1,930,736 29 2,055,334 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 9.207.463 33 8.790.141 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 9.240.123 34 8.790.655

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		g	973,13
2	Total expenses (must equal Part IX, column (A), line 25)	2			96,29
3	Revenue less expenses Subtract line 2 from line 1	3			-23,15
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,2	207,46
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 3	394,16
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8,7	790,14
Par	<b>TXII</b> Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493283003662

OMB No 1545-0047

2011

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

THE SOUTHEAST VIRGINIA COMMUNITY **FOUNDATION** Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	i voui dovernina		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

instructions

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 540,829 637,139 1,177,968 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 540,829 637,139 1,177,968 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public Support. Subtract line 5 from 1,177,968 line 4 Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2008 (a) 2007 (c) 2009 (d) 2010 (e) 2011 (f) Total 540,829 637,139 1,177,968 Amounts from line 4 Gross income from interest, dividends, payments received on 75,417 1,786 securities loans, rents, royalties 77,203 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV ) Do not include gain or loss 34,854 92,478 127,332 from the sale of capital assets 11 Total support (Add lines 7 1,382,503 through 10) Gross receipts from related activities, etc (See instructions) 12 12 202,789 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 85 210 % Public Support Percentage for 2010 Schedule A, Part II, line 14 15 15 83 060 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test					
	Explanation					

Schedule A (Form 990 or 990-EZ) 2011

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 27-2529017

Name: THE SOUTHEAST VIRGINIA COMMUNITY

**FOUNDATION** 

### Form 990, Special Condition Description:

**Special Condition Description** 

DLN: 93493283003662

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

THE	E SOUTHEAST VIRGINIA COMMUNITY		Employer Identification number
	JNDATION		27-2529017
Pa	Organizations Maintaining Donor organization answered "Yes" to Form		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	21	6
2	Aggregate contributions to (during year)	447,500	12,100
3	Aggregate grants from (during year)	127,258	
4	Aggregate value at end of year	2,343,361	247,451
5	Did the organization inform all donors and donor actions are the organization's property, subject to the		or advised
6	Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complet	e if the organization answered "Yes" to	Form 990. Part IV. line 7.
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year	ation or pleasure) Preservation of an A	historically importantly land area ertified historic structure of a conservation
	, ,	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	its	2b
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, trans	ت sferred, released, extinguished, or terminated	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conse	rvation easement is located 🛌	_
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		ling of violations, and Yes V No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easeme	ents during the year 🗕
7	A mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of sect	cion
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	, ,	☐ Yes    ✓ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial s	
Par	<b>Complete of the organization answered</b>	ions of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFA	·	nt and halance sheet works of
та	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or research	h in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	or public exhibition, education, or research in ms	
	(i) Revenues included in Form 990, Part VIII, line	1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hi following amounts required to be reported under SF		r financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Trea	asur	es, or (	<u>Othe</u>	r Simi	<u>ilar /</u>	Asset	t <b>s</b> (co	ntınued)
,	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	_		_			s coll	ection		
а	Public exhibition		d	Γ	Loan or	exch	ange prog	ırams	3				
b	Scholarly research		e	Γ	Other								
c	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	n how	v the	further t	he or	ganızatıo	n's e	xempt p	urpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar		<b>┌</b> \	es (	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the	organiza	tion			es" to	Form	1 990	,	<u>,                                      </u>
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	diary	for c	ontributio	ns o	r other as	sets	not		Г	⁄es	√ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the f	ollow	ıng ta	ble				1				
										- 4	Amoui	nt	
С	Beginning balance							1c					
d	Additions during the year							1d					
е	Distributions during the year							1e					
f	Ending balance							1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?								<b>┌</b> \	es (	✓ No
b	If "Yes," explain the arrangement in Part XIV												
Pai	rt V Endowment Funds. Complete												
4	Designing of year balance	(a)Current Year 2,078,900	(b	)Prior	Year 2,019,258	<b>(c)</b> Tw	o Years Ba	k  (d	Three Ye	ears Ba	ck <b>(e)</b>	Four Ye	ears Back
1a 	Beginning of year balance	124,598			.,013,238			+			-		
b	Contributions	124,598			105,703			+					
с	Investment earnings or losses	· ·						+			+		
d	Grants or scholarships	-94,937			-40,762			+			+		
e	Other expenditures for facilities and programs												
f	Administrative expenses	-151,914			-5,299			$\top$			$\top$		
g	End of year balance	2,058,609		2	,078,900			$\top$					
2	Provide the estimated percentage of the yea	r end balance held a	s		I								
_ а	Board designated or quasi-endowment												
b	Permanent endowment • 100 000 %												
	remailent endowment F												
С	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiza	ition t	hat s	re held s	nd ar	lministar	ad for	the				
3a		SSION OF THE Organiza	icion t	ac c	ii e ii eiu a	iiu at		.u 101	ciie		Γ	Yes	No
3a	organization by												
3a	organization by (i) unrelated organizations									. [3	Ba(i)		No
3a	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>									_	Ba(i) Ba(ii)		No No
b	(i) unrelated organizations (ii) related organizations		I on S	ched						_			
ь 4	(i) unrelated organizations		I on S lowme	ched ent fu	nds					_	a(ii)		No
ь 4	(i) unrelated organizations (ii) related organizations		I on S lowme	ched ent fu rt X,	nds line 10.					. 3	a(ii) 3b		No
b 4	(i) unrelated organizations		I on S lowme	ched ent fu rt X, (a	nds	ther	(b)Cost or basis (ot			_	3b	(d) Bo	No No
b 4 Par	(i) unrelated organizations (ii) related organizations		I on S lowme	ched ent fu rt X, (a	nds Iine 10. ) Cost or ot	ther	(b)Cost or basis (ot		dep	. 3	3b	(d) Bo	No No ok value
b 4 Par	(i) unrelated organizations (ii) related organizations		I on S lowme	ched ent fu rt X, (a	nds Iine 10. ) Cost or ot	ther	(b)Cost or basis (of	her)	dep	. 3	3b	(d) Bo	No No ok value
b 4 Par 1a l b E	(i) unrelated organizations (ii) related organizations		I on S lowme	ched ent fu rt X, (a	nds Iine 10. ) Cost or ot	ther	(b)Cost or basis (of	her) 04,730	dep	. 3	3b atted	(d) Bo	No No ok value
b 4 Par 1a l b E	(i) unrelated organizations		I on S lowme	ched ent fu rt X, (a	nds Iine 10. ) Cost or ot	ther	(b)Cost or basis (ot	her) 04,730	dep	ccumulatoreciatio	3b atted	(d) Bo	No No ok value 104,730 410,599
b 4 Par 1a L b E c L d E	(i) unrelated organizations (ii) related organizations	ns listed as required e organization's end ent. See Form 990	I on S lowme 0, Pa	ched ent fu rt X, (a	nds Iine 10. ) Cost or ot	ther	(b)Cost or basis (ot	her) 04,730 .0,610	dep	ccumulatoreciatio	ated on 0,011	(d) Bo	No No

