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2019

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , ar	nd ending 12-31-	2019			
		Indation JSH FOUNDATION	A Employer id	A Employer identification number				
	IL LIVOL	1311 CONDATION	54-6036409	54-6036409				
		d street (or P O $$ box number if mail is not delivered to street address): R OAKS DRIVE	Room/suite	B Telephone nu	mber (see instruction	ns)		
		1770		(434) 369-4771	-			
		n, state or province, country, and ZIP or foreign postal code VA 24517		C If exemption	application is pendin	g, check here		
G CH	neck al	ll that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere . \square		
		☐ Final return ☐ Amended return			ganizations meeting			
		Address change Name change		· ·	k here and attach co	· -		
H C	neck ty	ablape of organization $ abla$ Section 501(c)(3) exempt private f	foundation		ındatıon status was t n 507(b)(1)(A), chec			
	Section	n 4947(a)(1) nonexempt charitable trust	e private foundation					
		ket value of all assets at end from Part II, col (c),	🗌 Cash 🗹 Accru		ation is in a 60-mont n 507(b)(1)(B), chec			
		►\$ 2,773,140	ho on each basis	under section	11 307(B)(1)(B), chec	K liefe		
			De on cash basis)		Г			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		equal the amounts in column (a) (see instructions))	expenses per books	ıncome	income	purposes (cash basıs only)		
	1	Contributions, gifts, grants, etc , received (attach				(,		
		schedule)						
	2	Check > \(\sum \) if the foundation is not required to attach						
	3	Sch B Interest on savings and temporary cash investments	2,240	2,240				
	4	Dividends and interest from securities	36,877	36,877				
	5a	Gross rents	21,599	21,599				
	ь	Net rental income or (loss)16,102						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	120,829					
Revenue	ь	Gross sales price for all assets on line 6a 540,651						
Re	7	Capital gain net income (from Part IV, line 2)		120,829				
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances 10,024						
	ь	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	10,024					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	191,569	181,545				
	13	Compensation of officers, directors, trustees, etc	0	0		0		
	14	Other employee salaries and wages						
ses	15	Pension plans, employee benefits						
ens	16a	Legal fees (attach schedule)	48.1					
Expenses	Ь	Accounting fees (attach schedule)	4,800	0		4,800		
ve l	_ c	Other professional fees (attach schedule)						
and Administrative	17	Interest	06-1 4.770	4 770		_		
15	18	Taxes (attach schedule) (see instructions)	4,778	4,778		0		
E	19	Depreciation (attach schedule) and depletion	65.4	00.4				
Ad	20 21	Occupancy	834	834		0		
nd	22	Printing and publications						
g 9	23	Other expenses (attach schedule)	9,000	9,000		0		
Operating	24	Total operating and administrative expenses.	2,300					
ær		Add lines 13 through 23	19,412	14,612		4,800		
ŏ	25	Contributions, gifts, grants paid	130,900	•		130,900		
	26	Total expenses and disbursements. Add lines 24 and 25	150.5:-	44.61-		405.755		
	27	Subtract line 26 from line 12	150,312	14,612		135,700		
	a	Excess of revenue over expenses and						
	_	disbursements	41,257					
	b	Net investment income (if negative, enter -0-)		166,933				
Ea-	C	Adjusted net income (If negative, enter -0-)				000 PE (2015)		
· OF	raper	WOLK REGUCTION ACT NOTICE, SEE INSTRUCTIONS.		Cat No 11289	ioi i	m 990-PF (2019)		

313,477

1,656,626

2,620

2,620

1,654,006

1,654,006

1,656,626

ارچە

260,529

1,692,538

2,620

2,620

1,689,918

1,689,918

1,692,538

1,654,006

1,695,263

1,689,918

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41,257

5,345

1

2

3

4

5

399,855

2.773.140

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg, and equipment fund

Less accumulated depreciation (attach schedule) ▶ 9,173

Foundations that follow FASB ASC 958, check here

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Net assets without donor restrictions . . .

