

**THE NETTIE L AND CHARLES L WILEY  
FOUNDATION**

52-1231771 FORM 990-PF ESTIMATES

Form **990-W**  
(Worksheet)  
Department of the Treasury  
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**  
(and on Investment Income for Private Foundations)  
Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

**2020**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax for trusts. See instructions .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits. See instructions .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes. See instructions .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels. See instructions .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	5,547
b	Enter the tax shown on the 2019 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	5,547
c	<b>2020 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	5,547

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions .....	11	05/15/20	06/15/20	09/15/20	12/15/20
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	1,400	1,400	1,400	1,400
13	<b>2019 Overpayment.</b> See instructions .....	13				
14	<b>Payment due</b> (Subtract line 13 from line 12) .....	14	1,400	1,400	1,400	1,400

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**THE NETTIE L AND CHARLES L WILEY  
FOUNDATION**

Employer identification number

**52-1231771**

Name and title of officer

**LESLIE FRANKLIN  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	<b>5,547</b>
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize DEHNERT, CLARKE & CO., P.C. to enter my PIN 22480 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_

Date } **05/14/20**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } \_\_\_\_\_

Date } **05/14/20**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990-PF**

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation <b>THE NETTIE L AND CHARLES L WILEY FOUNDATION</b>		A Employer identification number <b>52-1231771</b>						
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 126</b>	Room/suite	B Telephone number (see instructions)						
City or town, state or province, country, and ZIP or foreign postal code <b>IRVINGTON VA 22480</b>		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td><input type="checkbox"/> Initial return</td><td><input type="checkbox"/> Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/> Final return</td><td><input type="checkbox"/> Amended return</td></tr> <tr><td><input type="checkbox"/> Address change</td><td><input type="checkbox"/> Name change</td></tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <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 <input type="checkbox"/>						
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 10,922,172</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						

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)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) .....				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....	86,003	86,003	86,003	
	4 Dividends and interest from securities .....	213,652	213,652	213,652	
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	320,801			
	b Gross sales price for all assets on line 6a <b>764,838</b>				
	7 Capital gain net income (from Part IV, line 2) .....		320,801		
	8 Net short-term capital gain .....			0	
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) (attach schedule) .....					
11 Other income (attach schedule) <b>STMT 1</b> .....	6,245		6,245		
12 <b>Total.</b> Add lines 1 through 11 .....	626,701	620,456	305,900		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	30,000	5,000		25,000
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees (attach schedule) <b>SEE STMT 2</b> .....	1,068			1,068
	b Accounting fees (attach schedule) <b>STMT 3</b> .....	3,082	1,541		1,541
	c Other professional fees (attach schedule) .....				
	17 Interest .....				
	18 Taxes (attach schedule) (see instructions) <b>STMT 4</b> .....	12,718	12,718		
	19 Depreciation (attach schedule) and depletion <b>STMT 5</b> .....	128			
	20 Occupancy .....	1,800			1,800
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses (att. sch.) <b>STMT 6</b> .....	57,446	46,474		10,972
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	106,242	65,733	0	40,381
	25 Contributions, gifts, grants paid .....	538,864			538,864
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	645,106	65,733	0	579,245	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	-18,405				
b <b>Net investment income</b> (if negative, enter -0-) .....		554,723			
c <b>Adjusted net income</b> (if negative, enter -0-) .....			305,900		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

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	3,571	4,581	4,583	
	2	Savings and temporary cash investments	607,722	372,127	372,127	
	3	Accounts receivable <b>u</b>				
		Less: allowance for doubtful accounts <b>u</b>				
	4	Pledges receivable <b>u</b>				
		Less: allowance for doubtful accounts <b>u</b>				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (att. schedule) <b>u</b>				
		Less: allowance for doubtful accounts <b>u</b>	0			
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments – U.S. and state government obligations (attach schedule)				
		<b>b</b> Investments – corporate stock (attach schedule) <b>SEE STMT 7</b>	4,233,629	4,639,504	7,694,095	
		<b>c</b> Investments – corporate bonds (attach schedule) <b>SEE STMT 8</b>	2,701,685	2,576,356	2,767,020	
	11	Investments – land, buildings, and equipment: basis <b>u</b>				
	Less: accumulated depreciation (attach sch.) <b>u</b>					
12	Investments – mortgage loans					
13	Investments – other (attach schedule)					
14	Land, buildings, and equipment: basis <b>u</b> <b>77,426</b>					
	Less: accumulated depreciation (attach sch.) <b>u</b> <b>STMT 9</b> <b>13,188</b>	128,604	64,238	64,238		
15	Other assets (describe <b>u</b> <b>SEE STATEMENT 10</b> )	20,109	20,109	20,109		
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	7,695,320	7,676,915	10,922,172		
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 <b>u</b> )				
	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 and complete lines 24, 25, 29, and 30.</b> <b>u</b> <input checked="" type="checkbox"/>					
	24	Net assets without donor restrictions	7,695,320	7,676,915		
	25	Net assets with donor restrictions				
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <b>u</b> <input type="checkbox"/>					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds				
29	<b>Total net assets or fund balances</b> (see instructions)	7,695,320	7,676,915			
30	<b>Total liabilities and net assets/fund balances</b> (see instructions)	7,695,320	7,676,915			