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
, , , , , , , , , , , , , , , , , , ,	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(a) Descrip	cion	(b) Book Value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	, ,	
PAYROLL LIABILITIES	514	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	514	
	2 + 7	

Sche	dule D (Form 990) 2011		Page •
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	973,139
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	996,29!
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-23,156
4	Net unrealized gains (losses) on investments	4	-382,93
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	-382,93
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-406,089
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	· ·
1	Total revenue, gains, and other support per audited financial statements	1	885,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-87,59!
3	Subtract line <b>2e</b> from line <b>1</b>	3	973,139
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	973,139
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Returr	
1	Total expenses and losses per audited financial statements	1	1,291,63
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	295,338
3	Subtract line <b>2e</b> from line <b>1</b>	3	996,29
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	996,29!
Dat	+ YIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		ON JANUARY 1, 2009, THE FOUNDATION ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THE FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE THE FOUNDATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE FOUNDATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2011
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE FOUNDATION'S FORM 990 FOR 2010, 2009, AND 2008 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493283003662

Open to Public Inspection

Name of the organization						Employer identification	on number
THE SOUTHEAST VIRGINIA COMM FOUNDATION	UNITY					27-2529017	
Part I General Information	n on Grants and	l Assistance					
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	vard the grants or as: ation's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	d States			√ Yes
Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other orga</li></ul>		=				· · · · · • =	123

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	57	77,150			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR	SCHEDULE I, PAGE 1, PART I,	SCHEDULE I, PART I, LINE 2 ALL GRANT RECEIPIENTS ARE REQUIRED TO FILE A FINAL OUTCOME REPORT THE
MONITORING THE USE	LINE 2	FOUNDATION TRACKS ALL REPORTS RECEIVED
OF GRANT FUNDS		
INSIDE THE UNITED		
STATES		

Software ID: Software Version:

**EIN:** 27-2529017

Name: THE SOUTHEAST VIRGINIA COMMUNITY

FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS CONSORTIUM FOR ARTS			6,500				ARTS AND CULTURE
CHANCE MORGAN			161,978				CIVIC
CHESAPEAKE HUMANE SOCIETY			15,000				HEALTH/HUMAN SRV
CHESAPEAKE REGIONAL HEALTH			10,000				HEALTH/HUMAN SRV
CHESAPEAKE SERVICE SYSTEMS			9,678				HEALTH / HUMAN SRV
EDMARC HOSPICE FOR CHILDREN			18,374				HEALTH/HUMAN SRV
FOODBANK OF SE HAMPTONROADS			17,322				HEALTH/HUMAN SRV
FRIENDS OF THE PORTSMOUTH JUV COURT			14,400				HEALTH/HUMAN SRV
OASIS OPPORTUNITY CENTER			12,515				HEALTH/HUMAN SRV
OASIS SOCIAL MINISTRY			101,500				RELIGIOUS
OPERATION HOMEFRONT			6,400				HEALTH/HUMAN SRV
PARC INC			20,529				HEALTH/HUMAN SRV
PORTSMOUTH CHRISTIAN OUTREACH			9,450				RELIGIOUS
PORTSMOUTH MUSEUMS FOUNDATION			15,500				ARTS & CULTURE
PORTSMOUTH VOLUNTEERS FOR HOMELESS			7,035				HEALTH/HUMAN SRV
UNITED WAY OF SOUTH HAMPTONROADS			10,500				HEALTH/HUMAN SRV
YOUNG AUDIENCE			5,200				ARTS AND CULTURE
ZION BEHTEL COMMUNITY DEVELOPMENT			10,000				HEALTH/HUMAN SRV

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DLN: 93493283003662

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

**Employer identification number** Name of the organization THE SOUTHEAST VIRGINIA COMMUNITY **FOUNDATION** 27-2529017

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR, PRESIDENT, TREASURER AND CHAIR OF THE FINANCE COMMITTEE REVIEW THE RETURN BEFORE IT IS FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, AT THE FIRST MEETING OF THE FISCAL AND CALENDAR YEAR, A COPY OF THE FOUNDATION'S CONFLICT OF INTEREST STATEMENT WILL BE DISTRIBUTED TO EACH MEMBER OF THE FOUNDATION BOARD OF DIRECTORS AND TRUST DISTRIBUTION COMMITTEE FOR COMPLETION COMPLETED STATEMENTS WILL BE COLLECTED AT THE END OF THE MEETING MEMBERS NOT PRESENT WILL RECEIVE A COPY OF THE CONFLICT OF INTEREST STATEMENT BY USPS MAIL OR EMAIL COMPLETION THE FOUNDATION AMINISTRATIVE STAFF WILL FOLLOW UP WITH EACH BOARD MEMBER TO ENSURE A COMPLETED STATEMENT IS ON FILE FOR EACH MEMBER EACH BOARD MEETING PACKAGE WILL INCLUDE A LIST OF FOUNDATION BOARD MEMBER AND TRUST DISTRIBUTION COMMITTEE MEMBER CONFLICTS LISTED ON THEIR STATEMENT THE LISTING WILL BE REFERED TO PRIOR TO ANY VOTE RELATED TO POTENTIAL CONFLICTS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	DOCUMENTS CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE AS WELL AS ANOTHER'S WEBSITE THEY ARE ALSO AVAILABLE UPON REQUEST
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE AS WELL AS ANOTHER'S WEBSITE THEY ARE ALSO AVAILABLE UPON REQUEST
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	PART XI LINE 5, OTHER CHANGES IN NET ASSETS OR FUND BALANCES THIS REPRESENTS UNREALIZED GAIN ON INVESTMENTS OF 382,933 AND THE PORTSMOUTH COMMUNITY FOUNDATION ACTIVITY OF 11,233

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DLN: 93493283003662

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION 27-2529017 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (d) Name, address, and EIN of disregarded entity Total income Direct controlling Primary activity Legal domicile (state End-of-year assets or foreign country) entity (1) CHILDREN'S HOME LLC 5800 HIGH STREET WEST SEVACF 540,599 OWNER VA PORTSMOUTH, VA 23703 54-6062589 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.)