Other assets (describe -

Other liabilities (describe -_

Grants payable

12

13 14

15

16

17 18

19 20

21

22

23

24

25

26

28

30

Part III

2

3

Liabilities

Fund Balances

ō

Assets 27

Net 29

	chouse, or common stock, 200 sh		P—Purchase	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
4			D—Donation	(/// //	, , , , , ,
1 a SECURITIES RESEARCH 10			P P		2019-12-31
b SECURITIES RESEARCH 10		2019-12-31			
c CHARLES SCHWAB 1099			P		2019-12-31
d CAPITAL GAINS DIVIDEND	5		Р		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain ò	h) r (loss)) minus (g)
a 70,	989		72,960		-1,97
b 408,	699		284,474		124,225
c 45,	135		62,388		-17,253
d 15,	828				15,828
e					
Complete only for assets s	howing gain in column (h) and ow	ned by the foundation	on 12/31/69	1	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	Gains (Col (l col (k), but not	h) gain minus less than -0-) or om col (h))
a					-1,97
b					124,225
c					-17,253
d					15,828
e					
• •	in or (loss) as defined in sections I, line 8, column (c) (see instructi		}	3	
Part V Qualification Ur	ider Section 4940(e) for Re	educed Tax on Net	Investment In	come	
For optional use by domestic pri	vate foundations subject to the se	ction 4940(a) tax on ne	t investment incom	e)	
	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do		ın the base period?) Ye	es 🗹 No
1 Enter the appropriate amo	unt in each column for each year,	see instructions before	making any entrie	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qu a lifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2018	139,368		2,691,301		0 051785
2017	244,003		2,506,222		0 097359
2016	143,870		2,457,083		0 058553
2015	154,190		2,522,585		0 061124
2014	134,666		2,733,868		0 049258
2 Total of line 1, column (d)			2		0 318079
number of years the found	or the 5-year base period—divide ation has been in existence if less haritable-use assets for 2019 fron	than 5 years	0, or by the 3 4		0 063616 2,909,426
		•	5		185,086
	t income (1% of Part I, line 27b)		6		1,669
					186,755
	on from Days VII line 4				
	ns from Part XII, line 4 , . . ter than line 7, check the box in Pa		<u>8</u>	g a 10% tay yata Ca	135,700
instructions	ler uran line 7, check the box in Pa	art vi, line ib, and com	ipiete that part usin	y a 1% tax rate Se	e the Part VI

