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## Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	iar year 2013 or tax year beginning ,	ana enaing				
	me of fou	···			A Empi	oyer identification number	
		en and Van Elliott Charitabl	е				
		dation, Inc.			54	-1969314	
		street (or PO box number if mail is not delivered to street address)	R	oom/suite		hone number (see instruction	s)
		unting Ridge Road			80	<u>4-784-3832</u>	
	•	, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pending,	check here
		kin-Sabot VA 23103		<del></del>			
G	Check a	all that apply. 🔲 Initial return 🔲 Initial retu	irn of a former public o	hanty	<b>D</b> 1. Fo	oreign organizations, check he	ore •
		Final return Amended	return		2. Fo	oreign organizations meeting t	he
		Address change Name cha	ange		85	5% test, check here and attach	computation >
н	Check t	ype of organization. $X$ Section 501(c)(3) exempt private	e foundation		E If priv	ate foundation status was tem	ninated under
			le private foundation		section	n 507(b)(1)(A), check here	▶ _
I F		ket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	mination
е	nd of ve	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 📘
	ne 16) l		be on cash basis )				
	art I		(a) Revenue and	T			(d) Disbursements
	دوره المستسلمات	amounts in columns (b), (c), and (d) may not necessarily equal	texpenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
<u> </u>		the amounts in column (a) (see instructions) )	books				(cash basis only)
:	1	Contributions, gifts, grants, etc., received (attach schedule)		the comm		HITELCORPORTION	學的自然學院自由國
1	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B				12:1番電腦系。1度中間由	
7	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
Щ	5a	Gross rents					Ence Congress States
50	b	Net rental income or (loss)		PROMISE.	Zenaji il		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
25	6a	Net gain or (loss) from sale of assets not on line 10		146 PENN		JAMANAJA WARA	
ÇΞ	Ь	Gross sales price for all assets on line 6a	,	111	new State		1900 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RESERVANED	7	Capital gain net income (from Part IV-line-2)		,	0	in the contraction of the contra	
_	8	Net short-term capital gain RECEL	125 by (c) 1884 statement	, chining co	· Kally . ·	0	
	9	Income modifications	VED 1				##
	10a	Gross sales less returns and allowances		1	(中) (金)	\$ 4 K \$ 1 5 7 1	1944 F. 3
	b		2014 9	11/2/19/19/19	o silitilità,		
	C	Gross profit or (loss) (attach schedule)	101	17 53	, 56° 4°,		
	111						
	12	Other income (attach schedule)  Total. Add lines 1 through 11	130,217	ŀ	0	0	(*)
	13	Compensation of officers, directors, trustees, etc	0	<del>†</del>			200
ě	14	Other employee salaries and wages	-	1	-		
xpenses	15	Pension plans, employee benefits			-		*
ğ	16a	Legal fees (attach schedule)	<del></del>	<u> </u>			
ω	ь	Accounting fees (attach schedule) Stmt 1	1,339		1,339		
Operating and Administrative E	c	Other professional fees (attach schedule)			,		
ati	17	Interest	-				
str	18	Taxes (attach schedule) (see instructions) Stmt 2	25		25	· · · · · · · · · · · · · · · · · · ·	
Ē	19	Depreciation (attach schedule) and depletion					
Ξ	20	Occupancy				<del>                                     </del>	3.085.000 20
Ą	21	Travel, conferences, and meetings					
Þ	22	Printing and publications		<del> </del>			
ā	1	<u>_</u> .	236	1	136		<del></del>
ū	23	, , ,	- 236	<u> </u>	136		
ati	24	Total operating and administrative expenses.	1,600		1 500	0	0
ĕ		Add lines 13 through 23			1,500		
Ö	25	Contributions, gifts, grants paid	3,000	<del></del>			3,000
_	26	Total expenses and disbursements. Add lines 24 and 25	4,600	1	1,500	0 No. 12 12 12 12 12 12 12 12 12 12 12 12 12	3,000
	27	Subtract line 26 from line 12.					
	a	Excess of revenue over expenses and disbursements	125,617		* 4 *40		
	b	Net investment income (if negative, enter -0-)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>0</u>		(31.5)
	l c	Adjusted net income (if negative, enter -0-)	A Control of Control of the	· 网络特拉人 · 发动动	砂嘴醬人名。	1 0	Alexander of the second

For Paperwork Reduction Act Notice, see instructions.

