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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization PACF, INC.		D Employer identification number 55-0748246
		Doing Business As		E Telephone number 304-428-4438
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 AVERY STREET, P.O. BOX 1762		G Gross receipts \$ 13,061,644.
		City or town, state or country, and ZIP + 4 PARKERSBURG, WV 26102-1762		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
		F Name and address of principal officer: JUDY SJOSTEDT 501 AVERY STREET, PARKERSBURG, WV 26101		
I Tax-exempt status ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ WWW.PACFWV.COM K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1963 M State of legal domicile WV				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities REFER TO SCHEDULE O FOR CONTINUATION: CORPORATE FORM OF PUBLIC CHARITY COMMUNITY CHARITABLE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b		Net unrelated business taxable income from Form 990-T, line 34		
		Prior Year	Current Year	
8		11,507,335.	2,985,886.	
9				
10		1,629,471.	<983,574.>	
11		248,473.	232,067.	
12		13,385,279.	2,234,379.	
Expenses		13	1,592,819.	1,449,611.
		14		
	15	218,550.	241,140.	
	16a			
	b	41,190.		
	17	203,998.	178,688.	
	18	2,015,367.	1,869,439.	
	19	11,369,912.	364,940.	
	Net Assets or Fund Balances		Beginning of Year	End of Year
		20	23,464,875.	21,212,359.
21		696,769.	768,876.	
22		22,768,106.	20,443,483.	

Part II Signature Block

Sign Here	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 officer) is based on all information of which preparer has any knowledge.		
	Signature of officer: <i>Judy Sjostedt</i> Date: 8/3/10 JUDY SJOSTEDT, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature: <i>Laurel B. Malley</i>	Date: 07/25/10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4: SUTTLE & STAINAKER, PLLC P.O. BOX 149 PARKERSBURG, WV 26102	EIN ▶	Preparer's identifying number (see instructions)
		Phone no ▶ 304-485-6584	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
OUR MISSION IS TO SERVE THE PEOPLE OF OUR REGION BY BUILDING PERMANENT
CHARITABLE ASSETS TO MEET OUR COMMUNITY'S NEEDS, MANAGING THESE ASSETS
EFFICIENTLY, AND APPLYING THEM EFFECTIVELY IN RESPONSE TO OUR AREA'S
CHANGING NEEDS AND OPPORTUNITIES. OUR VISION IS TO BUILD AN ETHIC OF
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 401,105. including grants of \$ 348,046.) (Revenue \$)
COMMUNITY ACTION GRANTS VIA A COMPETITIVE GRANTMAKING PROCESS FROM THE
FOUNDATION'S UNRESTRICTED FUNDS.

4b (Code:) (Expenses \$ 272,810. including grants of \$ 235,472.) (Revenue \$)
SCHOLARSHIP RECIPIENTS;
FUNDS LIST SPECIFIC CRITERIA BY WHICH RECIPIENTS ARE TO BE CHOSEN.
THIS INCLUDES FINANCIAL NEED AND ACADEMIC ACHIEVEMENT. ADVISORY
COMMITTEES ARE ESTABLISHED BY THE FOUNDATION ACCORDING TO IT'S
'SCHOLARSHIP POLICY', AND IN COMPLIANCE WITH H.R.4. BOARD MEMBERS TO
SUCH COMMITTEES ARE APPROVED BY THE FOUNDATION'S BOARD ANNUALLY AND
ASSIST IN THE REVIEW OF CANDIDATES BASED ON THE FUND'S SELECTION
CRITERIA AND RECOMMEND RECIPIENTS TO THE FOUNDATION'S BOARD. ALL
SCHOLARSHIPS ARE AWARDED WITHOUT REGARD TO RACE, SEX, OR CREED.
RECIPIENTS ARE REQUIRED TO SUBMIT EVIDENCE OF POST-HIGH SCHOOL
QUALIFIED EDUCATIONAL INSTITUTION ENROLLMENT, AND SUBMIT TRANSCRIPTS OR
OTHER EVIDENCE OF ACADEMIC PROGRESS EACH YEAR.

