

For calendar year 2019, or tax year beginning 10-01-2019, and ending 09-30-2020

|                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>RECO FOUNDATION                                                                                                                                                                                                                                                                                                                              |  | A Employer identification number<br>54-6039609                                                                                      |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>PO BOX 25189                                                                                                                                                                                                                                                                  |  | Room/suite                                                                                                                          |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>RICHMOND, VA 232605189                                                                                                                                                                                                                                                                 |  | B Telephone number (see instructions)<br>(804) 644-2800                                                                             |  |
| G Check all that apply:<br><div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> |  | D 1. Foreign organizations, check here.....<br>2. Foreign organizations meeting the 85% test, check here and attach computation ... |  |
| H Check type of organization:<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                                               |  | E If private foundation status was terminated under section 507(b)(1)(A), check here .....                                          |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 11,858,643                                                                                                                                                                                                                                                                 |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....                                       |  |
| J Accounting method:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                                                                                 |  |                                                                                                                                     |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                                                                                                 | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . .                                                                  | 225,026                            | 225,026                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                                        | 149,481                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____<br>2,333,643                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . .                                                          |                                    | 149,481                   |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                               |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold . . . . .                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                                     | 139,519                            | 139,519                   |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                                      | 514,026                            | 514,026                   |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                                          | 0                                  | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                           | 61,180                             | 61,180                    |                         | 0                                                           |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . .                                                           | 3,500                              | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . .                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                                   | 10,863                             | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 24 Total operating and administrative expenses.<br>Add lines 13 through 23 . . . . .                            | 75,543                             | 61,180                    |                         | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                  | 571,600                            |                           |                         | 571,600                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                                        | 647,143                            | 61,180                    |                         | 571,600                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                             | -133,117                           |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                                |                                    | 452,846                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-) . . .                                                                                                                |                                                                                                                 |                                    |                           |                         |                                                             |

| 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                                                                                                    | End of year    |                       |
|                                                                                                       |                                                                                                                                                  | (a) Book Value                                                                                                       | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                                | 1 Cash—non-interest-bearing . . . . .                                                                                                            | 27,674                                                                                                               | 27,268         | 27,268                |
|                                                                                                       | 2 Savings and temporary cash investments . . . . .                                                                                               | 233,179                                                                                                              | 184,713        | 184,713               |
|                                                                                                       | 3 Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                                   |                                                                                                                      |                |                       |
|                                                                                                       | 4 Pledges receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                                    |                                                                                                                      |                |                       |
|                                                                                                       | 5 Grants receivable . . . . .                                                                                                                    |                                                                                                                      |                |                       |
|                                                                                                       | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .              |                                                                                                                      |                |                       |
|                                                                                                       | 7 Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                    |                                                                                                                      |                |                       |
|                                                                                                       | 8 Inventories for sale or use . . . . .                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                       | 9 Prepaid expenses and deferred charges . . . . .                                                                                                |                                                                                                                      |                |                       |
|                                                                                                       | 10a Investments—U.S. and state government obligations (attach schedule)                                                                          |                                                                                                                      |                |                       |
|                                                                                                       | b Investments—corporate stock (attach schedule) . . . . .                                                                                        | 4,912,939                                                                                                            | 4,962,336      | 7,892,208             |
|                                                                                                       | c Investments—corporate bonds (attach schedule) . . . . .                                                                                        | 3,643,150                                                                                                            | 3,510,535      | 3,753,637             |
|                                                                                                       | 11 Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                         |                                                                                                                      |                |                       |
|                                                                                                       | 12 Investments—mortgage loans . . . . .                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                       | 13 Investments—other (attach schedule) . . . . .                                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 14 Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                                     |                                                                                                                      |                |                       |
| 15 Other assets (describe ▶ _____)                                                                    | 1,844                                                                                                                                            | 817                                                                                                                  | 817            |                       |
| 16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 8,818,786                                                                                                                                        | 8,685,669                                                                                                            | 11,858,643     |                       |
| Liabilities                                                                                           | 17 Accounts payable and accrued expenses . . . . .                                                                                               |                                                                                                                      |                |                       |
|                                                                                                       | 18 Grants payable . . . . .                                                                                                                      |                                                                                                                      |                |                       |
|                                                                                                       | 19 Deferred revenue . . . . .                                                                                                                    |                                                                                                                      |                |                       |
|                                                                                                       | 20 Loans from officers, directors, trustees, and other disqualified persons                                                                      |                                                                                                                      |                |                       |
|                                                                                                       | 21 Mortgages and other notes payable (attach schedule) . . . . .                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 22 Other liabilities (describe ▶ _____)                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                       | 23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                  | 0                                                                                                                    | 0              |                       |
| Net Assets or Fund Balances                                                                           | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b>               |                                                                                                                      |                |                       |
|                                                                                                       | 24 Net assets without donor restrictions . . . . .                                                                                               |                                                                                                                      |                |                       |
|                                                                                                       | 25 Net assets with donor restrictions . . . . .                                                                                                  |                                                                                                                      |                |                       |
|                                                                                                       | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 26 through 30.</b> |                                                                                                                      |                |                       |
|                                                                                                       | 26 Capital stock, trust principal, or current funds . . . . .                                                                                    | 8,818,786                                                                                                            | 8,685,669      |                       |
|                                                                                                       | 27 Paid-in or capital surplus, or land, bldg., and equipment fund                                                                                | 0                                                                                                                    | 0              |                       |
|                                                                                                       | 28 Retained earnings, accumulated income, endowment, or other funds                                                                              | 0                                                                                                                    | 0              |                       |
|                                                                                                       | 29 <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                         | 8,818,786                                                                                                            | 8,685,669      |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 8,818,786                                                                                                                                        | 8,685,669                                                                                                            |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                      |   |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 8,818,786 |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | -133,117  |
| 3 Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 0         |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 8,685,669 |
| 5 Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 0         |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | 6 | 8,685,669 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                           |                                                 |                                         |                                     |

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| <b>a</b> See Additional Data Table                                                          |                                         |                                                    |                                                                                                   |
| <b>b</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>c</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>d</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>e</b>                                                                                    |                                         |                                                    |                                                                                                   |

|                                                                                                                                                                                                                                                          |          |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;">           If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div> | <b>2</b> | 149,481 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8                                                | <b>3</b> |         |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2018                                                                 | 575,000                                  | 11,022,776                                   | 0.052165                                                    |
| 2017                                                                 | 549,666                                  | 11,360,930                                   | 0.048382                                                    |
| 2016                                                                 | 528,000                                  | 10,846,874                                   | 0.048678                                                    |
| 2015                                                                 | 474,000                                  | 10,346,826                                   | 0.045811                                                    |
| 2014                                                                 | 450,500                                  | 9,293,913                                    | 0.048473                                                    |

|                                                                                                                                                                                       |          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                  | <b>2</b> | 0.243509   |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0.048702   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                 | <b>4</b> | 11,441,991 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                    | <b>5</b> | 557,248    |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | <b>6</b> | 4,528      |
| <b>7</b> Add lines 5 and 6                                                                                                                                                            | <b>7</b> | 561,776    |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                         | <b>8</b> | 571,600    |