Fo	<u>rm 990</u>	PF (2013) Warren and Van Elliott Charita			T T	ad at	Page 2
Ĭ	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year		na ot	year
<b>T</b>			_	(a) Book Value	(b) Book Value	+	(c) Fair Market Value
1	1	Cash – non-interest-bearing		11 600	127 6	70	127 676
J	2	Savings and temporary cash investments		11,600			127,670
1	3	Accounts receivable >		- Control of the cont		المنسأ	
		Less allowance for doubtful accounts ▶		Market State of the State of th		erezz 4	
1	4	Pledges receivable ▶				الثث	
-1		Less allowance for doubtful accounts ▶				-+	<u> </u>
	5	Grants receivable				+	<u> </u>
ı	6	Receivables due from officers, directors, trustees, and other				ı	
		disqualified persons (attach schedule) (see				İ	
		instructions)		4 . 1	. Commercial Constitution (d. 1887)	0.12	Makasalar of San Hamilton and All All
	7	Other notes and loans receivable (att. schedule)	_	169 146 166, 1619 (1995) 1694 1699 1699 1699 1699 1699 1699 1699	ictore i in the market in the country	04496	Landrida era zadet gelende gelendete
		Less: allowance for doubtful accounts ▶	0			$\dashv$	
Sets	8	Inventories for sale or use					
556	9	Prepaid expenses and deferred charges					-
AS	10a	Investments – U.S and state government obligations (attach schedule)				_	
İ	b	Investments – corporate stock (attach schedule) See Stmt	4		9,5	47	9,547
ı	С	Investments – corporate bonds (attach schedule)		. A*/	eant pachat has well blacked and code	1001000	5. 4004044 (46014180) , 40m 1 0 p40; i/c 3
	11	Investments – land, buildings, and equipment basis		Andreas Park To the Kanada Park		नामुह्	1, 1909   10   100   1   100   1   100   1
Į		Less accumulated depreciation (attach sch ) ▶					
	12	Investments – mortgage loans				_	
	13 .	Investments – other (attach schedule)		3.3.B 4		10.00	AND AND AND A PART AND AND AND AND AND AND AND AND AND AND
	14	Land, buildings, and equipment basis					
1		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ▶	)			_	
-	16	Total assets (to be completed by all filers – see the				- 1	
┙		instructions. Also, see page 1, item I)		11,600	137,2	17	137,217
-	17	Accounts payable and accrued expenses					ar Madalbar Maka
	18	Grants payable					
	19	Deferred revenue					
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			_		
뼵	21	Mortgages and other notes payable (attach schedule)					ر ي دونو د
4	22	Other liabilities (describe	)				eric Mile Company of Miles and Artist and Ar
	23	Total liabilities (add lines 17 through 22)		0		0	
1		Foundations that follow SFAS 117, check here	▶ 🔲				
S		and complete lines 24 through 26 and lines 30 and 31.				î	
일	24	Unrestricted				<u> </u>	
<u>a</u>	25	Temporarily restricted					
or Fund Balances	26	Permanently restricted					
š		Foundations that do not follow SFAS 117, check here	<b>▶</b> X				
듼		and complete lines 27 through 31.				ŀ	
	27	Capital stock, trust principal, or current funds					
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
455	29	Retained earnings, accumulated income, endowment, or other funds		11,600	137,2	17	
ان	30	Total net assets or fund balances (see instructions)		11,600	137,2	17	
<u>S</u>	31	Total liabilities and net assets/fund balances (see					
		instructions)		11,600	137,2	<u>17</u>	
·	Part I		es				
		net assets or fund balances at beginning of year - Part II, column (a), line		ust agree with			
		of-year figure reported on prior year's return)	•			1	11,600