Form	990-PF (2019)									P	age 6
Pai	rt VII-B Stater	nents Regard	ling	Activities for Which	Form 4720 May Be	Required (continue	d)				
5a	During the year did	the foundation p	ау о	ıncur any amount to						Yes	No
	(1) Carry on propag	ganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	V	No			
(2) Influence the outcome of any specific public election (see sec					tion 4955), or to carry	les	ت	'''			
	on, directly or indirectly, any voter registration drive?							No			
	(3) Provide a grant	to an individual	for tr	avel, study, or other sım	ılar purposes?	Yes Yes	✓	No			
		-		her than a charitable, etc	· -						
				tions		· · · Yes	✓	No			
				eligious, charitable, scien	• • • • • • • • • • • • • • • • • • • •	_	_				
	•			ention of cruelty to childi		⊔ Yes	✓	No			
D				ny of the transactions fa					5b		
	-			nt notice regarding disas regarding disaster assist		_		ŀ	30		
С	-	-		does the foundation clain			Ш				
·		·		sponsibility for the grant	•						
				Regulations section 53		' ' ∐ Yes	Ш	No			
6a				ve any funds, directly or		ıms on					
Va	•	•		ve any runus, unectry or		_					
ь				premiums, directly or inc		⊔ Yes	·	No	6b		No
_	If "Yes" to 6b, file F		F,				-	İ			
7a	•		the	foundation a party to a p	rohibited tax shelter trai	nsaction?					
Ь	-			roceeds or have any net		⊔ res		No	7b		
8	Is the foundation su	ubject to the sect	ion 4	960 tax on payment(s) o	of more than \$1,000,000	in remuneration or		Ì			
	excess parachute pa	ayment during th	e yea	ar ⁹		· · 🗌 Yes	V	No			
	Inform	ation About C	Offic	ers, Directors, Trust	ees. Foundation Ma				ees.		
Pai		ntractors		,					,,		
1	List all officers, di	rectors, trustee	es, fo	undation managers ar	nd their compensation	See instructions					
				b) Title, and average	(c) Compensation (If	(d) Contributions to		(e)	Exper	se acc	ount
	(a) Name and a	iddress		hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensation				lowand	
FR FN	IGLISH JR		TRUS	•	-0-,	dererred compensati	0				
	IVER OAKS DRIVE		1 00		J		Ū				J
ALTA	/ISTA, VA 24517										
	HEN ENGLISH		TRUS 1 00	TEE	0		0				0
	IVER OAKS DRIVE /ISTA, VA 24517		- 00								
RITA	T ENGLISH		TRUS	TEE	0		0				0
	IVER OAKS DRIVE		1 00								
	/ISTA, VA 24517	five highest noi	d a==	unlavaca / athan than t	ess included on line t	oog instructions) T	f ====		.to# "	NONE	71
	Compensation of i	iive iligilest-pai	u en	ployees (other than t		(d) Contributions t		ie, ei	itei	NONE.	<u>'</u>
(a)	Name and address of	each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee benefit		(e) E	Expens	se acco	unt,
	more than \$	50,000		devoted to position	(c) Compensation	plans and deferred	l	otl	ner all	owance	es
NON	=			•	+	compensation					
NON											
							+				
							+				
							+				
					1	1					
Tota	I number of other em	nployees paid ove	er \$5	0,000		🕨					0

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

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

3a 3h

4

5

135,700

135.700

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Amounts set aside for specific charitable projects that satisfy the

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

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

Page 9

142,132

135,700

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6,432

Part XIII	U

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XIII		τ	J

b Total for prior years

b From 2015. . . . c From 2016. .

d From 2017. . . .

a From 2014.

e From 2018.

	,
KIII	Undist

P	art XIII	Undistributed I
1	Distributabl	e amount for 2019 fr

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 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) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. . e Excess from 2019. .

c Excess from 2017. . . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

om Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

29,714

21 615

122.768 7,643

> 23.282 21,615

122.768

7.643

ncome (see instructions)

181.740

6,432

175,308

175,308

(a)

Corpus

(b)

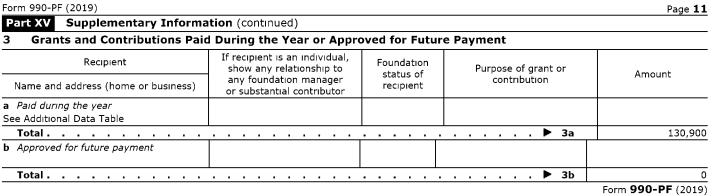
Years prior to 2018

(c)

2018

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

factors
GENERALLY LIMITED TO CAMPBELL COUNTY, VA AREA



Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
d					
e					
f					
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,240	
4 Dividends and interest from securities			14	36,877	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property			16	16,102	
6 Net rental income or (loss) from personal property					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
Inventory			18	120,829	
9 Net income or (loss) from special events			10	120,025	
O Gross profit or (loss) from sales of inventory			01	10,024	
1 Other revenue a					
b					
d					
e					
2 Subtotal Add columns (b), (d), and (e)		0		186,072	
 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated). 	lations)		1	186,072 3	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the columns of activities to the columns.	lations) ne Accomplisi	nment of Exem	pt Purposes	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second line 13 instructions to verify calcular to the second line 14 in the accomplishment of the foundation of the fo	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcular to the second	lations) ne Accomplisi ncome is report	nment of Exempled in column (e) of	1 pt Purposes Fart XVI-A contribu	3	186,072