	, ,						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 12(b)(13) rolled ization
						Yes	No
(1) PORTSMOUTH COMMUNITY TRUST							
5800 HIGH STREET WEST	TRUST	VA	501C3	8	SEVACF		No
PORTSMOUTH, VA 23703 54-6062589							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructi	ons for Form 990.	Cat No !	50135Y	1	Schedule R (F	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No
	lote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No
	Sift, grant, or capital contribution from related organization(s)			1d		No
	oans or loan guarantees to or for related organization(s)			1u 1e	_	No
e L	oans or loan guarantees by related organization(s)			16	+	110
f S	ale of assets to related organization(s)			1f		No
	curchase of assets from related organization(s)			1g		No
	exchange of assets with related organization(s)			1h		No
	ease of facilities, equipment, or other assets to related organization(s)			1i		No
	ouse of facilities, equipment, of earlier assets to foliated organization(e)					
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No
_	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No
n S	haring of paid employees with related organization(s)			1n		No
<b>o</b> F	teimbursement paid to related organization(s) for expenses			10		No
p F	Reimbursement paid by related organization(s) for expenses			<b>1</b> p		No
q	Other transfer of cash or property to related organization(s)			<b>1</b> q		No
r C	ther transfer of cash or property from related organization(s)			1r		No
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	cion thresholds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
1) 2)						
2)						
3)						
4)						
5)						
6)		1		I		

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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DLN: 93493283003662

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

 $A\,tta\,c\,h\,ment$ 

Department of the Treasury

Internal Revenue Service (99)	r	occ separate morrace	onsi P Attach	to your tax re			Sequence No 179
Name(s) shown on return THE SOUTHEAST VIRGIN	NIA COMMUNI		ess or activity to v	vhich this form	relates	T	Identifying number
FOUNDATION			RECT DEPRECIAT			;	27-2529017
	•	Certain Property					
		isted property, com	piete Part V ber	ore you com	ipiete Part I.	_	T 500,000
1 Maximum amount (see	•					1	
2 Total cost of section 1		•	•			2	
3 Threshold cost of sect				ructions) .		3	
4 Reduction in limitation			•			4	
<b>5</b> Dollar limitation for tax		line 4 from line 1 If ze	ero or less, enter -	0- If married	filing	l _	
separately, see instruc	tions					5	
			(h) Cost (h)	usiness use			<del></del>
6 (a)	Description of pi	roperty		ly)	(c) Elected co	st	
							_
<b>7</b> Listed property Enter	the amount from	ı lıne 29		. 7			
8 Total elected cost of s	ection 179 prop	erty Add amounts in o	column (c), lines 6	and 7		8	
9 Tentative deduction E	nter the <b>smaller</b>	of line 5 or line 8 .				9	
10 Carryover of disallowed	d deduction from	line 13 of your 2010	Form 4562 .			10	
11 Business income limitation	Enter the smaller of	business income (not less	than zero) or line 5 (s	ee instructions)		11	
12 Section 179 expense of	deduction Add I	ines 9 and 10, but do	not enter more tha	n line 11 •		12	
13 Carryover of disallowed		•		.▶ 13			
Note: Do not use Part .							
					ınclude lısted pr	oper	rty ) (See instructions )
<b>14</b> Special depreciation al tax year (see instruction		lified property (other t	nan listed property	) placed in se	rvice during the	14	12,055
15 Property subject to see		election				15	
<b>16</b> Other depreciation (inc						16	
		Do not include liste	d property ) (Se	e instruction			22,101
	, , , , , , , , , , , , , , , , , , ,		Section A				
17 MACRS deductions for	assets placed i	n service in tax years	beginning before 2	2011		17	418
18 If you are electing t	o group any a	ssets placed in serv	vice during the t	ax year into	one or more		
general asset accou	nts, check he	re			▶┌│	l	
Section B—Asse	ets Placed in	Service During 2	2011 Tax Year	Using the	General Depi	reci	ation System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investmei use only—see instruction	period	(e) Convent	ıon <b>(f)</b> Metho	d	( <b>g)</b> Depreciation deduction
<b>19a</b> 3-year property		J.III, Jee III Struction	- /				†
<b>b</b> 5-year property							
<b>c</b> 7-year property							
<b>d</b> 10-year property							
<b>e</b> 15-year property							
<b>f</b> 20-year property							
<b>g</b> 25-year property			25 yrs		S/L		
<b>h</b> Residential rental			27 5 yrs	MM	S/L		
property			27 5 yrs	MM	S/L		_
i Nonresıdentıal real property			39 yrs	M M M M	S/L S/L		
Sectio	n C—Assets Pla	ced in Service During 2	011 Tax Year Usin	g the Alterna	tive Depreciation	Sys	tem
<b>20a</b> Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L		
c 40-year			40 yrs	MM	S/L		<u> </u>
<u> </u>	y (see instruc	•			1		T
21 Listed property Enter						21	+
22 Total. Add amounts fro and on the appropriate	lines of your ret	urn Partnerships and	S corporations—s	ee instruction		22	34,957
23 For assets shown above	e and placed in	service during the cur	rent vear enterth	_ I			1

23

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomoŁ	iles.)
<b>24a</b> Do you have evider	nce to support	the business/inv	estment u	ise claime	d? ┌ Yes	Γ <sub>No</sub>		2	<b>4b</b> If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN	)
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		<b>(f)</b> Recover period	y M∈	(g) ethod/ ventior		<b>(h</b> Depreci deduc	ation/		(i) Electe section : cost	179
<b>25</b> Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service (	during the	tax year	and u	used moi	e than	25						
<b>26</b> Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+			+		
<b>27</b> Property used 50%	orless in a		iness us	e										_		
		%							S/L - S/L -		_			4		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, <sub>l</sub>	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														se vehic	les	
					a)	(1		1	(c)		(c			2)		f)
year (do not inclu-			_	Vehi	cle 1	Vehi	cle 2	. V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
<b>31</b> Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
<b>35</b> Was the vehicle us owner or related p		y by a more th	nan 5%													
<b>36</b> Is another vehicle			e? .													
Section	on C—Que	stions for	Emplo	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees	ı	
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
<b>37</b> Do you maintain a employees? .		cy statement											our •	<u> </u>	es	No
<b>38</b> Do you maintain a	written polic	cy statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •	-	-+	
<b>39</b> Do you treat all us						•	٠. ٠	•	• .	•	. •		•	-		
<b>40</b> Do you provide movehicles, and reta				oyees, ol	btain info	ormatio •	n froi	m your •    •	emplo •	yees .	about •	the us	e of the	e		
<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	costs	(b) Date amortization begins	n	( A mort a mo	ızable			<b>(d)</b> Code ection		(e) mortiz period ercen	ation d or			<b>(f)</b> rtızatı hıs ye		
<b>42</b> A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns )		<u> </u>	3.3011	30					
		, ==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	,	,	1	,									
						-+			$\dashv$							
43 Amortization of co	sts that beg	jan before you	ur 2011 t	ax year					•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

ß

Raymond hes & Associates, Inc.