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30

6 137,217

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7

9,717

3,000

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2013) Warren and Van Ellic	tt Charitab	le 54-1	L969314					Р	age <b>6</b>
Pε	Statements Regarding Activities	for Which Form 4	1720 May Be F	Required (co	ntınue	ed)				
5a	During the year did the foundation pay or incur any amou	nt to					[3			3,355
	(1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section 4	945(e))?		Yes	X No	<b>)</b>		lun.	rije i i
	(2) Influence the outcome of any specific public election	(see section 4955); or t	o carry on,				1			
	directly or indirectly, any voter registration drive?				Yes	X No	,   <u>;</u>			
	(3) Provide a grant to an individual for travel, study, or of	her similar purposes?			Yes	X No	,			
	(4) Provide a grant to an organization other than a charit	able, etc , organization	described in				li			<b>W</b>
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	. •			Yes	X No	,	17712		
	(5) Provide for any purpose other than religious, charitat	· ·	educational	L						
	purposes, or for the prevention of cruelty to children	•			Yes	X No	, ľ	174		
ь	If any answer is "Yes" to 5a(1)–(5), did any of the transaction		er the exceptions of	lescribed in						
-	Regulations section 53 4945 or in a current notice regard					N/	а I <sup>.</sup>	5b	allab.	
	Organizations relying on a current notice regarding disas						うは		1991	142 143 146 1
С	If the answer is "Yes" to question 5a(4), does the foundat						<b>⊣</b> []			ลาใหญ่กับได้ ใหม่เมิงใช้สม
C	because it maintained expenditure responsibility for the g	•	ill the tax	N/A	Yes	☐ No				
				H/A	res		<b>'</b>			
6-	If "Yes," attach the statement required by Regulations se	• •								
6a	Did the foundation, during the year, receive any funds, di	rectly or indirectly, to pa	y premiums			₹	* K-7-3-4			
	on a personal benefit contract?				Yes	X No	) [1		alicies	Milani
Ь	Did the foundation, during the year, pay premiums, direct	ly or indirectly, on a per	sonal benefit conti	ract?			13	6b	198 186 1935 °	X
_	If "Yes" to 6b, file Form 8870					[ <b>T</b> .]	B LC LEGIC		V.	
7a	At any time during the tax year, was the foundation a par	•			Yes	X No				1
<u>b</u>	If "Yes," did the foundation receive any proceeds or have					N/		7b		
»:Pa	Information About Officers, Direct	tors, Trustees, Fo	undation Man	agers, High	y Pai	d Empl	oye	es,		
	and Contractors					-				
_1_L	ist all officers, directors, trustees, foundation manage	rs and their compens:	ation (see instruc	tions).						
	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	1						
			(b) Title, and average	(c) Compensation		Contributions		(a) Evr	oneo ar	Sount
	(a) Name and address		(b) Title, and average hours per week	(If not paid,	e pla	mployee bene ans and defer	efit red		ense ao	
	(a) Name and address		(b) Title, and average		e pla	mployee bene	efit red			
Cy	(a) Name and address	nSabot	(b) Title, and average hours per week	(If not paid,	e pla	mployee bene ans and defer	efit red			
-	(a) Name and address	nSabot	(b) Title, and average hours per week devoted to position	(If not paid,	e pla	mployee bene ans and defer	efit red			
-	(a) Name and address	nSabot	(b) Title, and average hours per week devoted to position	(If not paid,	e pla	mployee bene ans and defer	efit red			
-	(a) Name and address	nSabot	(b) Title, and average hours per week devoted to position	(If not paid,	e pla	mployee bene ans and defer	efit red			
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-	(a) Name and address	nSabot	(b) Title, and average hours per week devoted to position	(If not paid,	e pla	mployee bene ans and defer	efit red			
-	(a) Name and address	nSabot	(b) Title, and average hours per week devoted to position	(If not paid,	e pla	mployee bene ans and defer	efit red			
-	(a) Name and address	nSabot	(b) Title, and average hours per week devoted to position	(If not paid,	e pla	mployee bene ans and defer	efit red			
-	(a) Name and address	nSabot 103	(b) Title, and average hours per week devoted to position  Director  0.25	(If not paid, enter -0-)	e pla	mployee bene ans and deferi compensation	efit red			
38	(a) Name and address  nthia E. Cocke  Manaki  Broad Street  VA 23	nSabot 103	(b) Title, and average hours per week devoted to position  Director  0.25	(If not paid, enter -0-)	e pla	mployee bene ans and deferi compensation	efit red			
38	(a) Name and address  Inthia E. Cocke Manaki Broad Street VA 23  Compensation of five highest-paid employees (other	nSabot 103	(b) Title, and average hours per week devoted to position  Director 0.25	(If not paid, enter -0-)	o o o o o o o o o o o o o o o o o o o	mployee beneans and deferion mpensation	efit red 0			
38	(a) Name and address  Inthia E. Cocke Manaki Broad Street VA 23  Compensation of five highest-paid employees (other	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 - see ins  (b) Title, and average hours per week	(If not paid, enter -0-)	one, er	mployee beneans and deferion mpensation  atter  Contributions mployee beneans and deferion mpensation mpensation mpensation mployee beneans mployee mployee mployee beneans mployee mployee mployee mployee mp	efit red of the red of	other	r allowar	0
38	(a) Name and address  nthia E. Cocke Manaki Broad Street VA 23  Compensation of five highest-paid employees (other "NONE."	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 — see ins	(If not paid, enter -0-)	One, er	mployee beneans and deferion mpensation	efit red  0  0  sto	other	r allowar	0
38	(a) Name and address  Thia E. Cocke  Manaki  Broad Street  VA 23  Compensation of five highest-paid employees (other "NONE."	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 - see ins  (b) Title, and average hours per week	(If not paid, enter -0-)	One, er	mployee beneans and deferion pensation mpensation mpensation mpensation mpensation mployee beneans and deferions mployee beneans and deferions and deferiors	efit red  0  0  sto	other	r allowar	0
2	(a) Name and address  Thia E. Cocke  Manaki  Broad Street  VA 23  Compensation of five highest-paid employees (other "NONE."	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 - see ins  (b) Title, and average hours per week	(If not paid, enter -0-)	One, er	mployee beneans and deferion pensation mpensation mpensation mpensation mpensation mployee beneans and deferions mployee beneans and deferions and deferiors	efit red  0  0  sto	other	r allowar	0
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2	(a) Name and address  Thia E. Cocke  Manaki  Broad Street  VA 23  Compensation of five highest-paid employees (other "NONE."	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 - see ins  (b) Title, and average hours per week	(If not paid, enter -0-)	One, er	mployee beneans and deferion pensation mpensation mpensation mpensation mpensation mployee beneans and deferions mployee beneans and deferions and deferiors	efit red  0  0  sto	other	r allowar	0
2	(a) Name and address  Thia E. Cocke  Manaki  Broad Street  VA 23  Compensation of five highest-paid employees (other "NONE."	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 - see ins  (b) Title, and average hours per week	(If not paid, enter -0-)	One, er	mployee beneans and deferion pensation mpensation mpensation mpensation mpensation mployee beneans and deferions mployee beneans and deferions and deferiors	efit red  0  0  sto	other	r allowar	0
2	(a) Name and address  Thia E. Cocke  Manaki  Broad Street  VA 23  Compensation of five highest-paid employees (other "NONE."	nSabot 103 than those included o	(b) Title, and average hours per week devoted to position  Director 0.25  n line 1 - see ins  (b) Title, and average hours per week	(If not paid, enter -0-)	One, er	mployee beneans and deferion pensation mpensation mpensation mpensation mpensation mployee beneans and deferions mployee beneans and deferions and deferiors	efit red  0  0  sto	other	r allowar	0
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Total number of other employees paid over \$50,000