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 Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                     |           |       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                | <b>1</b>  | 4,528 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                             |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  | 0     |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                          | <b>3</b>  | 4,528 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  | 0     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                            | <b>5</b>  | 4,528 |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |       |
| <b>a</b>  | 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                   | <b>6a</b> | 4,754 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                       | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                       | <b>6c</b> | 0     |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                   | <b>6d</b> | 0     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                        | <b>7</b>  | 4,754 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                           | <b>8</b>  | 0     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>                                                                                                                      | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>                                                                                                          | <b>10</b> | 226   |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 226 <b>Refunded</b> <b>▶</b>                                                                                                                      | <b>11</b> | 0     |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         |     | No |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> |     | No |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   |     | No |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0                                                                                                                                                      |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0                                                                                                                                                                                                     |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                          |     | No |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             |     | No |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  |     | No |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       |     |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                    |     | No |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .            | Yes |    |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .                                                                                                                                                                                                     | Yes |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶</b> VA                                                                                                                                                                                                                                      |     |    |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>                                                                                                                                    | Yes |    |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                                |     | No |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .                                                                                                                                                                                                   |     | No |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A                                                  | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>►</b> ROBERT C COURAIN JR Telephone no. <b>►</b> (804) 644-2800                                                                                                       |           |            |           |

Located at **►** 710 HOSPITAL ST RICHMOND VA ZIP+4 **►** 232191248

|           |                                                                                                                                                                                                     |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>                                               |           |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>                                                                                        |           |            |           |
| <b>16</b> | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b> | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b>                                                           |           |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                       |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                     |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                        |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                              |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                       | <b>1b</b> |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                                                     |           |            |           |
| <b>a</b>  | At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br><b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                 |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . <input type="checkbox"/> | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                                                  | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                                                      |                                                                     |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to:                                                                                                                                                                                       |                                                                     | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .               |                                                                     | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . .                                                                       | <input type="checkbox"/>                                            |            |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .<br>If "Yes" to 6b, file Form 8870.                                                                                              |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .                                                                                                                                  |                                                                     |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                                            |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address                                                                                                                              | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation (If not paid, enter -0-) | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
| See Additional Data Table                                                                                                                                |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>                      |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address of each employee paid more than \$50,000                                                                                     | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation                          | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
| NONE                                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                                          |                                                                  |                                                  |                                                                              |                                              |
| <b>Total</b> number of other employees paid over \$50,000. . . . .  |                                                                  |                                                  |                                                                              | <b>0</b>                                     |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                                | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                                       |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ► |                     | 0                |

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|                                                                                                                                    | Expenses |
|------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> THE RECO FOUNDATION MAKES GRANTS TO QUALIFYING PUBLIC CHARITIES AND DOES NOT CARRY ON ANY CHARITABLE ACTIVITIES DIRECTLY. | 0        |
| <b>2</b>                                                                                                                           |          |
|                                                                                                                                    |          |
|                                                                                                                                    |          |
| <b>3</b>                                                                                                                           |          |
|                                                                                                                                    |          |
|                                                                                                                                    |          |
| <b>4</b>                                                                                                                           |          |
|                                                                                                                                    |          |
|                                                                                                                                    |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| <b>2</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
|                                                                                                                   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                   | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                                    |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |            |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 11,160,293 |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 455,942    |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 0          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 11,616,235 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 11,616,235 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 174,244    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 11,441,991 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 572,100    |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                                    |           |         |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 572,100 |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5. . . . .                                                    | <b>2a</b> | 4,528   |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 4,528   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 567,572 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 567,572 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 567,572 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 571,600 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 571,600 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  | 4,528   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 567,072 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                                |               |                            |             | 567,572     |
| <b>2</b> Undistributed income, if any, as of the end of 2019:                                                                                                                              |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .                                                                                                                                               |               |                            | 97,384      |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                                     |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2017. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2018. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>571,600</u>                                                                                                      |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                                        |               |                            | 97,384      |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount. . . . .                                                                                                                                     |               |                            |             | 474,216     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                             | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     | 0             |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 93,356      |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2020.</b><br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                    | 0             |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                         |               |                            |             |             |

## Part XIV

**1a** If the foundation has received a ruling or decision from the IRS regarding the tax treatment of the foundation, and the ruling is effective for 2014, enter the date of the ruling or decision.

**b** Check box to indicate whether the organization is a private foundation or a public charity.

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.

**b** 85% of line 2a.

**c** Qualifying distributions from Part XII, line 4 for each year listed.

**d** Amounts included in line 2c not used directly for active conduct of exempt activities.

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test—enter:

**(1)** Value of all assets.

**(2)** Value of assets qualifying under section 4942(j)(3)(B)(i).

**b** "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

**c** "Support" alternative test—enter:

**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).

**(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

**(3)** Largest amount of support from an exempt organization.

**(4)** Gross investment income.

[illegible]

## Part XV

## 1 Information Regarding Foundation Mamm

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

## 2 Information Regarding Contribution, Grant

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 571,600 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           | 0       |

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                                                                                            | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions.) |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                                                                            | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue:                                                                                                          |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                                                                                       |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . .                                                                                            |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .                                                                   |                           |               |                                      |               |                                                                    |
| <b>4</b> Dividends and interest from securities. . . .                                                                                     |                           |               | 14                                   | 225,026       |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate:                                                                                     |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                                                                                   |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                                                                               |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                                                                                |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                                                                                  |                           |               | 14                                   | 139,519       |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . .                                                             |                           |               | 18                                   | 149,481       |                                                                    |
| <b>9</b> Net income or (loss) from special events:                                                                                         |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                                                                                   |                           |               |                                      |               |                                                                    |
| <b>11</b> Other revenue: <b>a</b> _____                                                                                                    |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                                                                             |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal. Add columns (b), (d), and (e). . .                                                                                     |                           | 0             |                                      | 514,026       | 0                                                                  |
| <b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .<br>(See worksheet in line 13 instructions to verify calculations.) |                           |               | <b>13</b>                            |               | <b>514,026</b>                                                     |

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |   |                                                                                                                                                                                                                                                                                                                                                                                              |    |  |    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                    | 1c |  | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |    |  |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. |                          |                                 |
|----------------------------------------------|--------------------------|---------------------------------|
| (a) Name of organization                     | (b) Type of organization | (c) Description of relationship |
|                                              |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |

|                      |                                                                                                                                                                                                                                                                                                                        |               |                |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign<br/>Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |               |                |
|                      | *****                                                                                                                                                                                                                                                                                                                  | 2021-01-26    | *****          |
|                      | _____<br>Signature of officer or trustee                                                                                                                                                                                                                                                                               | _____<br>Date | _____<br>Title |