4c (Code:) (Expenses \$ 775,696. including grants of \$ 669,578.) (Revenue \$)
GRANTMAKING FROM ALL OTHER RESTRICTD FUNDS. THIS INCLUDES DESIGNATED
FUNDS, AGENCY ENDOWMENTS AND DONOR ADVISED FUNDS.

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 1,449,611. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	23	
1b Enter the number of voting members that are independent	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WV**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **PARKERSBURG AREA COMMUNITY FDN - 304-428-4438**
501 AVERY STREET, PARKERSBURG, WV 26102-1762

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS WEYER BOARD MEMBER	1.00							0.	0.	0.
JIM STRADER BOARD MEMBER	1.00							0.	0.	0.
DIANE BROWN BALDERSON BOARD MEMBER	1.00							0.	0.	0.
DANIEL B. WHARTON BOARD MEMBER	1.00							0.	0.	0.
JUDY SJOSTEDT EXECUTIVE DIRECTOR	50.00							82,000.	0.	0.
ROB FOUSS BOARD MEMBER	1.00							0.	0.	0.
SHERYL HOLDREN BOARD MEMBER	1.00							0.	0.	0.
FRED RADAR VICE-CHAIRMAN	1.00							0.	0.	0.
DR. USHA VASAN BOARD MEMBER	1.00							0.	0.	0.
EARL DAUGHERTY BOARD MEMBER	1.00							0.	0.	0.
JAMES CREWS CHAIRMAN	2.00							0.	0.	0.
JERRY L. VILLERS BOARD MEMBER	1.00							0.	0.	0.
RICHARD HUDSON CHAIRMAN	3.00							0.	0.	0.
MARIE E. CALTRIDER BOARD MEMBER	1.00							0.	0.	0.
JUDY SHEPPARD BOARD MEMBER	1.00							0.	0.	0.
SUZANNE DICKENS BOARD MEMBER	1.00							0.	0.	0.
DR. LOGAN HOVIS BOARD MEMBER	1.00							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MINDI LINE BOARD MEMBER	1.00							0.	0.	0.
ANN BECK BOARD MEMBER	1.00							0.	0.	0.
MICHAEL L. FLEAK BOARD MEMBER	1.00							0.	0.	0.
GWEN BUSH BOARD MEMBER	1.00							0.	0.	0.
CURTIS MILLER BOARD MEMBER	1.00							0.	0.	0.
LORI WILLIAMSON BOARD MEMBER	1.00							0.	0.	0.
BOB KENT BOARD MEMBER	1.00							0.	0.	0.
1b Total								82,000.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	882,801.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2103085.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		2,985,886.				
	2 a _____	Business Code					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			697,495.	697,495.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<1681069.>	<1681069.>		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a ADMIN FEE INCOME		900099	196,568.	196,568.			
b OTHER INCOME		900099	35,499.	35,499.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			232,067.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,234,379.	<751,507.>	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,214,139.	1,214,139.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	235,472.	235,472.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,000.		61,500.	20,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	133,471.		133,471.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,447.		6,447.	
9 Other employee benefits				
10 Payroll taxes	19,222.		19,222.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,764.		26,764.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	20,690.			20,690.
13 Office expenses	23,171.		23,171.	
14 Information technology	11,764.		11,764.	
15 Royalties				
16 Occupancy	2,078.		2,078.	
17 Travel	7,989.		7,989.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,528.		4,528.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,593.		2,593.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRUST FEES	73,642.		73,642.	
b TAX CREDIT FEES	5,469.		5,469.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,869,439.	1,449,611.	378,638.	41,190.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	397,288.	1	226,277.
	2 Savings and temporary cash investments	1,753,979.	2	2,571,635.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	168.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	93.	9	98.
	10a Land, buildings, and equipment: cost basis	36,720.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	31,655.	10c	5,065.
	11 Investments - publicly traded securities	21,313,515.	11	18,409,116.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,464,875.	16	21,212,359.	
Liabilities	17 Accounts payable and accrued expenses	21,120.	17	173,681.
	18 Grants payable	675,649.	18	595,195.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	696,769.	26	768,876.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,190,712.	27	5,306,815.
	28 Temporarily restricted net assets	16,049,509.	28	14,693,876.
	29 Permanently restricted net assets	527,885.	29	442,792.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	22,768,106.	33	20,443,483.
	34 Total liabilities and net assets/fund balances	23,464,875.	34	21,212,359.