Form 990-PF (2013) Warren and Van Elliott Charitable	54-1969314	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid E	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instruction		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such a	as the number of	_
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A		
	·- ·-	
2		
• • • •		
3		
4		
Rart IX-B Summary of Program-Related Investments (see instruction	one)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	713)	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Pa	rt XIII Undistributed Income	(see instructions				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part	XI,	Corpus	Years prior to 2012	2012	2013
	line 7		<i>(* )</i> , , , , , , , , , , , , , , , , , ,		1944 (1.4°) 15 (1.4°)	1,139
2	Undistributed income, if any, as of the er	nd of 2013			1 18, 1	
а	Enter amount for 2012 only				, «, e	
b	Total for prior years 20 , 20		***	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to		Control of the state of the sta	1200   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120		
а	From 2008	438				
D	From 2009	E 460				
C	From 2010	5,468 3,086	3 , 335 (53)			Continue of the state of
a	From 2011 From 2012			AND THE PROPERTY OF THE PARTY O	The second secon	
•	Total of lines 3a through e	3,330				
<b>,</b> '	Qualifying distributions for 2013 from Pa	rt VII	11 79 1703 (100 municipal region 1970) 1870 (1870) 187		3. 1888 25 5 5 4 5 7 8 5 8 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
-	line 4: > \$3,000	II AII,				
я	Applied to 2012, but not more than line 2	)a			LIMBATHIN THANKS WITH	
b				span i mag tage, mingstage in a materialis	erale enviolation	er frankrik i statisk
•	(Election required – see instructions)	Jours			The afficial of the best of the first	
С	Treated as distributions out of corpus (E	lection	11 document (1911, Add Charles Share and Add Co. 1914)	(8) (81) (9) (1) (4) (8) (1) (1) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	der 1 1945 1974 2 1475 1 2 412 114	14,411,7 175,6 11 (23)1111 1 1 1
•	required – see instructions)					
đ	Applied to 2013 distributable amount		omeorine comment of the second			1,139
e	Remaining amount distributed out of con	pus	1,861			
5	Excess distributions carryover applied to				\$5 545, 14\$, 1\$,	
	(If an amount appears in column (d), the					
	amount must be shown in column (a).)		B. 12/14/12/12			
6	Enter the net total of each column as					
	indicated below:				<b>多美加强的基</b> 度	
а	Corpus Add lines 3f, 4c, and 4e. Subtra-	ct line 5	20,183	Lay I we water the super son to	3 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the sea of the
b	Prior years' undistributed income. Subtra	ıct				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib					
	income for which a notice of deficiency h					
	been issued, or on which the section 494	12(a)				
_	tax has been previously assessed			<u></u>	* * * 1 % 1 *,	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	Subtract line 6c from line 6b. Taxable					
	amount – see instructions	t	, , , , , , , , , , , , , , , , , , ,			
е	Undistributed income for 2012 Subtract	litte				
	4a from line 2a. Taxable amount – see instructions					
f	Undistributed income for 2013. Subtract	lines	.drdiFb		, 7, 14, E	* **
•	4d and 5 from line 1. This amount must					
	distributed in 2014				granders of the state of the st	o
7	Amounts treated as distributions out of c	orous				
	to satisfy requirements imposed by secti	-				
	170(b)(1)(F) or 4942(g)(3) (see instruction					
8	Excess distributions carryover from 2008			30g/21 30g/3/2018年发		But me the
	applied on line 5 or line 7 (see instruction		438			
9	Excess distributions carryover to 201	4.				The section of the section of
	Subtract lines 7 and 8 from line 6a		19,745		M. W. J.	
10	Analysis of line 9	•				
а	Excess from 2009					
b	Excess from 2010	5,468				
С	Excess from 2011	3,086			1	
d	Excess from 2012	9,330				
е	Excess from 2013	1,861	, and a second	7 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		្រ ប្រាស់ បើជ