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

|                                       |                                                                      |                      |            |                                                 |                          |
|---------------------------------------|----------------------------------------------------------------------|----------------------|------------|-------------------------------------------------|--------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                           | Preparer's Signature | Date       | Check if self-employed <input type="checkbox"/> | PTIN                     |
|                                       | CHRISTOPHER P FALLON                                                 |                      | 2021-01-26 |                                                 | P00074544                |
|                                       | Firm's name ▶ MITCHELL WIGGINS & COMPANY LLP                         |                      |            |                                                 | Firm's EIN ▶ 54-0565834  |
|                                       | Firm's address ▶ 1802 BAYBERRY COURT SUITE 300<br>RICHMOND, VA 23226 |                      |            |                                                 | Phone no. (804) 282-6000 |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| List and describe the kind(s) of property sold (e.g., real estate,<br>(a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| TOUCHSTONE LARGE CAP                                                                                                                  |                                                 | 2019-12-11                              | 2020-03-04                          |
| SYSCO CORP                                                                                                                            |                                                 | 2019-07-31                              | 2020-04-09                          |
| EATON VANCE - ATLANTA                                                                                                                 |                                                 | 2019-12-03                              | 2020-07-02                          |
| EATON VANCE - ATLANTA                                                                                                                 |                                                 | 2020-03-04                              | 2020-07-02                          |
| EDGEWOOD GROWTH FUND                                                                                                                  |                                                 | 2020-03-04                              | 2020-07-02                          |
| HARDING LOEVNER                                                                                                                       |                                                 | 2019-07-31                              | 2020-07-02                          |
| INVESCO OPPENHEIMER                                                                                                                   |                                                 | 2019-12-13                              | 2020-07-02                          |
| JOHCM INTERNATIONAL                                                                                                                   |                                                 | 2019-07-31                              | 2020-07-02                          |
| T ROWE PRICE                                                                                                                          |                                                 | 2019-07-31                              | 2020-07-02                          |
| TD AMERITRADE 2.750%                                                                                                                  |                                                 | 2019-09-20                              | 2019-12-18                          |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 47,260                |                                            | 49,916                                          | -2,656                                       |
| 27,479                |                                            | 37,868                                          | -10,389                                      |
| 34,177                |                                            | 37,464                                          | -3,287                                       |
| 15,823                |                                            | 16,536                                          | -713                                         |
| 25,000                |                                            | 21,871                                          | 3,129                                        |
| 35,000                |                                            | 33,440                                          | 1,560                                        |
| 10,272                |                                            | 10,784                                          | -512                                         |
| 35,000                |                                            | 32,018                                          | 2,982                                        |
| 25,000                |                                            | 25,881                                          | -881                                         |
| 74,915                |                                            | 75,043                                          | -128                                         |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|
| (i) F.M.V. as of 12/31/69                                                                   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                          |
|                                                                                             |                                      |                                                 | -2,656                                                                                   |
|                                                                                             |                                      |                                                 | -10,389                                                                                  |
|                                                                                             |                                      |                                                 | -3,287                                                                                   |
|                                                                                             |                                      |                                                 | -713                                                                                     |
|                                                                                             |                                      |                                                 | 3,129                                                                                    |
|                                                                                             |                                      |                                                 | 1,560                                                                                    |
|                                                                                             |                                      |                                                 | -512                                                                                     |
|                                                                                             |                                      |                                                 | 2,982                                                                                    |
|                                                                                             |                                      |                                                 | -881                                                                                     |
|                                                                                             |                                      |                                                 | -128                                                                                     |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| List and describe the kind(s) of property sold (e.g., real estate,<br>(a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| KROGER CO. 3.850%                                                                                                                     |                                                 | 2020-02-18                              | 2020-04-09                          |
| SNAP ON INC.                                                                                                                          |                                                 | 2018-04-27                              | 2019-12-31                          |
| TOUCHSTONE LARGE CAP                                                                                                                  |                                                 | 2016-08-09                              | 2020-03-04                          |
| TOUCHSTONE LARGE CAP                                                                                                                  |                                                 | 2018-08-22                              | 2020-03-04                          |
| CIGNA CORP                                                                                                                            |                                                 | 2016-01-27                              | 2020-03-04                          |
| CORNING INC.                                                                                                                          |                                                 | 2013-06-11                              | 2020-03-04                          |
| EASTMAN CHEMICAL CO.                                                                                                                  |                                                 | 2016-01-27                              | 2020-03-04                          |
| EASTMAN CHEMICAL CO.                                                                                                                  |                                                 | 2017-07-06                              | 2020-03-04                          |
| SYSCO CORP                                                                                                                            |                                                 | 2018-04-27                              | 2020-04-09                          |
| FEDERATED HERMES                                                                                                                      |                                                 | 2015-01-23                              | 2020-07-02                          |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 79,164                |                                            | 79,638                                          | -474                                         |
| 55,008                |                                            | 48,038                                          | 6,970                                        |
| 778,085               |                                            | 625,000                                         | 153,085                                      |
| 329                   |                                            | 348                                             | -19                                          |
| 66,540                |                                            | 41,996                                          | 24,544                                       |
| 37,011                |                                            | 23,283                                          | 13,728                                       |
| 13,732                |                                            | 14,021                                          | -289                                         |
| 4,496                 |                                            | 6,238                                           | -1,742                                       |
| 27,479                |                                            | 34,661                                          | -7,182                                       |
| 10,031                |                                            | 13,038                                          | -3,007                                       |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|
| (i) F.M.V. as of 12/31/69                                                                   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                          |
|                                                                                             |                                      |                                                 | -474                                                                                     |
|                                                                                             |                                      |                                                 | 6,970                                                                                    |
|                                                                                             |                                      |                                                 | 153,085                                                                                  |
|                                                                                             |                                      |                                                 | -19                                                                                      |
|                                                                                             |                                      |                                                 | 24,544                                                                                   |
|                                                                                             |                                      |                                                 | 13,728                                                                                   |
|                                                                                             |                                      |                                                 | -289                                                                                     |
|                                                                                             |                                      |                                                 | -1,742                                                                                   |
|                                                                                             |                                      |                                                 | -7,182                                                                                   |
|                                                                                             |                                      |                                                 | -3,007                                                                                   |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| List and describe the kind(s) of property sold (e.g., real estate,<br>(a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| FEDERATED HERMES                                                                                                                      |                                                 | 2015-01-23                              | 2020-07-02                          |
| INVESCO OPPENHEIMER                                                                                                                   |                                                 | 2017-11-22                              | 2020-07-02                          |
| EOG RESOURCES INC.                                                                                                                    |                                                 | 2014-06-02                              | 2020-07-02                          |
| EOG RESOURCES INC.                                                                                                                    |                                                 | 2016-01-27                              | 2020-07-02                          |
| EOG RESOURCES INC.                                                                                                                    |                                                 | 2017-05-04                              | 2020-07-02                          |
| WALGREENS BOOTS 2.700%                                                                                                                |                                                 | 2015-03-03                              | 2019-11-18                          |
| EBAY INC. 3.250%                                                                                                                      |                                                 | 2016-03-29                              | 2019-11-26                          |
| BRISTOL MYERS 2.000%                                                                                                                  |                                                 | 2017-03-13                              | 2020-02-18                          |
| WELLS FARGO 2.500%                                                                                                                    |                                                 | 2016-03-13                              | 2020-02-18                          |
| AMGEN INC. 4.500%                                                                                                                     |                                                 | 2016-03-29                              | 2020-03-15                          |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 89,969                |                                            | 115,784                                         | -25,815                                      |
| 14,728                |                                            | 14,925                                          | -197                                         |
| 1,769                 |                                            | 3,691                                           | -1,922                                       |
| 12,636                |                                            | 16,427                                          | -3,791                                       |
| 12,636                |                                            | 22,384                                          | -9,748                                       |
| 40,000                |                                            | 40,000                                          | 0                                            |
| 60,483                |                                            | 60,417                                          | 66                                           |
| 101,175               |                                            | 98,062                                          | 3,113                                        |
| 75,572                |                                            | 75,230                                          | 342                                          |
| 60,000                |                                            | 60,000                                          | 0                                            |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|
| (i) F.M.V. as of 12/31/69                                                                   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                          |
|                                                                                             |                                      |                                                 | -25,815                                                                                  |
|                                                                                             |                                      |                                                 | -197                                                                                     |
|                                                                                             |                                      |                                                 | -1,922                                                                                   |
|                                                                                             |                                      |                                                 | -3,791                                                                                   |
|                                                                                             |                                      |                                                 | -9,748                                                                                   |
|                                                                                             |                                      |                                                 | 0                                                                                        |
|                                                                                             |                                      |                                                 | 66                                                                                       |
|                                                                                             |                                      |                                                 | 3,113                                                                                    |
|                                                                                             |                                      |                                                 | 342                                                                                      |
|                                                                                             |                                      |                                                 | 0                                                                                        |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e.g., real estate,<br>(a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| OCCIDENTAL PETROLEUM 4.100%                                                                                                           |                                                 | 2016-03-29                              | 2020-04-13                          |
| HSBC HOLDINGS 5.100%                                                                                                                  |                                                 | 2015-07-09                              | 2020-06-09                          |
| RYDER SYSTEM INC. 2.875%                                                                                                              |                                                 | 2015-08-17                              | 2020-08-03                          |
| MICROSOFT CORP 2.400%                                                                                                                 |                                                 | 2018-11-30                              | 2020-09-04                          |
| JP MORGAN CHASE 3.250%                                                                                                                |                                                 | 2016-07-15                              | 2020-09-16                          |
| FLORIDA STATE BRD 2.638%                                                                                                              |                                                 | 2016-02-23                              | 2020-09-25                          |
| NORTHERN TRUST CORP 3.375%                                                                                                            |                                                 | 2012-02-27                              | 2020-09-25                          |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 57,083                |                                            | 60,675                                          | -3,592                                       |
| 41,521                |                                            | 40,727                                          | 794                                          |
| 50,000                |                                            | 49,944                                          | 56                                           |
| 82,120                |                                            | 70,014                                          | 12,106                                       |
| 79,262                |                                            | 76,268                                          | 2,994                                        |
| 101,486               |                                            | 100,000                                         | 1,486                                        |
| 51,402                |                                            | 52,532                                          | -1,130                                       |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| (i) F.M.V. as of 12/31/69                                                                   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                                |
|                                                                                             |                                      |                                                 | -3,592                                                                                         |
|                                                                                             |                                      |                                                 | 794                                                                                            |
|                                                                                             |                                      |                                                 | 56                                                                                             |
|                                                                                             |                                      |                                                 | 12,106                                                                                         |
|                                                                                             |                                      |                                                 | 2,994                                                                                          |
|                                                                                             |                                      |                                                 | 1,486                                                                                          |
|                                                                                             |                                      |                                                 | -1,130                                                                                         |