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	482,911.		777,088.	2509711.	2103085.	5872795.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	482,911.		777,088.	2509711.	2103085.	5872795.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3187812.
6 Public Support. Subtract line 5 from line 4						2684983.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	482,911.		777,088.	2509711.	2103085.	5872795.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,641.	21,833.	241,264.	750,845.	697,558.	1728141.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						7600936.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	35.32	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	81.62	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

PACF, INC.

Employer identification number

55-0748246

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	84	
2 Aggregate contributions to (during year)	969,951.	
3 Aggregate grants from (during year)	290,464.	
4 Aggregate value at end of year	3,561,056.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23422011.				
b Contributions	2,032,657.				
c Investment earnings or losses	3,680,184.				
d Grants or scholarships	1,414,896.				
e Other expenditures for facilities and programs					
f Administrative expenses	193,312.				
g End of year balance	20167276.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ .00 %
 b Permanent endowment ▶ 3.00 %
 c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		36,720.	31,655.	5,065.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				5,065.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13[illegible]

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

[illegible]**Part X** **Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under EIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,234,379.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,869,439.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	364,940.
4	Net unrealized gains (losses) on investments	4	<2,689,563.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<2,689,563.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<2,324,623.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	<1,337,985.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<2,689,563.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<2,689,563.>
3	Subtract line 2e from line 1	3	1,351,578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	882,801.
c	Add lines 4a and 4b	4c	882,801.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,234,379.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,869,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,869,439.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,869,439.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFERS FROM RELATED ORGANIZATION - TRUST: 882801.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PACF, INC.

Employer identification number
55-0748246

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF ENGINEERING AND MINERAL RESOURCES - WVU - 369 A MINERAL RESOURCES BUILDING - MORGANTOWN, WV 26506-6070	55-9017181		7,000.	0.	ENGINEERING	TO SUPPORT SCHOOL OF	
PARKERSBURG HIGH SCHOOL 2101 DUDLEY AVENUE PARKERSBURG, WV 26101	55-6000418		15,738.	0.	SUPPORT PUBLIC HIGH SCHOOL PROGRAMS		
WILLIAMSTOWN ELEMENTARY SCHOOL 418 WILLIAMS AVENUE WILLIAMSTOWN, WV 26187	55-6000418		8,300.	0.	SUPPORT PUBLIC ELEMENTARY SCHOOL PROGRAMS		
ACTORS GUILD OF PARKERSBURG, INC. P.O. BOX 1881 PARKERSBURG, WV 26102-1881	23-7278023		18,000.	0.	CAPITAL IMPROVEMENT GRANT		
CAMDEN CLARK HOSPITAL P.O. BOX 718 PARKERSBURG, WV 26102-1881	31-1524546		10,000.	0.			SUPPORT 501(C)(3) COMMUNITY HOSPITAL
PARKERSBURG ART CENTER 725 MARKET STREET PARKERSBURG, WV 26101	55-0526227		6,200.	0.			SUPPORT 501(C)(3) COMMUNITY ART CENTER

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

22.
26.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0.	0.		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PACF, INC.