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 7,695,320
2	Enter amount from Part I, line 27a	2 -18,405
3	Other increases not included in line 2 (itemize) <b>u</b>	3
4	Add lines 1, 2, and 3	4 7,676,915
5	Decreases not included in line 2 (itemize) <b>u</b>	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6 7,676,915

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a		P	12/31/12	12/31/19
<b>b CAPITAL GAIN DISTRIBUTIONS</b>				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 760,486		444,037	316,449	
b 4,352			4,352	
c				
d				
e				
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			316,449	
b			4,352	
c				
d				
e				
2 Capital gain net income or (net capital loss) <span style="float:right">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>			2	320,801
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3	

**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 doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	477,466	9,802,804	0.048707
2017	448,776	9,900,031	0.045331
2016	470,460	9,398,165	0.050059
2015	464,238	9,494,639	0.048895
2014	440,846	9,636,346	0.045748
2 Total of line 1, column (d)			2 0.238740
3 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			3 0.047748
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 10,045,016
5 Multiply line 4 by line 3			5 479,629
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 5,547
7 Add lines 5 and 6			7 485,176
8 Enter qualifying distributions from Part XII, line 4 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.			8 579,245

**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. 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>	<b>5,547</b>
<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>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>5,547</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>0</b>
<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>	<b>5,547</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	<b>3,300</b>
<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>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	<b>3,300</b>
<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>	
<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>9</b>	<b>2,247</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>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b>		<b>X</b>
<b>b</b>		<b>X</b>
<b>c</b>		<b>X</b>
<b>d</b>		
<b>e</b>		
<b>2</b>		<b>X</b>
<b>3</b>		<b>X</b>
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>N/A</b>
<b>5</b>		<b>X</b>
<b>6</b>	<b>X</b>	
<b>7</b>	<b>X</b>	
<b>8a</b>		
<b>b</b>	<b>X</b>	
<b>9</b>		<b>X</b>
<b>10</b>		<b>X</b>

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

		Yes	No
11	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		X
12	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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>u WWW.WILEYFDN.ORG</b>	X	
14	The books are in care of <b>u THE FOUNDATION</b> Telephone no. <b>u 804-438-5656</b> <b>P. O. BOX 126</b> Located at <b>u IRVINGTON</b> VA ZIP+4 <b>u 22480</b>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>u 15</b>		
16	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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>u</b>		X

**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.**

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
(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	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 Organizations relying on a current notice regarding disaster assistance, check here <b>u</b> <input type="checkbox"/> <b>N/A</b>	1b	
c	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? <b>N/A</b>	1c	
2	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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>u</b> 20 , 20 , 20 , 20		
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.) <b>N/A</b>	2b	
c	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. <b>u</b> 20 , 20 , 20 , 20		
3a	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	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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) <b>N/A</b>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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?	4b	X

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

		Yes	No
<b>5a</b> During the year did the foundation pay or incur any amount to:			
(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	N/A		<b>5b</b>
Organizations relying on a current notice regarding disaster assistance, check here	u <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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<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>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>6b</b> X
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>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		<b>7b</b>
<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(s) 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

**1** List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11				

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 ▶ **0**



**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		

Total number of others receiving over \$50,000 for professional services **u**

**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
1 N/A	
2	
3	
4	

**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
1 N/A	
2	
All other program-related investments. See instructions. 3	

Total. Add lines 1 through 3 **▶**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,583,440
b	Average of monthly cash balances	1b	498,080
c	Fair market value of all other assets (see instructions)	1c	116,466
d	<b>Total</b> (add lines 1a, b, and c)	1d	10,197,986
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,197,986
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	152,970
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,045,016
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	502,251

**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.)

1	Minimum investment return from Part X, line 6	1	502,251
2a	Tax on investment income for 2019 from Part VI, line 5	2a	5,547
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	5,547
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	496,704
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	496,704
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	496,704