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address                                               | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|--------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| ROBERT C COURAIN JR<br>9 DEER RUN RD<br>MANAKINSABOT, VA 23103     | PRESIDENT /<br>TREASURER<br>0.00                             | 0                                         | 0                                                                     | 0                                     |
| RUTH D COURAIN<br>9 DEER RUN RD<br>MANAKINSABOT, VA 23103          |                                                              |                                           |                                                                       |                                       |
| WILLIAM M RICHARDSON<br>1618 MONTCROFT WAY<br>MIDLOTHIAN, VA 23112 | VICE PRESIDENT /<br>SECRETARY<br>0.00                        | 0                                         | 0                                                                     | 0                                     |
| ROBERT C COURAIN III<br>6601 ELLESMERE ROAD<br>NASHVILLE, TN 37205 |                                                              |                                           |                                                                       |                                       |
| DR FRANKLIN LUKE<br>5143 OXFORD DRIVE<br>SARASOTA, FL 34242        | DIRECTOR<br>0.00                                             | 0                                         | 0                                                                     | 0                                     |
| ALLEN C GOOLSBY III<br>951 E BYRD STREET<br>RICHMOND, VA 23219     |                                                              |                                           |                                                                       |                                       |
| LAUREN C LUKE<br>5143 OXFORD DRIVE<br>SARASOTA, FL 34242           | DIRECTOR<br>0.00                                             | 0                                         | 0                                                                     | 0                                     |
|                                                                    |                                                              |                                           |                                                                       |                                       |