Form	1990-PF (2013) Warren and V	an Elliott	Charitable	5 <u>4-1969</u> 3	314_	Page 1
Pa	Private Operating For	undations (see in	structions and Par	t VII-A, question 9	9)	
1a	If the foundation has received a ruling or	determination letter th	nat it is a private operat	ing		
	foundation, and the ruling is effective for	2013, enter the date of	of the ruling	•		
b	Check box to indicate whether the found	ation is a private opera	ating foundation describ	ped in section 4	942(J)(3) or 494	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) rotai
	investment return from Part X for					
	each year listed					
b	85% of line 2a	<del> </del>				
C	Qualifying distributions from Part XII,		:			
	line 4 for each year listed					<u></u>
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed			=.		
С	"Support" alternative test - enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public			-		
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					_
1 1 1 1	(4) Gross investment income	(0			1.45.000	
13 PE	Supplementary Inform	•	•	the foundation h	ad \$5,000 or more	e in assets at
	any time during the y		tions.)			
1	Information Regarding Foundation Ma	-				
а	List any managers of the foundation who				-	
	before the close of any tax year (but only	it they have contribute	ed more than \$5,000)	(See section 507(d)(2	().)	
	N/A	100/ as mars of	the steel of a sement			
b	List any managers of the foundation who			· · · · ·	e portion of the	
	ownership of a partnership or other entity N/A	/) of which the foundat	ion has a 10% or great	er interest		
2	Information Regarding Contribution, (	Grant Gift Loon Sal	polarehin eta Brazza	· · · · · · · · · · · · · · · · · · ·	<del>.</del>	
2	Check here ► X if the foundation only				doos not secont	
	unsolicited requests for funds. If the foun					
	other conditions, complete items 2a, b, c		ants, etc. (see instructi	ons) to individuals of	organizations under	
	The name, address, and telephone numl		of the person to whom	applications should be	a addressed:	
a	N/A	oei oi e-man addiess (	or the berson to witom	appiications snould Di	- auu:e3560.	
	,					
	The form in which applications should be	submitted and inform	ation and materials the	v should include		
~	N/A	, sasimusa ana mioni	anon and materials the	y should illoidde		
	Any submission deadlines:	-		_		
•	N/A					
d	Any restrictions or limitations on awards,	such as by geographi	ical areas, chantable fu	elds, kinds of institution	ons, or other	_
_	factors:	· · · · · · · · · · · · · · · · · · ·	,	,co or moulding	, +1 +11.141	
	AT / A					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year St. Matthews Meth. Church Public 1706 St. Matthew's Lane Educational & charitable endeavors Richmond VA 23233 1,000 Christ Church Episcopal 5000 Pouncey Tract Rd. Public Glen Allen VA 23059 Educational & charitable endeavors 200 Goochland Rescue Squad 2938 River Road W Public Goochland VA 23063 Public safety & welfare 1,000 Richmond SPCA 2519 Hermitage Road Public Richmond VA 23220 Animal welfare 600 F.L.A.G. Public P.O.Box 115 Manakin-Sabot VA 23013 Animal welfare 200 3,000 ▶ 3a Total Approved for future payment N/A