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Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	2							
1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501									

Part .	XVII	Exempt Organi	-	ansı	C13 10 6	illa II alisacti	ons a	iiu Keiatio	nampa with No	iiciiaiic	авіс		
		anization directly or in than section 501(c)(3)	directly enga							ion 501		Yes	No
a Tran	Isfers fi	rom the reporting foun	dation to a n	, onchar	ritable exe	empt organization	n of			ŀ			
(1)	Cash.									.	1a(1)		No
(2)	Other	assets								. [1a(2)		No
b Othe	er trans	sactions											
(1)	Sales	of assets to a nonchar	table exempt	t orgar	nization.					[1 b(1)		No
(2)	Purcha	ases of assets from a r	oncharitable	exemp	ot organız	ation				[1b(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other as	ssets.						[1b(3)		No
(4)	Reımb	ursement arrangemen	ts							. [1b(4)		No
		or loan guarantees.									1b(5)		No
		mance of services or m	•		•					.	1b(6)		No
	-	facilities, equipment, n			-					L	1c		No
		er to any of the above ls, other assets, or ser											
		saction or sharing arra									•		
	1												
(a) Line	No	(b) Amount involved	(c) Name of	noncha	ritable exer	mpt organization	(d)	Description of	transfers, transactions	s, and shari	ng arra	ngemen	ts
2a Is th	ne foun	dation directly or indire	ectly affiliated	d with,	or relate	d to, one or more	e tax-e	xempt organı	zations				
desc	ribed ii	n section 501(c) (othei	than section	501(c)(3)) or i	n section 527? .			🗆 Y	es 🔽	lνο		
b If "Y	es," co	mplete the following s	chedule										
	•	(a) Name of organization	n		(E) Type of organizat	ion		(c) Description	n of relation	nship		
	ما اسماء		T al	h T la			-1			h = h = = h		4- 4b- 1	L L
		r penalties of perjury, / knowledge and belief											
		n preparer has any kno		,				,					
Sign	*	****				2020-07-07		*****			e IRS dı	scuss th	115
Here	\ _					2020-07-07		\		return with th	e prepa	rer show	vn
	,	ignature of officer or t	rustee			Date		Title		below	_		
		ignature of officer of t	ustee			Date		Title		(see in:	str) 🛂	Yes [No
		Print/Type preparer's	name	Prena	rer's Sign	nature	Date	9		PTIN			
		, . , po preparer s		сра			Pare	=	Check If self		20022	.022	
		RYAN MCENTIRE					_,		employed ▶ 🔲	1	200236	0022	
Paid		NIAN PICENTIKE					20	020-07-07					
Prepa	arer	Firm's name ► BRO	WN EDWARD	S & C0	DMPANY I	_LP					N 6 = :	05011	.00
Jse (Only	J. S.								Fırm's EI	N ▶54	-05046	80
	_	Firm's address ▶ 31	9 MCCLANAH	IAN ST	REET SW								
		RC	DANOKE, VA	24014	ŀ					Phone no	(540) 345-0	0936
		ROANOKE, VA 24014											

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ALTAVISTA AREA CHAMBER OF	NONE	PUBLIC	UNRESTRICTED	1,000

recipient

COMMERCE PO BOX 606 ALTAVISTA, VA 24517		CHARITY		
ALTAVISTA AREA YMCAPO BOX 149 ALTAVISTA. VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000

ALIMVISIA, VA 21317				
ALTAVISTA AREA YMCAPO BOX 149 ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
ALTAVISTA HABITAT FOR HUMANITY P O BOX 232 ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	2,000

Total			▶ 3a	130,900
ALTAVISTA HABITAT FOR HUMANITY P O BOX 232 ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	2,000
ALTAVISTA AREA YMCAPO BOX 149 ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000

Recipient

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the year

Amount

Foundation status of recipient

recipient

Foundation status of recipient

Foundation status of recipient

Foundation status of recipient

Foundation status of recipient

NICKIE

Total .