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

|                     |
|---------------------|
| ROBERT C COURAIN JR |
| RUTH D COURAIN      |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                 | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                                  |         |
| ALL FAITHS FOOD BANK<br>8171 BLAIKIE COURT<br>SARASOTA, FL 34240                                         | NONE                                                                                                      | PUBLIC                         | END HUNGER IN COMMUNITY.                                         | 2,500   |
| AMERICAN RED CROSS<br>420 E CARY STREET<br>RICHMOND, VA 23219                                            | NONE                                                                                                      | PUBLIC                         | PROVIDE COMPASSIONATE CARE TO THOSE IN NEED                      | 2,500   |
| ANNA JULIA COOPER EPISCOPAL SCHOOL<br>2124 N 29TH AVENUE<br>RICHMOND, VA 23223                           | NONE                                                                                                      | SCHOOL                         | FAITH BASED SCHOOL FOR STUDENTS WITH LIMITED FINANCIAL RESOURCES | 25,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                  | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                             |         |
| ART 180114 W MARSHALL STREET<br>RICHMOND, VA 23220                                                       | NONE                                                                                                      | PUBLIC                         | PROVIDE PASTORAL COUNSELING                 | 1,000   |
| BIG BROTHERS BIG SISTERS<br>1707 SUMMIT AVENUE<br>RICHMOND, VA 23230                                     | NONE                                                                                                      | PUBLIC                         | HELP CHILDREN REALIZE THEIR POTENTIAL       | 1,000   |
| BOAZ & RUTH<br>3030 MEADOWBRIDGE ROAD<br>RICHMOND, VA 23222                                              | NONE                                                                                                      | PUBLIC                         | REBUILDING,EMPOWERING, AND CONNECTING LIVES | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                             | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                | Amount  |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|---------|
| Name and address (home or business)                                            |                                                                                                                    |                                      |                                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                           |                                                                                                                    |                                      |                                                                    |         |
| BON SECOURS HEALTH CARE FDN<br>5875 BREMO ROAD<br>RICHMOND, VA 23226           | NONE                                                                                                               | PUBLIC                               | SERVING THE COMMUNITY<br>THROUGH COMMUNITY HEALTH<br>OUTREACH      | 2,000   |
| CAPITAL AREA PARTNERSHIP (CAPUP)<br>1021 OLIVER HILL WAY<br>RICHMOND, VA 23219 | NONE                                                                                                               | PUBLIC                               | PROVIDING RESOURCES TO<br>PEOPLE TO HELP THEMSELVES                | 1,000   |
| CARITAS1125 COMMERCE ROAD<br>RICHMOND, VA 23224                                | NONE                                                                                                               | PUBLIC                               | BREAKS CIRCLE OF<br>HOMELESSNESS AND<br>ADDICTION, RECLAIM DIGNITY | 25,000  |
| <b>Total . . . . . ▶ 3a</b>                                                    |                                                                                                                    |                                      |                                                                    | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                    |         |
| CATHOLIC RELIEF SERVICES<br>228 W LEXINGTON STREET<br>BALTIMORE, MD 21201                                | NONE                                                                                                      | PUBLIC                         | ASSIST POOR AND VULNERABLE OVERSEAS.               | 1,000   |
| CENTRAL VIRGINIA LEGAL AID SOCIETY<br>101 W BROAD STREET<br>RICHMOND, VA 23220                           | NONE                                                                                                      | PUBLIC                         | LEGAL ASSISSTANCE TO LOW INCOME PEOPLE             | 1,000   |
| CHESTERFIELD-COLONIAL HGTS<br>CHRISTMAS MOTHER<br>PO BOX 2500<br>CHESTERFIELD, VA 23832                  | NONE                                                                                                      | PUBLIC                         | ASSIST NEEDS OF FAMILIES DURING THE HOLIDAY SEASON | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution             | Amount  |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|---------|
| Name and address (home or business)                                       |                                                                                                                    |                                      |                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                      |                                                                                                                    |                                      |                                                 |         |
| CHILDRENS MUSEUM OF RICHMOND<br>2626 W BROAD STREET<br>RICHMOND, VA 23220 | NONE                                                                                                               | PUBLIC                               | PROMOTE THE LEARNING OF<br>CHILDREN.            | 1,000   |
| COMING TO THE TABLE RVA<br>173 FILBERT<br>OAKLAND, CA 94607               | NONE                                                                                                               | PUBLIC                               | ENGAGE CONVERSATION ON<br>RACE.                 | 100     |
| COMMONWEALTH CATHOLIC CHARITIES<br>PO BOX 6565<br>RICHMOND, VA 232300565  | NONE                                                                                                               | PUBLIC                               | MAKING A DIFFERENCE IN THE<br>LIVES OF FAMILIES | 3,750   |
| <b>Total . . . . . ▶ 3a</b>                                               |                                                                                                                    |                                      |                                                 | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                          | Amount  |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------|---------|
| Name and address (home or business)                                            |                                                                                                                    |                                      |                                                              |         |
| <b>a</b> <i>Paid during the year</i>                                           |                                                                                                                    |                                      |                                                              |         |
| COMMUNITY BRAIN INJURY<br>7812 SARADER ROAD<br>RICHMOND, VA 23294              | NONE                                                                                                               | PUBLIC                               | COMMUNITY BASED SERVICES<br>FOR SURVIVORS OF BRAIN<br>INJURY | 1,000   |
| CONNOR'S HEROES FOUNDATION<br>11512 ALLECINGIE PKWY<br>RICHMOND, VA 23235      | NONE                                                                                                               | PUBLIC                               | SUPPORT TO CHILDREN IN<br>CANCER TREATMENT                   | 1,000   |
| CRISTO REY RICHMOND HIGH SCHOOL<br>304 N SHEPPARD STREET<br>RICHMOND, VA 23221 | NONE                                                                                                               | SCHOOL                               | EDUCATING YOUNG PEOPLE OF<br>LIMITED ECONOMIC MEANS          | 32,500  |
| <b>Total . . . . . ▶ 3a</b>                                                    |                                                                                                                    |                                      |                                                              | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                      | Amount  |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|---------|
| Name and address (home or business)                                       |                                                                                                                    |                                      |                                                                          |         |
| <b>a</b> <i>Paid during the year</i>                                      |                                                                                                                    |                                      |                                                                          |         |
| CROSS OVER MINISTRY<br>8600 QUIOCCASIN ROAD<br>RICHMOND, VA 23229         | NONE                                                                                                               | PUBLIC                               | HEALTH CARE TO THE<br>UNINSURED IN THE GREATER<br>RICHMOND AREA          | 2,000   |
| DOCTORS WITHOUT BORDERS<br>40 RECTOR STREET<br>NEW YORK, NY 10006         | NONE                                                                                                               | PUBLIC                               | MEDICAL AID WHERE IT IS<br>NEEDED.                                       | 1,500   |
| ELIZABETH KATES FOUNDATION<br>612 E MARSHALL STREET<br>RICHMOND, VA 23219 | NONE                                                                                                               | PUBLIC                               | PROVIDES REHABILITATIVE<br>SERVICES TO WOMEN<br>INCARCERATED IN VIRGINIA | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                               |                                                                                                                    |                                      |                                                                          | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                 |         |
| ELK HILL FARMPO BOX 99<br>GOOCHLAND, VA 23063                                                            | NONE                                                                                                      | PUBLIC                         | PROVIDING HOPE TO VIRGINIA'S YOUTH AND FAMILIES | 1,000   |
| FAMILIES OF THE WOUNDED FUND INC<br>PO BOX 330<br>MIDLOTHIAN, VA 23113                                   | NONE                                                                                                      | PUBLIC                         | SUPPORT FOR WOUNDED OR INJURED SOLDIERS         | 1,000   |
| FEED MORE1415 RHOADMILLER STREET<br>RICHMOND, VA 23220                                                   | NONE                                                                                                      | PUBLIC                         | CENTRAL VIRGINIA HUNGER RELIEF.                 | 80,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                 | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                      |         |
| FIRST BAPTIST CHURCH<br>2709 MONUMENT AVENUE<br>RICHMOND, VA 23220                                       | NONE                                                                                                      | PUBLIC                         | MINISTRY OF CHRISTIAN COMPASSION.                    | 2,500   |
| FISHER HOUSE FOUNDATION<br>300 ARBORETUM PLACE<br>RICHMOND, VA 23236                                     | NONE                                                                                                      | PUBLIC                         | HOME FOR FAMILIES OF VETERANS RECEIVING MEDICAL CARE | 1,000   |
| FLANZER FOUNDATION<br>1843 FLOYD STREET<br>SARASOTA, FL 34239                                            | NONE                                                                                                      | PUBLIC                         | IMPROVING THE QUALITY OF LIFE FOR OTHERS.            | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                      | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                 | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                  |         |
| FOCUS ON THE FAMILY<br>8605 EXPLORER DRIVE<br>SPRINGS, CO 809021051                                      | NONE                                                                                                      | PUBLIC                         | SUPPORT FOR MARRIAGE AND PARENTING.              | 2,500   |
| FULL CIRCLE10611 PATTERSON AVENUE<br>RICHMOND, VA 23238                                                  | NONE                                                                                                      | PUBLIC                         | PROVIDE COMPREHENSIVE PROFESSIONAL GRIEF SUPPORT | 1,000   |
| GATEWAY HOMESPO BOX 460<br>CHESTERFIELD, VA 23832                                                        | NONE                                                                                                      | PUBLIC                         | MENTAL HEALTH TREATMENT PROGRAM.                 | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                  | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                     |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                    | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                     |         |
| GATOR WILDERNESS CAMP SCHOOL<br>44930 FARABEE ROAD<br>PUNTA GORDA, FL 33982                              | NONE                                                                                                      | SCHOOL                         | BUILDING RELATIONSHIPS,<br>PROBLEM SOLVING FOR<br>TROUBLED BOYS     | 5,000   |
| GOOCHLAND CARES2999 RIVER ROAD<br>GOOCHLAND, VA 23063                                                    | NONE                                                                                                      | PUBLIC                         | PROVIDE HEALTH CARE AND<br>HUMAN SERVICES TO<br>GOOCHLAND RESIDENTS | 2,000   |
| GOOCHLAND CHRISTMAS MOTHER<br>PO BOX 322<br>GOOCHLAND, VA 23063                                          | NONE                                                                                                      | PUBLIC                         | CHRISTMAS HELP FOR FAMILIES<br>IN GOOCHLAND COUNTY                  | 1,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                                     | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                              |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution             | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                              |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                              |         |
