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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545 1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C
HENRICO LODGE CHARITABLE FOUNDATION
PO BOX 1157
GLEN ALLEN, VA 23060

D Employer identification number

31-1744070

E Telephone number

804-338-9791

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 88,284.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Gaming and fundraising events</p> <p>6a Gross income from gaming (attach Schedule G if greater than \$15,000)</p> <p>6b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</p> <p>6c Less direct expenses from gaming and fundraising events</p> <p>6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe in Schedule O)</p> <p>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.</p> <p>10 Grants and similar amounts paid (list in Schedule O)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe in Schedule O)</p> <p>17 Total expenses. Add lines 10 through 16</p> <p>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</p> <p>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</p> <p>20 Other changes in net assets or fund balances (explain in Schedule O)</p> <p>21 Net assets or fund balances at end of year. Combine lines 18 through 20</p>	<p>1 43,522.</p> <p>2</p> <p>3</p> <p>4 1,512.</p> <p>5a 43,250.</p> <p>5b 31,457.</p> <p>5c See Schedule O 11,793.</p> <p>6a</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>7a</p> <p>7b</p> <p>7c</p> <p>8</p> <p>9 56,827.</p> <p>10 19,479.</p> <p>11</p> <p>12</p> <p>13 25,920.</p> <p>14 6,000.</p> <p>15</p> <p>16 5,010.</p> <p>17 56,409.</p> <p>18 418.</p> <p>19 102,881.</p> <p>20 -15,675.</p> <p>21 87,624.</p>
<p>REVENUE</p> <p>EXPENSES</p> <p>NET ASSETS</p>	<p>RECEIVED</p> <p>JUL 17 2012</p> <p>IRS-OSC</p> <p>OGDEN, UT</p> <p>See Schedule O</p> <p>See Schedule O</p> <p>See Schedule O</p>
<p>SCANNED JUL 23 2012</p>	<p>102,881.</p> <p>-15,675.</p> <p>87,624.</p>

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

P 13

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part I.

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,023.22	9,039.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	91,858.24	78,585.
25 Total assets	102,881.25	87,624.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,881.27	87,624.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses

What is the organization's primary exempt purpose? See Schedule O.

What is the organization's primary exempt purpose? **See Schedule 6**
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	CONTRIBUTIONS AND SPECIFIC ASSISTANCE TO INDIVIDUALS TO PROVIDE COMMUNITY SUPPORT FOSTERING IMPROVED RELATIONSHIPS BETWEEN LAW ENFORCEMENT AND THE COMMUNITY.		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 19,479.
29			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 32 19,479.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Yes No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No

b Did the organization file Form 1120-POL for this year? Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No

b Gross receipts, included on line 9, for public use of club facilities Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **0** . section 4912 ► **0** . section 4955 ► **0** . Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes No

41 List the states with which a copy of this return is filed ► **None** Yes No

42a The organization's books are in care of ► **JAMES LIVINGSTON** Yes No Telephone no ► **(804) 338-9791** Yes No Located at ► **PO BOX 1157 GLEN ALLEN VA 23060** Yes No ZIP + 4 ► **23060** Yes No

b 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, securities account, or other financial account)? Yes No

If 'Yes,' enter the name of the foreign country ►

	Yes	No
42b		X

42c Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No

If 'Yes,' enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No N/A N/A

► **43**

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No

c Did the organization receive any payments for indoor tanning services during the year? Yes No

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O Yes No

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No 1545 0047

2011

**Open to Public
Inspection**

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

HENRICO LODGE CHARITABLE FOUNDATION

Employer identification number

31-1744070

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches or association of churches described in 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).
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33-1/3% 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 33-1/3% 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 See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III – Functionally integrated	d <input type="checkbox"/> Type III – Other
-----------------------------------	------------------------------------	---	---
- e 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)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Yes **No**

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11 g (i)	
11 g (ii)	
11 g (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 instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Sections 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 in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	178,859.	171,455.	115,088.	95,511.	43,522.	604,435.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	178,859.	171,455.	115,088.	95,511.	43,522.	604,435.
5 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 (f)						0.
6 Public support. Subtract line 5 from line 4						604,435.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	178,859.	171,455.	115,088.	95,511.	43,522.	604,435.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	951.		1,221.	2,079.	2,418.	6,669.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV			400.	240.		640.
11 Total support. Add lines 7 through 10						611,744.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.81 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.20 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
16b 33-1/3% support test – 2010. If the organization did not check a 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		<input type="checkbox"/>
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		<input type="checkbox"/>
17b 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 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 yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
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 more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 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 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Name of the organization

HENRICO LODGE CHARITABLE FOUNDATION

Employer identification number

31-1744070

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The purpose of this organization is to establish a close working partnership between the public, law enforcement community, and business and government interests to improve the prospects of safe and secure communities; and lead to constructive social change in Henrico County, Virginia and surrounding communities through educational initiatives relating to both law enforcement officers and the communities in which they serve. This organization also desires to support its' local communities, particularly on behalf of the youth, by reaching out to young people and other disadvantaged persons with programs of direct assistance designed to enhance dignity and worth of all of Virginia's needy citizens.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

2011

Schedule A, Part IV - Supplemental Information

Page 5

Client HENRICO

HENRICO LODGE CHARITABLE FOUNDATION

31-1744070

6/04/12

12 16PM

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
RESTITUTION	240.	400.			
Total	\$ 0.	\$ 240.	\$ 400.	\$ 0.	\$ 0.

2011

Schedule O - Supplemental Information

Page 2

Client HENRICO

HENRICO LODGE CHARITABLE FOUNDATION

31-1744070

6/04/12

12 16PM

Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory SalesPublicly Traded Securities

Gross Sales Price:	42,344.
Cost or Other Basis:	31,457.