PO BOX 153 ALTAVISTA, VA 24517	NONE	CHARITY	UNRESTRICTED	1,000
AVOCA MUSEUM1514 MAIN STREET ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	500

DUDLEC

1 000

130,900

▶ 3a

AVOCA MUSEUM1514 MAIN STREET ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	500
BLUE RIDGE PBS 1215 MCNEIL DRIVE SW ROANOKE, VA 24015	NONE	PUBLIC CHARITY	UNRESTRICTED	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
CENTRAL VIRGINIA COMMUNITY COLLEGE 3506 WARDS ROAD	NONE	UNIVERSITY	SCHOLARSHIPS	3,600

recipient

LYNCHBURG, VA 24502				
DAWNPO BOX 325 ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000
FAMILIES OF THE WOUNDED FUND	NONE	PUBLIC	UNRESTRICTED	1,000

DAWNPO BOX 325 ALTAVISTA, VA 24517	NONE	PUBLIC CHARITY	UNRESTRICTED	10,0
FAMILIES OF THE WOUNDED FUND P O BOX 642 MIDLOTHIAN, VA 23113	NONE	PUBLIC CHARITY	UNRESTRICTED	1,0

ALTAVISTA, VA 24517	NONE	CHARITY	UNRESTRICTED	10,0
FAMILIES OF THE WOUNDED FUND P O BOX 642 MIDLOTHIAN, VA 23113	NONE	PUBLIC CHARITY	UNRESTRICTED	1,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
FIRST BAPTIST CHURCH 404 10TH STREET	NONE	PUBLIC CHARITY	UNRESTRICTED	8,500

404 10TH STREET ALTAVISTA, VA 24517	NONE	CHARITY	UNRESTRICTED	8,500
GLEANING FOR THE WORLDPO BOX 645	NONE	PUBLIC	UNRESTRICTED	300

ALTAVISTA, VA 24517				
GLEANING FOR THE WORLDPO BOX 645 CONCORD, VA 24538	NONE	PUBLIC CHARITY	UNRESTRICTED	300
HUNTERS FOR THE HUNGRYPO BOX 304	NONE	PUBLIC	UNRESTRICTED	1,000

CONCORD, VA 24538	NONE	PUBLIC CHARITY	UNRESTRICTED	300
HUNTERS FOR THE HUNGRYPO BOX 304	NONE	PUBLIC	UNRESTRICTED	1,000

CONCORD, VA 24538		CHARITY		
HUNTERS FOR THE HUNGRYPO BOX 304 BIG ISLAND, VA 24526	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000

Total .

HUNTERS FOR THE HUNGRYPO BOX 304 BIG ISLAND, VA 24526	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIBERTY UNIVERSITY NONE UNIVERSITY L SCHOLARSHIP 1,300

1971 UNIVERSITY BOULEVARD LYNCHBURG, VA 24515		0,111,11,01,1		2,000
PATRICK HENRY BOYS & GIRLS PLANTATION	NONE	PUBLIC CHARITY	UNRESTRICTED	2,000

PATRICK HENRY BOYS & GIRLS PLANTATION PO BOX 1398 BROOKNEAL, VA 24528	NONE	PUBLIC CHARITY	UNRESTRICTED	2,000
REMOTE AREA MEDICAL VOLUNTEER	NONE	PUBLIC	UNRESTRICTED	1,500

PO BOX 1398 BROOKNEAL, VA 24528				
REMOTE AREA MEDICAL VOLUNTEER CORP 2200 STOCK CREEK BLVD	NONE	PUBLIC CHARITY	UNRESTRICTED	1,500

REMOTE AREA MEDICAL VOLUNTEER CORP 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	PUBLIC CHARITY	UNRESTRICTED	1,50

Total .