| HABITAT FOR HUMANITY<br>2281 DABNEY RD SUITE A<br>RICHMOND, VA 23230                                     | NONE                                                                                                      | PUBLIC                         | AFFORDABLE HOME FOR LOW INCOME FAMILIES      | 1,000   |
| HANOVER CHRISTMAS MOTHER<br>PO BOX 39<br>DOSWELL, VA 23047                                               | NONE                                                                                                      | PUBLIC                         | CHRISTMAS PROGRAM FOR NEEDY HANOVER FAMILIES | 1,000   |
| HENRICO CHRISTMAS MOTHER<br>PO BOX 27<br>SANDSTON, VA 23150                                              | NONE                                                                                                      | PUBLIC                         | CHRISTMAS FOR NEEDY HENRICO COUNTY FAMILIES  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                              | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution   | Amount  |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------|---------|
| Name and address (home or business)                                           |                                                                                                                    |                                      |                                       |         |
| <b>a</b> <i>Paid during the year</i>                                          |                                                                                                                    |                                      |                                       |         |
| HENRICO POLICE ATHLETIC LEAGUE<br>8655 STAPLES MILL ROAD<br>HENRICO, VA 23228 | NONE                                                                                                               | PUBLIC                               | CITIZEN BUILDING YOUTH<br>PROGRAMS.   | 1,000   |
| HISTORIC RICHMOND FOUNDATION<br>4 E MAIN STREET<br>RICHMOND, VA 23219         | NONE                                                                                                               | PUBLIC                               | ADVOCATES FOR HISTORY.                | 1,000   |
| JAMES RIVER HORSE FOUNDATION<br>PO BOX 346<br>OILVILLE, VA 23129              | NONE                                                                                                               | PUBLIC                               | REHABILITATION AND CARE OF<br>HORSES. | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                                   |                                                                                                                    |                                      |                                       | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                           |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                          | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                           |         |
| J SARGEANT REYNOLDS CC EDU FDN<br>PO BOX 26924<br>RICHMOND, VA 232616924                                 | NONE                                                                                                      | SCHOOL                         | PROVIDE FINANCIAL RESOURCES TO ADDRESS NEEDS TO PROVIDE AN EDUCATED AND SKILLED WORKFORCE | 1,000   |
| JOHN MARSHALL FOUNDATION<br>1108 E MAIN STREET<br>RICHMOND, VA 23219                                     | NONE                                                                                                      | PUBLIC                         | PUBLIC UNDERSTANDING OF CHIEF JUSTICE JOHN MARSHALL                                       | 2,500   |
| JUNIOR ACHIEVMENT CENTRAL VA<br>4600 COX ROAD<br>GLEN ALLEN, VA 23060                                    | NONE                                                                                                      | PUBLIC                         | ECONOMIC EDUCATION TO SCHOOL CHILDREN.                                                    | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                           | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution       | Amount  |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|---------|
| Name and address (home or business)                                  |                                                                                                                    |                                      |                                           |         |
| <b>a</b> <i>Paid during the year</i>                                 |                                                                                                                    |                                      |                                           |         |
| MAKE-A-WISH FOUNDATION<br>9211 FOREST HILL AVE<br>RICHMOND, VA 23235 | NONE                                                                                                               | PUBLIC                               | WISH, TRIP FOR TERMINALLY<br>ILL CHILDREN | 2,500   |
| MASSEY CANCER CENTER VCU<br>401 COLLEGE ST<br>RICHMOND, VA 23298     | NONE                                                                                                               | PUBLIC                               | CANCER RESEARCH AND<br>PATIENT CARE       | 3,000   |
| MAYMONT FOUNDATION<br>1700 HAMPTON STREET<br>RICHMOND, VA 23220      | NONE                                                                                                               | PUBLIC                               | PUBLIC PARK AND MUSEUM                    | 2,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                   |                                                                                                                    |                                      |                                           | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                   | Amount  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|---------|
| Name and address (home or business)                                   |                                                                                                                    |                                      |                                                                       |         |
| <b>a</b> <i>Paid during the year</i>                                  |                                                                                                                    |                                      |                                                                       |         |
| MERCY MEDICAL ANGELS<br>4620 HAYGOOD ROAD<br>VIRGINIA BEACH, VA 23455 | NONE                                                                                                               | PUBLIC                               | TRANSPORTATION TO CLINICAL<br>CARE FOR THOSE IN NEED                  | 1,000   |
| NATL ALLIANCE MENTAL ILLNESS<br>PO BOX 8260<br>RICHMOND, VA 232260260 | NONE                                                                                                               | PUBLIC                               | SUPPORT FOR INDIVIDUALS<br>AND FAMILIES AFFECTED BY<br>MENTAL ILLNESS | 1,000   |
| NEW LIFE FOR YOUTH<br>205 TURNER ROAD<br>RICHMOND, VA 23224           | NONE                                                                                                               | PUBLIC                               | PROVIDE CHRISTIAN SOLUTION<br>TO DRUG AND ALCOHOL<br>PROBLEMS         | 1,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                    |                                                                                                                    |                                      |                                                                       | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                        |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                       | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                        |         |
| NOAH'S CHILDREN5855 BREMO ROAD<br>RICHMOND, VA 23226                                                     | NONE                                                                                                      | PUBLIC                         | SERVICES AT THE END OF LIFE.                           | 1,000   |
| OUR LADY OF LOURDES CATHOLIC SCHOOL<br>8250 WOODMAN ROAD<br>RICHMOND, VA 23228                           | NONE                                                                                                      | SCHOOL                         | CHALLENGE STUDENTS IN THE CATHOLIC LEARNING            | 1,000   |
| PARALYZED VETS OF AMERICA<br>801 EIGHTEENTH ST NW<br>WASHINGTON, DC 20006                                | NONE                                                                                                      | PUBLIC                         | SUPPORT OF VETERANS WITH SPINAL CORD INJURY OR DISEASE | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                        | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                           | Amount  |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|---------|
| Name and address (home or business)                                                 |                                                                                                                    |                                      |                                                               |         |
| <b>a</b> <i>Paid during the year</i>                                                |                                                                                                                    |                                      |                                                               |         |
| POSITIVE VIBE CAF2825 HATHAWAY RD<br>RICHMOND, VA 23225                             | NONE                                                                                                               | PUBLIC                               | TRAINING PEOPLE WITH<br>PHYSICAL OR COGNITIVE<br>DISABILITIES | 1,000   |
| PROJECT 180 SARASOTA INC<br>PO BOX 25684<br>SARASOTA, FL 342772684                  | NONE                                                                                                               | PUBLIC                               | SEEKS TO REINTEGRATE<br>FORMER OFFENDERS.                     | 1,500   |
| RELATIONSHIP FOUNDATION OF<br>VIRGINIA<br>2101 MAYWILL STREET<br>RICHMOND, VA 23230 | NONE                                                                                                               | PUBLIC                               | BUILDING FUNDAMENTAL<br>ELEMENT OF STRONG<br>COMMUNITIES      | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                         |                                                                                                                    |                                      |                                                               | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                 |         |
| RESILIENT RETREAT<br>1207 SARASOTA CENTER BOULEVARD<br>LAKEWOOD RANCH, FL 34240                          | NONE                                                                                                      | PUBLIC                         | HELP THOSE IMPACTED BY TRAUMA AND ABUSE         | 5,500   |
| RICHMOND CHRISTMAS MOTHER<br>PO BOX 85333<br>RICHMOND, VA 232935333                                      | NONE                                                                                                      | PUBLIC                         | CHRISTMAS HELP FOR FAMILIES IN CITY OF RICHMOND | 1,000   |
| RICHMOND HILL2209 E GRACE STREET<br>RICHMOND, VA 23223                                                   | NONE                                                                                                      | PUBLIC                         | ARMSTRONG LEADERSHIP PROGRAM OF BUSINESS        | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                 | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |         |
| RICHMOND SPCA<br>2519 HERMITAGE ROAD<br>RICHMOND, VA 23220                                               | NONE                                                                                                      | PUBLIC                         | NO KILL HUMANE SOCIETY.                        | 500     |
| RIVERSIDE SCHOOL2110 MCRAE ROAD<br>CHESTERFIELD, VA 23235                                                | NONE                                                                                                      | SCHOOL                         | NUTURING ENVIRONMENT TO CHILDREN WITH DYSLEXIA | 1,000   |
| RICHMOND SYMPHONY<br>300 W FRANKLIN ST<br>RICHMOND, VA 23220                                             | NONE                                                                                                      | PUBLIC                         | COMMITMENT TO SYMPHONIC MUSIC CENTRAL VIRGINIA | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                 |         |
| RONALD MCDONALD HOUSE CHARITIES OF RICHMOND<br>2330 MONUMENT AVENUE<br>RICHMOND, VA 23220                | NONE                                                                                                      | PUBLIC                         | SUPPORT PROGRAMS THAT IMPROVE HEALTH AND WELL BEING OF CHILDREN | 1,000   |
| SAFE HARBORPO BOX 17996<br>RICHMOND, VA 23226                                                            | NONE                                                                                                      | PUBLIC                         | EMPOWERS SUVIVORS OF SEXUAL AND DOMESTIC VIOLENCE               | 1,000   |
| SCIENCE MUSEUM OF VA FOUNDATION<br>PO BOX 11624<br>RICHMOND, VA 23230                                    | NONE                                                                                                      | PUBLIC                         | TO SUPPORT THE SCIENCE MUSEUM                                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                 | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                        |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                       | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                        |         |
| SOAR 3653600 SAUNDERS AVENUE<br>RICHMOND, VA 23227                                                       | NONE                                                                                                      | PUBLIC                         | CREATE OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES | 1,000   |
| SPARC<br>2106-A NORTH HAMILTON STREET<br>RICHMOND, VA 23230                                              | NONE                                                                                                      | PUBLIC                         | TRAINING FOR YOUNG PEOPLE IN THE PERFORMING ARTS       | 1,000   |
| SPECIAL OLYMPICS VIRGINIA<br>3212 SKIPWITH ROAD<br>RICHMOND, VA 23294                                    | NONE                                                                                                      | PUBLIC                         | SPECIAL NEED ATHLETES WITH INTELLECTUAL DISABILITIES   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                        | 571,600 |