▶ 3b

Total

m 990-PF (2013) Warren and Van Ellio artXVI-A Analysis of Income-Producing		abie 54-1	<u> 19693</u>	14	Page 1
er gross amounts unless otherwise indicated.		ed business income	Exclude	ed by section 512, 513, or 514	
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
Program service revenue:	"				
ab					
с					
d			ļ		
е			ļ		
f	_		<del> </del>		
g Fees and contracts from government agencies			<del> </del>	<u> </u>	
Membership dues and assessments			<del> </del>		
Interest on savings and temporary cash investments Dividends and interest from securities			<del> </del>		
Net rental income or (loss) from real estate:			ST-LORD		
Debt-financed property	0.00148144 s. v.544744183	der tie meetingingen 1982 1981 1887	MERION, 11	Transco Jacobson Charles Cristo B. Hellinger	57 4. Annahous, "Alt Salation" (Tilk salat
b Not debt-financed property		·····			-
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
	_		<u> </u>		
· · · · · · · · · · · · · · · · · · ·		•	<u> </u>		
d	_				
	balaka Virelo ( . isidili.da		5. 673.43		
e		0	全。在2.64 数数6.75	•	
eSubtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	大学は、小学学院	0	S. ACTUAL S. ACTUAL	0 13 _	
e				13 _	
e	Accomplishm	ent of Exempt P	urpose	13 _	
e	Accomplishmome is reported in c	ent of Exempt P	urpose A contrib	13	9
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations )  arti XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which income	Accomplishmome is reported in c	ent of Exempt P	urpose A contrib	13	9
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations )  arti XVI=B Relationship of Activities to the  ine No.  Explain below how each activity for which inco- accomplishment of the foundation's exempt po	Accomplishmome is reported in c	ent of Exempt P	urpose A contrib	13	9
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Form 990-PF (2013)