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	579,245
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	579,245
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	5,547
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	573,698

**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) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				<b>496,704</b>
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only			<b>483,313</b>	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<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> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: <b>u</b> \$ <b>579,245</b>				
<b>a</b> Applied to 2018, but not more than line 2a			<b>483,313</b>	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2019 distributable amount				<b>95,932</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<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				
<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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount – see instructions				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				<b>400,772</b>
<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)				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
<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 XV** Supplementary Information *(continued)*

**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)				
a <i>Paid during the year</i> <b>AMERICAN UNIVERSITY</b> 4400 MASSACHUSETTS AVE., WASHINGTON DC 20016	NONE	501(C)3	SCHOLARSHIPS	7,500
<b>BETHEL UNITED METHODIST CHURCH</b> P. O. BOX 118 LIVELY VA 22507	NONE	501(C)3	PRESCHOOL	20,000
<b>BOYS &amp; GIRLS CLUB OF THE NN</b> P. O. BOX 564 KILMARNOCK VA 22482	NONE	501(C)3	CHILDREN'S EDUCATION	50,000
<b>BRIDGEWATER</b> 402 COLLEGE ST BRIDGEWATER VA 22812	NONE	501(C)3	SCHOLARSHIPS	2,500
<b>CHESAPEAKE ACADEMY</b> P. O. BOX 8 IRVINGTON VA 22480	NONE	501(C)3	CHILDREN'S PROGRAMS	50,000
<b>HEALTHY HARVEST FOOD BANK</b> P. O. BOX 735 WARSAW VA 22572	NONE	501(C)3	CHILDREN'S HEALTH	22,500
<b>HOOD COLLEGE</b> 401 ROSEMONT AVE FREDERICK MD 21701	NONE	501(C)3	SCHOLARSHIPS	2,500
<b>JAMES MADISON UNIVERSITY</b> 738 S MASON ST., MSC 3516 HARRISONBURG VA 22807	NONE	501(C)3	SCHOLARSHIPS	10,500
<b>KIWANIS KIDS</b> P. O. BOX 2073 KILMARNOCK VA 22482	NONE	501(C)3	CHILDREN'S PROGRAMS	1,000
<b>LANCASTER COMMUNITY LIBRARY</b> P. O. BOX 850 KILMARNOCK VA 22482	NONE	501(C)3	CHILDREN'S PROGRAMS	3,250
<b>Total</b>			<b>u 3a</b>	<b>538,864</b>
b <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>u 3b</b>	





**Part XV** Supplementary Information *(continued)*

**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> <b>LANCASTER COUNTY VA EDUCATION FDN.</b> P. O. BOX 928 KILMARNOCK VA 22482	NONE	501(C)3	EDUCATION	39,376
<b>LANCASTER VIRGINIA HISTORICAL SOCIE</b> P. O. BOX 97 LANCASTER VA 22503	NONE	501(C)3	CHILDREN'S PROGRAMS	5,000
<b>LEARNING CENTER OF THE NORTHERN NEC</b> 217 S. MAIN STREET KILMARNOCK VA 22482	NONE	501(C)3	SCHOLARSHIPS	4,000
<b>LONGWOOD UNIVERSITY</b> 201 HIGH STREET FARMVILLE VA 23909	NONE	501(C)3	SCHOLARSHIPS	5,000
<b>LYNCHBURG UNIVERSITY</b> 1501 LAKESIDE DR LYNCHBURG VA 24501	NONE	501(C)3	SCHOLARSHIPS	2,000
<b>NATIONAL CHILD SAFETY COUNCIL</b> 8293 MARY BALL ROAD LANCASTER VA 22503	NONE	501(C)3	CHILDREN'S PROGRAMS	500
<b>NORTHERN NECK FAMILY YMCA</b> 39 WILLIAM B. GRAHAM COUR KILMARNOCK VA 22482	NONE	501(C)3	CHILDREN'S PROGRAMS	186,238
<b>NORTHERN NECK FREE HEALTH CLINIC</b> P. O. BOX 1694 KILMARNOCK VA 22482	NONE	501(C)3	HEALTH	50,000
<b>RADFORD UNIVERSITY</b> P.O. BOX 6922 RADFORD VA 24142	NONE	501(C)3	SCHOLARSHIPS	2,500
<b>STEAMBOAT ERA MUSEUM</b> P. O. BOX 132 IRVINGTON VA 22480	NONE	501(C)3	CHILDREN'S PROGRAMS	35,000
<b>Total</b>			<b>u 3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>u 3b</b>	