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                               | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                             | Amount  |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                     |                                                                                                                    |                                      |                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                    |                                                                                                                    |                                      |                                                                                 |         |
| ST ANDREWS SCHOOL<br>227 S CHERRY STREET<br>RICHMOND, VA 23220          | NONE                                                                                                               | SCHOOL                               | SCHOOL FOR LOW INCOME<br>FAMILIES.                                              | 500     |
| ST FRANCIS HOME<br>65 W CLOPTON STREET<br>RICHMOND, VA 23225            | NONE                                                                                                               | PUBLIC                               | WHERE SENIORS FIND THE<br>INDEPENDENCE, DIGNITY, AND<br>SELF-WORTH THEY DESERVE | 3,750   |
| ST JOSEPH'S VILLA FOR CHILDREN<br>8000 BROOK ROAD<br>RICHMOND, VA 23227 | NONE                                                                                                               | PUBLIC                               | ENABLE CHILDREN TO GROW IN<br>A SAFE ENVIRONMENT                                | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                             |                                                                                                                    |                                      |                                                                                 | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                       |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                      | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                       |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                       |         |
| THE DOORWAYS612 E MARSHALL ST<br>RICHMOND, VA 23219                                                      | NONE                                                                                                      | PUBLIC                         | SHELTER/SUPPORT LIFE SAVING TREATMENTS MEDICAL CRISIS | 1,000   |
| THE READ CENTER<br>4915 RADFORD AVENUE<br>RICHMOND, VA 23230                                             | NONE                                                                                                      | PUBLIC                         | HELP DEVELOP READING AND COMMUNICATION SKILLS         | 1,000   |
| THE VIRGINIA COLLEGE FUND<br>6002 W BROAD STREET SUITE 201<br>RICHMOND, VA 23230                         | NONE                                                                                                      | PUBLIC                         | FUNDS FOR PRIVATE HIGHER EDUCATION.                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                       | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                           |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution          | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                           |         |
| THE VIRGINIA HOME<br>1101 HAMPTON STREET<br>RICHMOND, VA 23220                                           | NONE                                                                                                      | PUBLIC                         | HOME FOR PHYSICALLY DISABLED VIRGINIANS   | 2,500   |
| UNITED WAY GREATER RICHMOND - PETERSBURG<br>PO BOX 11807<br>RICHMOND, VA 23220                           | NONE                                                                                                      | PUBLIC                         | TO MEET COMMUNITY HUMAN SERVICE NEEDS     | 292,000 |
| USO (UNITED SERVICE ORGANIZATION)<br>PO BOX 96860<br>WASHINGTON, DC 20007                                | NONE                                                                                                      | PUBLIC                         | SERVICES TO OUR ARMED FORCES AND FAMILIES | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                           | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                      |         |
| UVA DARDEN SCHOOL FDN<br>100 DARDEN BOULEVARD<br>CHARLOTTESVILLE, VA 22903                               | NONE                                                                                                      | SCHOOL                         | IMPROVE SOCIETY BY DEVELOPING LEADERS.                               | 5,000   |
| VALENTINE RICHMOND HISTORY CENTER<br>1015 E CARY STREET<br>RICHMOND, VA 23219                            | NONE                                                                                                      | PUBLIC                         | PRESERVING, COLLECTING, INTERPRETING, AND EDUCATING RICHMOND'S STORY | 1,000   |
| VIRGINIA VETERANS FAMILY SUPPORT<br>900 E MAIN STREET<br>RICHMOND, VA 23219                              | NONE                                                                                                      | PUBLIC                         | PROVIDES SUPPORT TO VETERANS AND THEIR FAMILIES                      | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                      | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                         |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                        | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                         |         |
| VIRGINIA HISTORICAL SOCIETY<br>428 NORTH BOULEVARD<br>RICHMOND, VA 23220                                 | NONE                                                                                                      | PUBLIC                         | CONNECTING PEOPLE TO AMERICA'S PAST THROUGH THE STORY OF VIRGINIA                       | 1,000   |
| VIRGINIA WAR MEMORIAL EDUCATION FDN<br>621 S BELVIDERE STREET<br>RICHMOND, VA 23220                      | NONE                                                                                                      | PUBLIC                         | HONORING VETERANS, PRESERVING HISTORY, EDUCATING YOUTH, AND INSPIRING PATRIOTISM IN ALL | 2,000   |
| WORLD PEDIATRIC PROJECT<br>7201 GLEN FOREST DR SUITE 304<br>RICHMOND, VA 23226                           | NONE                                                                                                      | PUBLIC                         | PROVIDING CHILDREN AND THEIR FAMILIES A HEALTHIER AND BRIGHTER FUTURE                   | 3,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                                                         | 571,600 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                         |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                        | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                         |         |
| YELLOW RIBBON FUND<br>7200 WISCONSIN AVENUE<br>BETHESDA, MD 20814                                        | NONE                                                                                                      | PUBLIC                         | WELCOMING OUR INJURED<br>SERVICE MEMBERS HOME           | 1,000   |
| YOUTH LIFE FOUNDATION<br>PO BOX 15202<br>RICHMOND, VA 23227                                              | NONE                                                                                                      | PUBLIC                         | DEVELOP LEADERS IN CHILDREN<br>FROM AT RISK COMMUNITIES | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                         | 571,600 |