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SALVATION ARMYP O BOX 2314	NONE	PUBLIC	UNRESTRICTED	1,000

LYNCHBURG, VA 24501		CHARITY		_,
VIRGINIA FOUNDATION FOR INDEPENDENT COLLEGES 8010 RIDGE STREET RICHMOND. VA 23229	NONE	PUBLIC CHARITY	EDUCATION FUND	5,000

VIRGINIA FOUNDATION FOR INDEPENDENT COLLEGES 8010 RIDGE STREET RICHMOND, VA 23229	NONE	PUBLIC CHARITY	EDUCATION FUND	5,000
VIRGINIA TECH 800 WASHINGTON STREET	NONE	UNIVERSITY	SCHOLARSHIPS	2,300

8010 RIDGE STREET RICHMOND, VA 23229		CIVILLIA		
VIRGINIA TECH 800 WASHINGTON STREET BLACKSBURG, VA 24061	NONE	UNIVERSITY	SCHOLARSHIPS	2,300

VIRGINIA TECH 800 WASHINGTON STREET BLACKSBURG, VA 24061	NONE	UNIVERSITY	SCHOLARSHIPS	2,300
Total			▶ 3a	130,900

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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

or substantial contributor

Total .

a Paid during the year				
VIRGINIA TECH ATHLETIC FUND PO BOX 10307 BLACKSBURG, VA. 24061	NONE	PUBLIC CHARITY	UNRESTRICTED	10,000

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NONE	D		
VIRGINIA TECH FOUNDATION INC PO BOX 10307 BLACKSBURG, VA 24061	NONE	PUBLIC CHARITY	UNRESTRICTED	60,000
DEACKSDOKG, VA 24001				1

PO BOX 10307 BLACKSBURG, VA 24061		CHARITY		
YMCA - FRANNIES HOUSE 626 CHURCH STREET ALTAVISTA VA 24502	NONE	PUBLIC CHARITY	UNRESTRICTED	500

BLACKSBURG, VA 24061				
YMCA - FRANNIES HOUSE 626 CHURCH STREET ALTAVISTA, VA 24502	NONE	PUBLIC CHARITY	UNRESTRICTED	500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

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

or substantial contributor

Name and address (home or business)

a Paid during the year				
JAMES MADISON UNIVERSITY 800 S MAIN STREET HARRISONBURG, VA 22807	NONE	UNIVERSITY	SCHOLARSHIP	1,300

'				
LIGHTHOUSE COMMUNITY CENTER 1310 CHURCH STREET LYNCHBURG, VA 24504	NONE	PUBLIC CHARITY	UNRESTRICTED	1,

1310 CHURCH STREET LYNCHBURG, VA 24504		CHARITY		_,,,,,
NC STATE UNIVERSITY 1020 MAIN CAMPUS DRIVE RAIFIGH NC 27695	NONE	UNIVERSITY	SCHOLARSHIP	2,000

.000

1310 CHURCH STREET LYNCHBURG, VA 24504		CHARITY		
NC STATE UNIVERSITY 1020 MAIN CAMPUS DRIVE RALEIGH, NC 27695	NONE	UNIVERSITY	SCHOLARSHIP	2,000

NC STATE UNIVERSITY 1020 MAIN CAMPUS DRIVE RALEIGH, NC 27695	NONE	UNIVERSITY	SCHOLARSHIP	2,000
Total			▶ 3a	130,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

BADEORD LINES (EDCITO)	NONE	LINE (EDCIT)	COLLOL ADOLLED	1 200
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient		

RADFORD UNIVERSITY 801 E MAIN STREET RADFORD, VA 24141	NONE	UNIVERSITY	SCHOLARSHIP	1,300
THOMAS ROAD BAPTIST CHURCH	NONE	PUBLIC	UNRESTRICTED	1,000

801 E MAIN STREET RADFORD, VA 24141	NO.	ONLY ENGIN	Seried Weila	1,500
THOMAS ROAD BAPTIST CHURCH 1 MOUNTAIN VIEW ROAD LYNCHBURG, VA 24502	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
UNIVERSITY OF GEORGIA	NONE	UNIVERSITY	SCHOLARSHIP	1,300