2011

Account 22704011

Proceeds from Broker and Barter Exchange Transactions

6 - Tax lots: NONCOVERED" Additional Information These columns are not reported to the IRS Gain or loss Cost or other basis Date of acquisition 8 - LONG-TERM GAINS AND LOSSES - Cost basis is NOT reported to the IRS
Report on Form 8949 Part II, with Box B checked
9 - Description / CUSIP/ Symbol 2 · Proceeds of stocks, bonds, etc. Quantity 1a - Date of Sale or exchange

Sale 5,448 93 9,328.52 12/15/08 14,777 45 BLACKROCK MUNIENHANCED FD / CUSIP 09253Y100 06/06/11 1,450.000

<u>‡</u> c	
Associates,	
48	
<b>193</b>	
V.	
Raymond	

2011

# Proceeds from Broker and Barler Exchange Transactions

Account 22703592

8 - SHORT-TERM GAINS AND LOSSES - Cost basis is NOT reported to the IRS
Report on Form 8949, Part 1 with Box B checked

8 - SHOMI - I EAN CAINS AIND LOSSI Report on Form 8949, Part I with Box B checked	With Box B checked	6 - SHOMI-TEKIN CALIVIS AND LOSSES - LOSS DASIS IS NOT reported to the INS Report on Form 8949, Part I with Box B checked	riea to the INS			6 - Tax lots · NONCOVERED**
9 - Description / CUSIP/ Symbol	Symbol			These columns are not reported to the IRS	of reported to the IR	
1a - Date of Sale or exchange	Quantity	2 · Proceeds of " stocks, bonds, etc.	Date of acoustion	Cost or other basis	Gain or loss	Additional Information
AMERICAN BALANCED FUND CLASS A / CUSIP. 024071102 01/21/11	TUND CLASS A / CUS	11P- 024071102 19t 35	VARIOUS	180 11	16.74	Sale
BOND FUND OF AMERICA CLASS A - / CUSIP. 09787310. 01/21/11 35.644 4	2A CLASS A - / CUS) 35.644	IIP- 097873103 435 ±3	VALIOUS	442.44	-9.01	Sale
CAPITAL INCOME BUILDER FUND / CUSIP 01/21/11	JDER FUND / CUSIP 16 541	140193103	VARIOUS	794 30	34.40	Sale
CAPITAL WORLD BOND FUND CLASS / CUSIP 140541103	FUND CLASS / CUSI)	P 140541105				
2 tax lots for	01/21/11 Total p	2 tax lots for 01/21/11 Total proceeds (and cost when required) reported to	required) report	ed to the IRS.	38 31-	0.00
	751 880	.50 00 01 00 030 01	03.25/10		353.39	Sale
01/21/11	784 577	0.21	VARIOUS	15,684,03	337.03	Total of 2 lots
FUNDAMENTAL INVESTORS FUND / CUSIP. 360802102 01/21/11	DRS FUND / CUSIP. :	36080210± 418.56	VARIOUS	547,39	71.19	Sale
INTERMEDIATE BOND FUND OF / CUSIP: 458809100	TUND OF / CUSIP: 4.	58805100				
2 tax lots for	01/21/11. Total p. 12 971	tax lots for 01/21/11. Total proceeds (and cost when required) reported to 173 94 VARIOUS	required) report	ü	-2.97	Sale
01/21,11	2,274 450	30,500 J8 30,674.3∠	63/25/10 VARIOUS	30,000 00 30,176.91	500 38	Sale Total of 2 lots
	Totals:	48,772.94		47,825.18	947.76	



Raymond America & Associates, Inc.	secciates, Inc.	Drococci from		Broker and Batter Exchange Transactions	ansactions	Account 22703592
2011		Lincaeds Italii		(pant		
8 - LONG-TERM GAINS AND LOSSES Report on Form 8949, Part II. with Box B checked	VS AND LOSSES - C	8 - LONG-TERM GAINS AND LOSSES - Cost basis is NOT reported Report on Form 8949, Part II. with Box B. checked	d to the IRS			6 - Tax lots: NONCOVERED**
9 · Description / CUSIP/ Symbol 1a · Date of Sale or exchange	iymbol	2 · Proceeds of stocks bonds etc	Date of accountsition	These cokumns are not reported to the IRS Cost or cost or cation other basis	at reported to the IRS Gain or loss	Additional Information
AMERICAN BALANCED FUND CLASS A / CUSIP. 024071162 01/21/11 2,001 261 36,4	ND CLASS A / CUSIP 2,001 261	2, 024071162 36,462.97	10/02/08	31,699.98	4,762.99	Sale
BOND FUND OF AMERICA CLASS A - / CUSIP. 097873103 01/21/11 3,818 135 46.4	A CLASS A - / CUSIP 3,818 135	9. 097873103 46,428 52	10,02/08	43,755.82	2,672 70	Sale
CAPITAL INCOME BUILDER FUND / CUSIP. 14019310: 01/21/11 1,765.115	)BR FUND / CUSIP. 1 1,765.115	140193102 88 432.27	10/02/08	84,955.00	3,477.27	Sale
CAPITAL WORLD BOND FUND CLASS / CUSIP 140541103 01/21/11 3,048 278 62,	JND CLASS / CUSIP 3,048 278	140541103 62,245.84	10/02/08	56,637.00	5,608 84	Sale
FUNDAMENTAL INVESTORS FUND / CUSIP 01/21/11 4,561.598		360802102 169,645 83	10,02/08	141,592 00	28,053.83	Sale
GROWTH FUND OF AMERICA CLASS / CUSIP: 399874106 01/21/11 2,221.930 68	CA CLASS / CUSIP: 2,221.930	399874106 68,413 22	10/02/08	56,637.00	11,776 22	Sale
SMALLCAP WORLD FUND CLASS A - / CUSIP: 831681101 1,045.716 45,	CLASS A - / CUSIP: 1,045.716	: 831681101 40,594 70	10/02/08	28,318.00	12,276 70	Sale
	Totale:	512,223.35		443,594.80	68,628.55	



# 2011 Informational Tax Reporting Statement

SOUTHEAST VA COMMUNITY FNDN

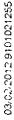
Account No

Note This information is not reported to the IRS. It may assist you in tax return preparation.