804-358-1150

Firm's EIN ▶

Phone no

Use Only

Firm's address ▶

3800 Patterson Ave

VA

23221-2034

Richmond,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Warren and Van Elliott Charitable

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

**Schedule of Contributors** 

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2013

Foundation,	Inc.	54-1969314
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 one contributor. Complete Parts I and II	5,000 or more (in money or
Special Rules		
under sections 50	c)(3) organization filing Form 990 or 990-EZ that met the $33^{1/3}$ % supp $\theta(a)(1)$ and $170(b)(1)(A)(vi)$ and received from any one contributor, dures, 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) and II.	ring the year, a contribution of
during the year, to	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received tal contributions of more than \$1,000 for use exclusively for religious, cooses, or the prevention of cruelty to children or animals Complete Pa	charitable, scientific, literary,
during the year, co not total to more the year for an exclusi	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received intributions for use exclusively for religious, charitable, etc., purposes, an \$1,000. If this box is checked, enter here the total contributions the vely religious, charitable, etc., purpose. Do not complete any of the paraization because it received nonexclusively religious, charitable, etc., par	but these contributions did at were received during the arts unless the <b>General Rule</b>
990-EZ, or 990-PF), but it	hat is not covered by the General Rule and/or the Special Rules does must answer "No" on Part IV, line 2, of its Form 990, or check the box. to certify that it does not meet the filing requirements of Schedule B	on line H of its Form 990-EZ or on its

Name of organization
Warren and Van Elliott Charitabl

Employer identification number

Warren and Van Elliott Charitable 54-1969314 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partil (a) (c) (d) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Van R. Elliott Charitable Lead Tr. George R. Hinnant, Trustee 1 Person 1630 Huguenot Rd. Payroli X 130,217 Noncash Midlothian VA 23113 (Complete Part II for noncash contributions) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person Pavroli Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Warren and Van Elliott Charitable

Employer identification number 54-1969314

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I 259 sh HCP 1 12/10/13 9,547 \$ (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (see instructions) \$ (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (see instructions) \$ (c) (a) No. (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I \$ (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given (see instructions) Part I \$

<del></del>	× •	•	φ 11 v
6/9/2014 5:45 PM	Charitable Purpose	Charitable Purpose	Charitable Purpose \$ \$  Fair Market Value \$ \$ 9,547 \$ \$ 9,547
	Adjusted Net	Adjusted Net	Adjusted Net Stock Investments  Basis of Valuation S47
Federal Statements	Part I, Line 16b - Acco	- Form 990-PF, Part I, Line 18 - Taxes  Net  Net  Investment  25 \$ 25 \$ \$	Net
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees         Net       Adjuart         Total       Investment         \$ 689       \$ 689         \$ 650       \$ 650         \$ 1,339       \$ 1,339	Statement 2 - Form 9	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses           Net         Adjusted Net           \$ 236         \$ 136           \$ 236         \$ 136           \$ 236         \$ 136           Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments of Year         Year           National Nation Statements of Statements of Statements of Statements of Statements of Statements of Statements of Statements of Statements of Statements Sta
617010 Warren and Van Elliott Charitable 54-1969314 FYE: 12/31/2013	State Description 2011 2012 Total	Description SCC fees Total	Expenses Miscellaneous Total  Description  Statement 4  Statement 4  Total  Description  Total

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

OMB No. 1545-1709 (Rev. January 2014) File a separate application for each return. Department of the Treasury Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶ X 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 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 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 Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Warren and Van Elliott Charitable print Foundation, Inc. 54-1969314 Number, street, and room or suite no. If a P.O. box, see instructions. File by the Social security number (SSN) due date for 39 Hunting Ridge Road filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions Manakin-Sabot instructions VA 23103 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 Form 990-BL Form 1041-A 02 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Organization 39 Hunting Ridge Rd. VA 23103-2614 The books are in the care of ▶ ManakinSabot Telephone No ▶ 804-784-3832 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 I. If it is for part of the group, check this box for the whole group, check this box a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2013 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0 nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 estimated tax payments made. Include any prior year overpayment allowed as a credit 3b

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

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