THOMAS ROAD BAPTIST CHURCH 1 MOUNTAIN VIEW ROAD LYNCHBURG, VA 24502	NONE	PUBLIC CHARITY	UNRESTRICTED	1,000
UNIVERSITY OF GEORGIA 111 CONNER HALL ATHENS, GA 30602	NONE	UNIVERSITY	SCHOLARSHIP	1,300

LYNCHBURG, VA 24502		CHARITY		
UNIVERSITY OF GEORGIA 111 CONNER HALL ATHENS, GA 30602	NONE	UNIVERSITY	SCHOLARSHIP	1,300
Total			▶ 3a	130,900

efile GRAPHIC print - DO NOT PROCES	S As Filed D	ata -	D	LN: 93491191000110		
TY 2019 Accounting Fees Schedule						
Nam	e: THE ENG	LISH FOUNDATION				
	N: 54-6036					
	14: 34-0030	+U3				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
RETURN PREPARATION	4,800	0		4,800		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491191000110						
TY 2019 Investments Corporate Stock Schedule								
Namo. T	THE ENGLISH FOU	NDATION						

1,352,457

715,945

EIN: 54-6036409 **Investments Corporation Stock Schedule** Name of Stock End of Year Book **End of Year Fair** Value Market Value

CORPORATE STOCKS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491191000110
TY 2019 Investments - Land So	chedule	

Name: THE ENGLISH FOUNDATION

ETNL E4 (02(400)

EIN: 54-6036409						
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value		
COMMERCIAL BUILDING	75,436	75,436	0			
RESIDENTIAL RENTAL	55,000	54,917	83			
LAND - COMMERCIAL BUILDING	25,000	0	25,000			
LAND - RESIDENTIAL RENTAL	20,000	0	20,000			
LAND - GLASS	6,000	0	6,000			

eme diarnic pinic - bo Not riocess	A3 i lieu Data -	DEN: 35431131000110
TY 2019 Investments - Other S	Schedule	
11 2019 Investments Other	Jenedale	
Name:	THE ENGLISH FOUNDA	TION

DIN: 02/0110100110

260,550

143,986

efile GPAPHIC print - DO NOT PPOCESS | As Filed Data -

GREENVIEW PROPERTIES

Investments Other Schedule 2 Category / Item Category / Item Listed at Cost or FMV MUTUAL FUNDS AT COST 116,543 139,305

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491191000110		
TY 2019 Other Decreases Schedule					
		_			
Name:	THE ENGLISH FO	UNDATION			
EIN:	54-6036409				
De	escription		Amount		
PARTNERSHIP DISTRIBUTIONS			702		
MISCELLANEOUS ADJUSTMENT TO BASIS	S OF INVESTMENTS		4,643		

TY 2019 Other Expenses Schedule Name: THE ENGLISH FOUNDATION EIN: 54-6036409	Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			
TY 2019 Other Expenses Schedule Name: THE ENGLISH FOUNDATION	Other Expenses Schedule							
TY 2019 Other Expenses Schedule	EIN:	54-6036409						
TY 2019 Other Expenses Schedule	italici	2.10213	001127111011					
	Name	THE ENGLISH E	CHINDATION					
efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491191000110	TY 2019 Other Expenses Schedule							
	efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491191000110			

Other Expenses Schedule			i	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	8,005	8,005		0

K-1 ORDINARY LOSS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491191000110
TY 2019 Other Liabilities Sche	dule			_
Name:	THE ENGLISH	FOUNDATIO	N	
EIN:	54-6036409			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
RENTAL DEPOSITS			2,620	2,620

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491191000110			
TY 2019 Taxes Schedule							
	e: THE ENGLIS N: 54-6036409	H FOUNDATION					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FOREIGN TAX WITHHELD	115	115		0			
REAL ESTATE TAXES	4,663	4,663		0			