## 2011 Proceeds from Broker and Barter Exchange Transactions

Description (9) CUSIP	Date of Acquisition	Date of Sale or Exchange (1a) Type of Gan or loss (8)	Quantity	Sales Price of Stocks, Bonds etc. (2) 6	Cost or Other Basis (3) æ	Gain/Loss (-)	Wash Sale Loss Disallowed (5)	Federal Income Tax Withheld (4)
AMERICAN EUROPACIFICGROWTH CLASS F1 298706409	01:07:04	04/21/11 Long-Term	15 913 Safe	700.00		19677		
ARTISAN INTERNAT'L INVESTOR CLASS 04314H204	01/07 04	. 04:21/11 Long-Term	84 246 Sale	2,000 00	1,616.75	383 25		
	107/04	06,16/11 Long-Term	6 818 Safe	150 00	130 84	1916		
Sub Totals			i	2,150.00	1,747.59 z			
			9	Long-Term Gains		402 41		
ARTISAN SMALL CAP VALUE 04314H501	01.07.04	04/21/11 Long-Term	54 496 Sale	1,000 00	850 47	149 53		
ASTON/MONTAG & CALDWELL GROWTH CL N 00078H299	01-07-04	06-16.11 Long-Term	18 534 Sale	450.00	415 68	34 32		
	01,07,04	12/01/11 Long-Term	52 146 Sale	1,300 00	1,169 54	130 46		
Sub Totals				1,750.00	1,585.22 z			·
			9	Long-Term Gains		164 78		
BRANDES INSTLINTLEQUITY FUND 105262703	01 07/04	04;21/11 Long-Term	. 56 568 Sale	. oo oo	968 48	-68 48		
CENTURY SMALL CAP SELECT INVESTOR 15649P109	01/20/09	04,21.11 Long-Term	38 491 Sale	1,000 00	467 66	532 34		:
CULLEN HIGH DIVIDENDEQUITY FUND 230001208	1023/08	06,16/11 Long-Term	60 338 Sale	750 00	594 01	155 99	•	
	12,23/08	12/01/11 Long-Term	95 465 Sale	1,200 00	939 82	260 18		
Sub Totals				1,950.00	1,533.83 z			
		;	3	Long-Term Gains		41617		

Our records indicate that you are an exempt recipient for 1099 reporting purposes. This statement provided is based on IRS information reporting requirements for individuals as of the preparation date and is NOT furnished to the IRS. You may be subject to different income tax reporting requirements. Please contact your tax advisor if you have any questions.











2011 Informational Tax Reporting Statement

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

## 2011 Proceeds from Broker and Barter Exchange Transactions

Description (9)	Date of Acquisition (1b)	Date of Sale or Exchange (1a) Type of Gain or Loss (8)	Quantity Event	Sales Price of Stocks, Bonds etc. (2) §	Cost or Other Basis (3) æ	Gain/Loss (-)	Wash Sale Loss Disallowed (5)	Federal Income Tax Withheld (4)
FIDELITY FLOATING RATE HIGH INCOME 315916783	04/21/11	12/01/11 Short-Term	62 305 Sale	00 009	616.20	-16 20		
HIGHMARK GENEVA MID CAP GRWTH A 431113604	12/23/08	04/21/11 Long-Term	112 500 Sale	2,700 00	1,344 85	1,355 15		
	12/23/08	12/01/11 Long-Term	56 228 Sale	1,300 00	672 16	627 84		
Sub Totals				4,000.00	2,017 01 2			
			3	Long-Term Gains		1,982 99		
JP MORGAN STRATEGIC INCOME OPPORT A 4812A4385	04/21/11	12/01/11 Short-Term	39 267 Sale	450 00	471 60	-2160		:
LAZARD EMERGING MKTSOPEN CLASS	07/29/09	04/21/11	44 484	1 000 00	650 39	309 61		
52.1001.704	90/62/20	Long-Term 06/16/11	Sale 11 781	250 00	182.84	67 16		
	22.12	Long-Term	Sale	200	2	<u> </u>		
Sub Totals				1,250.00	873.23 z			
			억	Long-Term Gams		376 77		
PARNASSUS EQUITY INCOME PORTFOLIO	01/07/04	01/07/04 06/15/11 Long-Term	15 106 Sale	400 00	366 27	33 73		
	01/07/04	12/01/11 Long-Term	24 914 Sale	920 00	604 08	45 92		
Sub Totals				1,050.00	970.35 2			
			2	Long-Term Gains		79 65		
PIMCO TOTAL RETURN ADMINISTRATIVE SHS 693390726	various	06/16/11 Long-Term	90 992 Sale	1,000,00	966 63	33 37	· · · · · · · · · · · · · · · · · · ·	

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866-623-6145 2011 Informational Tax Reporting Statement Account No

SOUTHEAST VA COMMUNITY FNDN

Recipient ID No \*\*.\*\*\*9017 Payer's Fed ID Number

**646-731056** Customer Service

04-3523567

Note: This information is not reported to the IRS, it may assist you in tax return preparation.

## 2011 Proceeds from Broker and Barter Exchange Transactions

PIMCO TOTAL RETURN ADMINISTRATIVE SHS various 12/01/11 693390726 Long-Ter Sub Totals		Event Bonds etc (2) §	Other Basis (3) æ	Gam/Loss (·)	vvasn Sale Loss Disallowed (5)	Withheld (4)
Sub Totals	12/01/11 148 285 Long-Term Sale	5 1,600 00 e	1,575.28	24 72		
		2,600.00	2,541.91 z			 
		Long-Term Gains		58 09		
PIMCO TOTAL RETURN INSTI- 693390700 Long-Ti	04/21/11 3,825 137 Long-Term Sale	7 41,975 00 e	41,01674	958 26		
THIRD AVENUE REAL ESTATE VALUE INSTL 01/07/04 06/16/1	06.16/11 67.625 Long-Term Sale	5 1,600 00 e	1,426 63	173.37		•
TOUCHSTONE SANDS CAP SEL GRWTH Z 01.09/07 04.21/// 89155H819 Long-T	04,21/11 262 911 Long-Term Sale	1 2,800 00 e	1,968 13	831 87		
01.09.0	06/16/11 44 865	5 450 00	335 B6	114 14		
01:09:07 12:00:1/11 Long-Ter	106	3 1,100 00	798 69	301 31		
Sub Totals		4,350.00	3,102.68 z			
		Long-Term Gains		1,247 32		
VAN KAMPEN AMER CAP STR 10 TR US PORT NO 07.29.09 04.21.1 920950593	04/21/11 25 151 Long-Term Sale	1 750 00	512.83	237 17		:
07/29/09 06/16/11 Long-Ter	4,	7 150 00 e	108 01	41,99		ļ
Sub Totals		00 006	620.84 z			
		Long-Term Gains		279 16		

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# 2011 Informational Tax Reporting Statement

SOUTHEAST VA COMMUNITY FNDN

646-731056 Customer Service Account No

Recipient ID No \*\*\*\*\*9017 Payer's Fed ID Number 04-3523567

Note: This information is not reported to the IRS. It may assist you in tax return preparation.

## 2011 Proceeds from Broker and Barter Exchange Transactions

Description (9) CUSIP	Date of Acquisition (1b)	Date of Sale or Exchange (1a) Type of Gain or Loss (8)	Quantity Event	Sales Price of Stocks. Bonds etc. (2) §	Cost or Other Basis (3) æ	Gain/Loss (-)	Wash Sale Loss Disallowed (5)	Federal Income Tax Withheld (4)
WELLS FARGO C&B MID CAP VALUE FD INVT CL 94975J227	06/29/10	12/01/11 Long-Term	126 502 Sale	2,000 00	1,682 48	317 52		,
WILLIAM BLAIR INT L GROWTH CLASS N 093001402	01/07/04 04/21/1 Long-T	04/21/11 Long-Term	26 608 Sale	00 009	477 82	122 18		
TOTALS				70,825.00	63,473.97 z			00.0
SHORT-TERM TOTALS				1,050.00	1,087.80 z			
			Gains	INS		000		
			Log Log	Losses		-37 80		
			SIQ .	Disallowed Losses			000	
LONG-TERM TOTALS				69,775.00	62,386.17 2			
			Ga	Gains		7,457 31		
			Š	Losses		-68 48		
			SIO	Disaflowed Losses			800	

Gross proceeds less commissions

Cost or other basis provided may include adjustments including but not limited to dividend reinvestment return of capital/principal, wash sale loss disallowed, amortization, accretion, acquisition premium, bond premium, market discount, market premium, and option premium

Totals of Cost or Other Basis include all tax lots with known basis. Totals do not include tax lots with unknown basis.