Total Gain (Loss) Publicly Traded Securities	\$ <u>10,887.</u>
--	-------------------

Other Assets

Capital Gain Dividends

Total Gain (Loss) Other Assets	\$ <u>906.</u>
--------------------------------	----------------

Total Net Gain (Loss) From Noninventory Sales	\$ <u>11,793.</u>
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Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Cash Amount Given:	\$ 19,479.
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Form 990-EZ, Part I, Line 16
Other Expenses

awards dinner	\$ 2,300.
flowers	1,428.
investment services	903.
LICENSES & FEES	344.
Office Expenses	35.
Total	\$ <u>5,010.</u>

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments	\$ -15,675.
Total	\$ <u>-15,675.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
investments	\$ 91,858.	\$ 78,585.
Total	<u>\$ 91,858.</u>	<u>\$ 78,585.</u>

DJIA 12,529.75 +33.60 | NASDAQ 2,839.38 -10.74 | S&P 1,320.68 +1.61

MorganStanley
SmithBarney Online Business Services

Realized Gain/Loss

Realized Gain/Loss information for previous months is available on your Account Statements

Realized Gain/Loss Filter TRAK Fund Solution - 8776 2011 Annual

TRAK Fund Solution 522 028776 - 2011 Annual

Proceeds \$42,344.13

Total Cost \$31,457.08 Adjusted Cost \$31,457.08 Gain/Loss* +\$10,887.05

Name/Symbol	Period / Acquired Date	Quantity	Unit Cost	Total Cost - Adjusted Cost	Sale Date	Sale Price	Proceeds	Gain/Loss
ALGER SMALL CAP GROWTH INST [ALSRX]	Short 08/12/2011	4 136	25.16	104.06 104.06	12/02/2011	26.96	111.50	7.44
AMER CENT GROWTH A [TCRAX]		757.357	16.98	12,858.15 12,858.15			19,456.50	6598.35
AMER CENT GROWTH INV [TWCGX]		159.741	26.10	4,169.24 4,169.24			4,230.35	61.11
BLACKROCK EQUITY DIVIDEND A [MDDVX]		189.088	12.63	2,388.18 2,388.18			3,427.33	1039.15
BLACKROCK US OPPORTUNITIES SVC [BMCSX]		10.754	25.06	269.49 269.49			431.97	162.48
DWS DREMAN SMALL CAP VAL A [KD SAX]		6.811	28.40	193.44 193.44			249.03	55.59
DWS RREEF REAL ESTATE SEC A [RRRAX]		57.483	19.06	1,095.63 1,095.63			1,125.99	30.36
INVESPC VK SMALL CAP GROWTH A [VASCX]		183.062	7.38	1,351.00 1,351.00			1,946.26	595.26
LAZARD EMERGING MARKETS OPEN [LZOEX]		53.507	12.72	680.61 680.61			1,144.12	463.51
NUVEEN REAL ESTATE SEC FUND A [FREAX]		146.881	9.92	1,456.58 1,456.58			2,818.65	1362.07
NUVEEN TRADEWINDS INTL VAL A [NAIGX]	Long 05/01/2009	31.710	19.13	606.61 606.61	12/02/2011	22.74	721.09	114.48
NUVEEN TRADEWINDS VAL OPPORT A [NVOAX]		17.191	22.32	383.70 383.70			602.43	218.73
PIMCO TOTAL RETURN A [PTTAX]	Long 05/01/2009	296.238	10.21	3,024.59 3,024.59	12/02/2011	10.82	3,205.29	180.70
PRUDENTIAL JENNISON NAT RES A [PGNAX]	Long 05/01/2009	3.747	32.25	120.84 120.84	12/02/2011	49.18	184.29	63.45
PRUDENTIAL SHT TRM CORP BD A [PBSMX]	Long 05/01/2009	66.621	10.82	720.84 720.84	12/02/2011	11.33	754.82	33.98
RYDEX/SGI MANAGED FUT STR A [RYMTX]	Long 05/01/2009	77.226	26.34	2,034.12 2,034.12	07/14/2011	25.05	1,934.51	-99.61
Totals:								42,344.13 10,887.05
Short-term Gain Loss Total								\$104.92
Long-term Gain Loss Total:								\$10,782.13

*Securities without cost basis information are not included in gain/loss reporting

TLGP Debt: Bonds issued under the FDIC's Temporary Liquidity Guarantee Program are backed by the full faith and credit of the United States through the earlier of the maturity date of the debt or June 30, 2012 for securities issued prior to April 1, 2009, and the earlier of the maturity date of the debt or December 31, 2012 for securities issued on or after April 1, 2009. For more information visit www.fdic.gov/tlgp. The FDIC guarantee refers to the timely payment of interest and principal only. Guarantees do not eliminate market risk. Not all senior unsecured debt issued within the program time frame by eligible participants will qualify for the FDIC

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions HENRICO LODGE CHARITABLE FOUNDATION Number, street, and room or suite number. If a P O box, see instructions PO BOX 1157 City, town or post office, state, and ZIP code. For a foreign address, see instructions GLEN ALLEN, VA 23060	Employer identification number (EIN) or <input checked="" type="checkbox"/> 31-1744070 Social security number (SSN) <input type="checkbox"/>
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Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JAMES LIVINGSTON

Telephone No ► (804) 338-9791 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year 20 11 or
► tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u> </u> 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u> </u> 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u> </u> 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice. see Instructions.

FIEZ0501L 01/04/12

Form 8868 (Rev 1-2012)