# TY 2019 Investments Corporate Bonds Schedule

**Name:** RECO FOUNDATION

**EIN:** 54-6039609

## Investments Corporate Bonds Schedule

| Name of Bond    | End of Year Book Value | End of Year Fair Market Value |
|-----------------|------------------------|-------------------------------|
| CORPORATE BONDS | 3,510,535              | 3,753,637                     |

**TY 2019 Investments Corporate Stock Schedule****Name:** RECO FOUNDATION**EIN:** 54-6039609**Investments Corporation Stock Schedule**

| <b>Name of Stock</b> | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------|-------------------------------|--------------------------------------|
| CORPORATE STOCK      | 4,962,336                     | 7,892,208                            |

**TY 2019 Other Assets Schedule****Name:** RECO FOUNDATION**EIN:** 54-6039609**Other Assets Schedule**

| Description      | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|------------------|-----------------------------------|-----------------------------|------------------------------------|
| INVESTMENT FUNDS | 1,844                             | 817                         | 817                                |

**TY 2019 Other Expenses Schedule****Name:** RECO FOUNDATION**EIN:** 54-6039609**Other Expenses Schedule**

| Description  | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| AMORTIZATION | 10,863                         | 0                     |                     | 0                                     |

**TY 2019 Other Income Schedule****Name:** RECO FOUNDATION**EIN:** 54-6039609**Other Income Schedule**

| Description                | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|----------------------------|-----------------------------------|--------------------------|---------------------|
| LITIGATION PAYMENTS        | 37                                | 37                       | 37                  |
| CAPITAL GAIN DISTRIBUTIONS | 139,482                           | 139,482                  | 139,482             |

**TY 2019 Other Professional Fees Schedule****Name:** RECO FOUNDATION**EIN:** 54-6039609

| <b>Category</b>          | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| INVESTMENT ADVISORY FEES | 61,180        | 61,180                           |                                | 0                                                    |

**TY 2019 Taxes Schedule****Name:** RECO FOUNDATION**EIN:** 54-6039609

| <b>Category</b>    | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| FEDERAL EXCISE TAX | 3,500         | 0                                |                                | 0                                                    |