Amortization, accretion, and similar adjustments to cost basis are not provided for short-term instruments, unit investment trusts, or securities of foreign issuers

For securities bought in a foreign currency, we have provided estimated cost basis in United States Dollars (USD) by converting the foreign currency cost into USD based on exchange rates on the trade date of the purchase. For securities sold (or redeemed) in a foreign currency, we have provided the USD proceeds by converting the foreign currency proceeds into USD based on exchange rates on the trade date of the sale. If you acquired the foreign currency cost, or sold the foreign currency proceeds in exchange for USD in a separate currency transaction linked to the security transaction, then the trade date exchange rate we used is the spot rate at the time of the linked currency transaction. Otherwise, the trade date exchange rate we used is the end-of-day exchange rate. For tax reporting purposes, you may be required to determine your actual USD cost basis, proceeds, and gain/loss based on the exchange rates on the settlement dates of the applicable transactions. Consult your tax advisor for more information

purchase or sale using the end-of-day exchange rate. If you acquired the foreign currency cost, or sold the foreign currency proceeds in exchange for USD in a separate currency transaction linked to the gross proceeds as applicable. For securities directly bought or sold in a foreign currency in a single transaction in your account, we have converted the foreign currency into USD on the trade date of the We are required to convert a purchase or sale in foreign currency into its United States dollar (USD) equivalent at the time of the transaction and to use that USD equivalent amount as the cost basis or Security transaction, the conversion was made using the spot rate at the time of the linked currency transaction. In some cases, you may be required to use different currency conversion conventions than those applied here

Certain tax rules may require you to treat as ordinary income/loss all or a portion of your realized gain/loss from any debt instruments that are denominated in a currency other than U.S. dollars (USD) or that make a payment calculated by reference to the value of a currency other than USD. Consult your tax advisor for more information

Our records indicate that you are an exempt recipient for 1099 reporting purposes. This statement provided is based on IRS information reporting requirements for individuals as of the preparation date and is NOT furnished to the IRS. You may be subject to different income tax reporting requirements. Please contact your tax advisor if you have any questions

Raymond & Associates, Inc.

2011

Account 22705666

Proceeds from Broker and Barter Exchange Transactions

6 - Tax lots: NONCOVERED" 8 - SHORT-TERM GAINS AND LOSSES - Cost basis is NOT reported to the IRS
Report on Form 8949 Part I, with Box B checked
9 - Description / CUSIP/ Symbol

9 - Description / CUSIP/ Symbol	Symbol			These columns are not reported to the IRS	treported to the IRS	i A
1a - Date of Sale or exchange	Quantity	2 - Proceeds of * stocks, bonds, etc	Date of acquisition	Cost or other basis	Gain or loss	Gain or loss Additional Information
BP PLC SPONSORED ADR / CUSIP 055622104 09/19/11 100.000	7 / CUSIP 05562210	3,773,12	03/02/11	4,854.21	-1,081.09 Sale	Sale
CHESAPEAKS ENERGY CORPORATION / CUSIP: 1651e7107 02/22/11 700.000 22.	DRPORATION / CUSIP: 700.000	1651 <sub>6</sub> 7107 22,114 61	01/47.50	14,953 16	7,161.45	Sale
	Totals:	25,887.73		19,807.37	6,080.36	

8 · LONG-TERM GAINS AND LOSSES · Cost basis is NOT reported to the IRS	8949, Part II. with Box B checked
8 · LONG-TER	Report on Form 894

Report on Form 8949, Part II, with Box B checked	Box B checked	ist parts is the report	a in the IAS			6 - Tax lots: NONCOVERED**
9 - Description / CUSIP/ Symbol	ગ્ર			These columns are n	These columns are not reported to the IRS	
1a · Date of Sale		2 - Proceeds of	Date of	Cost or	•	
or exchange	Quantity	stocks, bonds, etc	acquisition	other basis	Gain of loss	Additional Information
BANK OF AMERICA CORPORATION / CUSIP. 060505104	TION / CUSIP. 06	0505104				
2 tax lots for 01/2	5/11 Total proc	2 tax lots for 01/25/11 Total proceeds (and cost when	required) reported to the IRS	ed to the IRS		
	350 000	4,657 98		18,078.76	-13,420 78	Sale
	150 000	1.956 25	80/_0/60	6,068 12	-4,071 84	Sale
01/25/11	200 000	6,654.26	VARIOUS	24,146 88	-17,492.62	Total of 2 lots
BOND FUND OF AMERICA CLASS A - / CUSIP. 097873103	ASS A - / CUSIP.	097873103				
01/25/11	409 836	5,000.00	10.02/08	4,696.72	303.28	Sale
11/20/05/11	805 802	10,000.00	10/02/08	9,234 49	765.51	Sale
06/07/11	161.160	5,000.00	10,07/08	1,846 89	153 11	Sale
Secui	Security total	17,000 00		15,778 10	1,221 90	
GENERAL ELECTRIC COMPANY / CUSIP. 369604103	Y / CUSIP- 36960	4103				
07/15/11	100.000	1,709.10	VARIOUS	3,101.00	-1,331.84	Sale
PROCTER & GAMBLE COMPANY / CUSIF 742718109	Y / CUSIP 74271		i c		6	
10/28/11	50.000	3,155.40	80/TH://o	2,814.56	338.92	sale
VERIZON COMMUNICATIONS / CUSIP: 92343V104 11/16/11 300.000	/ CUSIP: 92343V1 300.000	04 10,950.86	VARIOUS	8,498.48	2,462 38	Sale



Account 22705686

Raymond James & Associates, Inc.

2011

Proceeds from Broker and Barter Exchange Transactions (continued)

Additional Information These columns are not reported to the IRS Gain or loss Cost or other basis Date of acquisition 8 - LONG-TERM GAINS AND LOSSES - Cost basis is NOT reported to the IRS Report on Form 8949, Part II with Box B checked 2 · Proceeds of stocks, bonds, etc. 9 - Description / CUSIP/ Symbol 1a - Date of Sale

-14,801.26

54,339.02

39,537.76

Quantity Totals:

or exchange

6 - Tax lots: NONCOVERED\*\*

Raymond & Associates, Inc.