**Part XV** Supplementary Information *(continued)*

**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> <b>THE HAVEN</b> P. O. BOX 1267 WARSAW VA 22572	NONE	501(C)3	HEALTH	20,000
<b>THREE RIVERS HEALTHY FAMILIES</b> P. O. BOX 40 SALUDA VA 23149	NONE	501(C)3	CHILDREN'S HEALTH	15,000
<b>UNIVERSITY OF MARY WASHINGTON</b> 1119 HANOVER STREET FREDERICKSBURG VA 22401	NONE	501(C)3	SCHOLARSHIPS	2,500
<b>VIRGINIA TECH</b> 800 WASHINGTON ST SW BLACKSBURG VA 24061	NONE	501(C)3	SCHOLARSHIPS	2,000
<b>Total</b>				<b>u 3a</b>
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>				<b>u 3b</b>

**Federal Statements**

**Statement 1 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
FORM 990PF TAX REFUND	\$ 6,245	\$	\$ 6,245
TOTAL	<u>\$ 6,245</u>	<u>\$ 0</u>	<u>\$ 6,245</u>

**Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	\$ 1,068	\$	\$	\$ 1,068
TOTAL	<u>\$ 1,068</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,068</u>

**Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING	\$ 3,082	\$ 1,541	\$	\$ 1,541
TOTAL	<u>\$ 3,082</u>	<u>\$ 1,541</u>	<u>\$ 0</u>	<u>\$ 1,541</u>

**Statement 4 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
REAL ESTATE TAXES	\$ 2,263	\$ 2,263	\$	\$
FOREIGN DIVIDEND TAX	10,455	10,455	\$	\$
TOTAL	<u>\$ 12,718</u>	<u>\$ 12,718</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements****Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation**

Description								
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income	
WEB DESIGN								
1/31/07	\$ 10,232	\$ 10,232		3	\$	\$	\$	
COPIER & MONITOR								
6/30/07	1,155	1,155	S/L	5				
COMPUTER UPGRADE								
11/09/07	528	528	S/L	5				
LAPTOP								
7/08/14	1,273	1,145	S/L	5	128			
TOTAL	\$ 13,188	\$ 13,060			\$ 128	\$ 0	\$ 0	

**Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
BANK CHARGES	326	326		
DUES	1,240	1,240		
FIDUCIARY FEES	10,073			10,073
INVESTMENT ADVISORY FEE	44,760	44,760		
POSTAGE	76	76		
WEB SITE EXPENSE	899			899
OFFICE	72	72		
TOTAL	\$ 57,446	\$ 46,474	\$ 0	\$ 10,972

**Federal Statements**

**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CORPORATE STOCK & EQUITIES	\$ 4,233,629	\$ 4,639,504	COST	\$ 7,694,095
TOTAL	\$ 4,233,629	\$ 4,639,504		\$ 7,694,095

**Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CORPORATE BONDS	\$ 2,701,685	\$ 2,576,356	COST	\$ 2,767,020
TOTAL	\$ 2,701,685	\$ 2,576,356		\$ 2,767,020

**Statement 9 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
COMPUTER EQUIPMENT AND WEBSITE	\$ 128	\$ 13,188	\$ 13,188	\$
LAND	128,476	64,238		64,238
TOTAL	\$ 128,604	\$ 77,426	\$ 13,188	\$ 64,238

**Federal Statements****Statement 10 - Form 990-PF, Part II, Line 15 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
ESTATE PERSONAL PROPERTY FOR SALE	\$ 3,960	\$ 3,960	\$ 3,960
EDUCATION LOAN RECEIVABLE	16,149	16,149	16,149
TOTAL	<u>\$ 20,109</u>	<u>\$ 20,109</u>	<u>\$ 20,109</u>

**Federal Statements****Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
CATHARINE B MOORE PO BOX 126 IRVINGTON VA 22480	SECRETARY	0.00	6,000	0	0
GLORIA C CONLEY PO BOX 126 IRVINGTON VA 22480	VICE PRES.	0.00	6,000	0	0
B.H.B HUBBARD DEC'D PO BOX 126 IRVINGTON VA 22480	TREASURER	0.00	6,000	0	0
LESLIE FRANKLIN PO BOX 126 IRVINGTION VA 22480	PRESIDENT	0.00	6,000	0	0
PHILLIP WILLIAMS PO BOX 126 IRVINGTON VA 22480	HISTORIAN	0.00	6,000	0	0

**Federal Statements**

**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**

Description

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SEE WEBSITE

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**Form 990-PF, Part XV, Line 2c - Submission Deadlines**

Description

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SEE WEBSITE

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**Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations**

Description

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SEE WEBSITE