2011

e Transactions

Account 22705652

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eds from Broker and Barrer Exchange	
Prog	

8 - SHORT-TERM GAINS AND LOSSES - Cost basis is NOT reported to the IRS Report on Form 8949. Part I with Box B checked	VS AND LOSSES.	. Cost basis is NOT repor	red to the IRS			6 - Tax lots: NONCOVERED**
9 - Description / CUSIP/ Symbol ta - Date of Sale or exchange	mbot Quantity	2 - Proceeds of # stocks, bonds, etc.	Date of acquisition	These columns are not reported to the IRS Cost or other basis Gain or loss	of reported to the IR: Gain or loss	Additional Information
CHESAPEAKE ENERGY CORPORATION / CUSIP. 165167107 02/22/11 400.000 12,	PORATION / CUSIP 400.000	· 165167107 12,602 80	05/24/10	8,542 72	4,060.08	Sale
8 - LONG-TERM GAINS AND LOSSES - Cost basis is NOT reported to the IRS Report on Form 8949, Part II. with Box B checked	S AND LOSSES - (	Cost basis ıs NOT reporte	ed to the IRS			6 - Tax lots: NONCOVERED**
9 - Description / CUSIP/ Symbol 1a - Date of Sale or exchange	mbol Quantity	2 - Proceeds of * stocks, bonds, etc.	Date of acquisition	These columns are not reported to the IRS Cost or other basis Gain or loss	of reported to the IR.	Additional Information
AMERICAN BALANCED FUND CLASS A / CUSIP. 024071102 02/01/11 20 184 3	CLASS A / CUSII 20 184	P· 024071102 373 00	10,02/08	19.71	53.29	Sale
BANK OF AMERICA CORPORATION / CUSIP. 060505104 01/25/11 260 000	260 000	060505164 3,445 37	0.0 / c( %)	11,553.00	-8,107.63	Sale
JOHNSON & JOHNSON / CUSIF. 478160104 02/09/11 150.000	JSIP, 478160104 150.000	8, 967 88	10/29/07	9,792.62	-824.74	Sale
PFIZER INCORPORATED / CUSIP 717081103	CUSIP 71708110	<i>~</i>				
2 tax lots for 09,000,19/11	/19/11 Total pro 150 000 100 000 250.000	2 tax lots for 09/19/11 Total proceeds (und cost when re- 150 000 1.564 .0 100 000 1,76 :- 719/11 250.000 4 440 34	reguined) reported to the IRS 04, 19/07 4,103 (5.15/08 2,065 VARIOUS 6,16	ed to the IRS 4,102 34 2,062.75 6,165.09	-1,438 14 -286.61 -1,724.75	Sale Sale Total of 2 lots
VERIZON COMMUNICATIONS / CUSIP 92343V104	; / CUSIP 92343\	7104				
/ tax lots for 11/ 11/16/11	/16/11 Total pro 200 000 100 000 300 000	tax lots for 11/16/11 Total proceeds land coist when required) reported to the IRS 200 000 7,309 11 03,29/04 2,917 000 000 3,654 61 01.21/10 2,917 16/11 300 000 10,963 82 VARIOUS 2,917	required) reports 03,29/04 01 21/10 VARIOUS	ed to the IRS 2,917.90 2,917.90	0 00 736 71 736 71	Sale Sale Total of 2 lots

28,150.41

Totals:

-9,867.12

30,748.32

#### 2011 Realized Capital Gains & Losses LUFFMAN JUDITH 960051131

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05/25/2011 04/29/2014 04/29/2014 10.18/2014 10.18/2014 10.18/2014 10.18/2014 10.18/2014 10.18/2014 10.18/2014 10.18/2014 10.21/2014	04,29,2011 CONSUMER STAPLES SELECTISEC (ALP)	272	11 0 C C C		50.61	
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	SELECT SEC	- 1	31 40	30.96	44 -	11/14/2013
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07 18/2011 07 07 07	07 07/2011 ISHARES MSCI MALAYSIA (FREE (EWM)	C1	29 55		-139	07/27/2011
04/18/2011 04/05/2	011 ISHARES MSCLEMRG MKTS INDE (EEM)	353	17,058.87	17 868 35	2009-	04/21/2011
04.18/2011 04.06/2	04 06/2011 ISHARES MSCLEMRG MKTS INDE (EEM)	287		358	00 100 c	11/15/2011
11/09/2011 11/08/2	11'08'2011 ISHARES MSCLEMRG MKTS INDER (BEM)	152	7 243 33	04077	1- 000- 17 O	07/1,3/2011
	07/06/2011 ISHAKES KUSSELL 1000 GROW (H (IWF)	- 080	02.07 16.248.63	16 666 51	- 1.5.	07/21/2011
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	03.20/2011.15HARES RUSSELL 2000 INDEX .1VM)	222	17 227.97	17 524 57	-296 60	01/25/2011
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04/13/2011 04/05/2	04/06/2011 ISHARES RUSSELL 2000 INDEX (IWM)	202		621	-682.87	04/18/2011
07'14/2011 07'07/2	07/07/2011 ISHARES RUSSELL 2000 INDEX (IWM)	96	8 182 98	8,498 21	-315 23	1102/61//0
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Trading LT Gain/Loss Method																																																					
ST Gain/Loss		216.73	-762 27	5.84	1135	-12 76			F" (7) 7	-177.48	04 -	237.55	b/0	-116 5b	0 12		-344.37	.3 % So	11,76	2H 2555	20.03	1 0	59.05	97 77	21.00	PC 374-	F 3	95 O	-914 03	PA (1-	90 GGS-	60.0	-200 46	-170 84	67 44	-1163	는 190 년 180 년 183	2 - 2	0): 40=: 248E=	-857 35	-108 92	1 533 95	277 52	-1 112 49	-08 39	70 86-	-345 53	482.25	70 94 0 39	0.59	0.91	-186 74	
Cost	3C 0Z0 Z	8 589 27	25 746 98	245 79	245 (9	14 870 43	999	15 358 60	4.	8 313 73	<u></u>	8 323 56	Ė	3 083 84	122.85	071	5/e	517	75 57 5	77	4.511.47	20 27T-	-10 b	17 524 85		10.534.71	10.75	01 00 00 W	10, 405, 01	58 13	22 615 97	7	5.514.28	3 809 05	8 579 72	55.	17 614 20	4 - 10 / 33	4 γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ	20,201.43	7 751 79	17 563 35	958	17 918 05	7,59136	053	21/	494	4 167 54	3/ 43 8 44 05	5 6	7,71986	
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Open Courrier	Date Security	10 (9.3011)SHARES KOSSELL ZOOU INDEX (WWV)	ORIZO ZOTITUTANES CAPIDAS INDEXIDADES TO TIVITADO CARDONOS ATRICIDADES CAPIDAS	1973-9721 TSTATEG SWI SSS MODEN EN 1777 1777 1777 1777 1777 1777 1777		10-18/2011 ISHARES S&P 500 INDEX FD (IVV)	10:19, 2011 ISHARES S&P 500 INDEN FD (IVV)	10/21/2011 ISHARES S&P F00 INDEX FD (IVV)	07/05/2011 ISHARES S&P SMALLCAP 600 (IJP)	U7/05/2011 ISHARES S&P SMALLCAP 600 (LIP)	07/06/2011 ISHARES S&P MIDCAP 400 GR LIUK)	07/06/2011 (SHARES S&P MIDCAP 400 GR LiJK)	ng/22 2011 ISHS LEHMAN 7-10 YR TREAS BIJEF)	09/22/2011 ISHS LEHMAN 7-10 YR TREAS BIJEF)	09 22/2011 ISHS LEHMAN 20+ YR TREAS 8D (TLT)	09,22/2011 (SHS LEHMAN 20+ YR TREAS BD (TLT)	04.28/2011 ISHS NISCLEAFE INDEX FD (EFA)	05 02.2011 ISHS MSCLEAFE INDEX FD (EFA)	01.20.2011ISHS S&P 100 MDE < FD (OEF)	12 UT 2011 ISHS S&P 100 INDEN FD (OEF)	12,12/2011 ISHS S&P 100 INDEX FD (OCF)	01/05 2012 ISHS S&P 100 INDEX FD (OEH)		HT12 ZU11 PCWERSHARES QUO NASDAO 100 (COOO	nsing 2011 PC WERSHAPES ODG NASDAG 100 (QGO)	07 07/2011 POWERSHAPES GOO NASDAG TULIGAGE	OSTISTICATE POWERSHARES GOOD NASONO THE FORMS.	3	09 (5,2n1) - OWER SHARES COO NASDAG TOTOGO)	USTRICTT POWERSTARES OUG TANDAG 1016000 11 JUNESPATT POWERSTARES OOD NASDAG 10070000	THOUSENING CANDENING BOOK MANDAGE THE COOKE THE COOKE THE COOKE THE COOKE WAS DAILY OF THE COOKE	02:06:2011	07/06/2011 SECTOR SPDR TRISHS BEN INT- (XLB)	11:08:20 / J SECTOR SPDRITR SHS BENINT (XLB)	04 29/2011 SECTOR SPDP TRISHS BENINT: (YLV)	US 02/2011 SECTION SINDRITE SHS BENINT- (ALV.)	SPOR TRISHS	SPDR TR SHS BEN INT. IX	SPOR TRISHS BEN INTO TA	SPURITRISHS BENINT	OSCOLOTT MEDION OFFICE IN ONE DENIMATE (* E.) 1871-1981: MEDION MEDION TRANSPORTER MEDIAN	. č		SPD	SPDR TR SHS	SECTOR SPDR TRISHS BENINT- (XI	SECTION SPDR TRISHS	SPDR TR SHS	SECTOR SPDR TRISHS		SECTOR SPORTIR SHS	10/24/2011 SECTOR SPDR TRISHS BEN INT- (ALI) 10/24/2011 SECTOR SPDR TRISHS BEN INT- (ALI)	
III NA	ie Rec lype	10.20/2011	1172711 611	107.17.2011	10:27/2011	11.01/2011	11.05/2011	11.01/2011	07'07/2011	0711472011	07.07/2011	07 14/2011	10.04/2011		10.04/2011												<b>.</b> -										04/12/2011				U9/2 <i>Z/2</i> U31						11:01/2011	02/23/2011 0	02/23/2011 C			10/27/2011	paf
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Important Dectainer Introductions at least 20 minutes detayed. Gamskildber 1.10 Amortade for general reference and education purposes only. Wolfers Minusch Franch and Services for 1.6 Websildber Minusch Franch and Education purposes only. The Ameritade is required to provide accurate fair to the information However. To Ameritade is required to provide accurate fair to beass information in competition with a 20-bigorating for the executions and uses the service of the competition and often an accordance for the accurate, of tax to be beass information to make a stallable to its clients for the accurate, whether through the Canaske-piecks stall in accordance securities whether through the Canaske-piecks stall in a previous 1.0 metable to tax for consult sources with respect to last for and performance reporting The Ganekeepers service and the financial information and expressly conditioned but not find formsheepers. Forms of Usage, including name entury roblectively, "Information Lare subject to and expressly conditioned on your acceptance of the Ganekeepers. Terms of Usage. Access to and use of the Ganekeepers. Terms of Usage. Access to and use of the Ganekeepers. Terms of Usage. Access to and use of the Ganekeepers survice and other information is also go enorgible by the TD Americade. Upon Agreement, TD Americade and WKFS are separate undifficited comparies and are ast responsible for one analysis services or policies.

GAINSKEFPER is the registered trademark of College Nower Financial Services. Inc.

### 2011 Realized Capital Gains & Losses LUFFMAN JUDITH 960051134 01/01/2011 -- 12/31/2011

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	Long Term Gain	Long Term Loss	Long Term Net	Long Term Sales	Long Term Cost
	2,309 74	-1.185.18	1,124.56	78,455.10	77,330.54
Entire Period	Short Term Gain	Short Term Loss	Short Term Net	Short Term Sales	Short Term Cost

	Settled	03/15/2011	08 11:2011	09/29/2011	03,08/2011	05,08,2011	03/08/2011	04.05/2011	09,28/2011	12:06:2011	12/06/2011	04/05/2011	09/28/2011	1102.30.71	12:06:2011	03/98/2011	0.5/17/2011	03 31 2011	05,08-2011	n 1-05 2011	04 95/2011	02,2011	03.45.2011	64 05 2011	04 05 2011	∩8.11.∠011	69 28 2611	12 24 2011	12.06.2011	1, 052011	14675.2011	12:06:2011	-2:00:2011 -3:44:2011	0.00 0.	1107.52.50	04 25 2011	04.05 71111	08 11 2011	0.4728:2011	04'28 2011	09'28, 2011 43 05:C011	1 107/00%	
Coilean	LT Gain/Loss Method																																										
	ST Gam/Loss	0.54	-1 64	95 0	2131	11 91	5.84	575 4b	-14 35	-18 53	18 53	602 11	-17.21	SB 25-	36.03	6 50	179.25	e e	101	193.53	68 0	80 Z		1.10.27	1 45	104 13	19.38	0ë 0±-	<b>93 505</b> -	ນະລັບປ	<u>.</u>	130 ST	55 77		/47/L-	75 +1	, à	46.25	수도 모두	165	1	£6.	1,3156
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### 2011 Realized Capital Gains & Losses LUFFMAN JUDITH 960051138

Greated 7.20,2011, 1:06 pm

			-2,140.08 Long Term Net	53,547.67 Long Term Sales	
Entire Period	Short Term Gain	Short Term Loss	Short Term Net	Short Term Sales	Short Term Cost

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PAGE 1

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