Employer identification number
55-0748246

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKERSBURG HIGH SCHOOL 2101 DUDLEY AVENUE PARKERSBURG, WV 26101	55-6000418		22,000.	0.			PUBLIC HIGH SCHOOL CAPITAL IMPROVEMENT PROJECT
TRINITY EPISCOPAL CHURCH 430 JULIANA STREET PARKERSBURG, WV 26101	55-0364835		47,080.	0.			CHURCH DESIGNATED CAPITAL IMPROVEMENT PROJECT
BOYS & GIRLS CLUB OF PARKERSBURG 1200 MARY STREET PARKERSBURG, WV 26101	55-0476226		10,000.	0.			YOUTH & FAMILY SERVICES PROGRAMS SUPPORT
CALHOUN COUNTY UM COOPERATIVE MISSION - P.O. BOX 111 - ORMA, WV 25268-0111	36-2167731		5,550.	0.			HUMAN SERVICES SUPPORT
CAMP BARBE ASSOCIATION P.O. BOX 700 ELIZABETH, WV 26143	55-0745796		6,000.	0.			YOUTH & FAMILY SERVICES SUPPORT
CITY OF PARKERSBURG P.O. BOX 1627 PARKERSBURG, WV 26102	55-6000227		7,175.	0.			CITY POOL LOW INCOME CHILDREN PROGRAM
CITY OF RIPLEY 203 SOUTH CHARLESTON STREET RIPLEY, WV 25271	55-6000882		10,500.	0.			CITY PUBLIC IMPROVEMENT PROJECT
CITY OF SPENCER 116 COURT STREET SPENCER, WV 25276	55-6000256		7,500.	0.			CITY PUBLIC IMPROVEMENT PROJECT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PACF, INC.

Employer identification number
55-0748246

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WILLIAMSTOWN 100 WEST FIFTH STREET WILLIAMSTOWN, WV 26187	55-6000276		10,000.	0.			CITY PUBLIC IMPROVEMENT PROJECT GRANT
DODDRIDGE COUNTY COMMUNITY EDUC OUTREACH SERVICE - RT 2 BOX 317 - SALEM, WV 26426	55-0704975		5,750.	0.			HEALTH & HUMAN SERVICES GRANT
DOLLAR ENERGY FUND P.O. BOX 3979 CHARLESTON, WV 25339	25-1442933		8,250.	0.			HEALTH & HUMAN SERVICES GRANT
MID-OHIO VALLEY REGIONAL COUNCIL 531 MARKET STREET PARKERSBURG, WV 26101	55-0534813		9,925.	0.			SENIOR COMPANION PROGRAM GRANT
MINNIE HAMILTON 186 HOSPITAL DRIVE GRANTSVILLE, WV 26147	55-0629032		11,000.	0.			HEALTH IMPROVEMENT PROGRAM GRANT
PARKERSBURG ART CENTER 725 MARKET STREET PARKERSBURG, WV 26101	55-0526227		18,050.	0.			ARTS & CULTURAL GRANT TO 501(C)(3) MUSEUM
PEER SUPPORT 1517 19TH STREET PARKERSBURG, WV 26101-3417	55-0708967		10,000.	0.			CAPITAL IMPROVEMENT PROJECT FOR GROUP HOME
RITCHIE COUNTY LIBRARY 130 N. COURT STREET HARRISVILLE, WV 26362	55-0624569		100,000.	0.			PUBLIC LIBRARY GRANT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

PACF, INC.

Employer identification number
55-0748246

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY P.O. BOX 1445 PARKERSBURG, WV 26102-1445	58-0660607		7,619.	0.			HUMAN SERVICES EMERGENCY RELIEF GRANT
VOLUNTER ACTION CENTER OF MID OHIO VALLEY - 521 MARKET-DILS CENTER - PARKERSBURG, WV 26101	55-0746201		7,000.	0.			HEALTH & HUMAN SERVICES GRANT
WEST VIRGINIA HEALTH RIGHT INC. 1520 WASHINGTON ST, EAST CHARLESTON, WV 25311	31-1066881		7,500.	0.			HEALTH AWARENESS GRANT
WOOD COUNTY HABITAT FOR HUMANITY P.O. BOX 462 PARKERSBURG, WV 26102-0462	55-0705729		10,000.	0.			HUMAN SERVICES SUPPORT GRANT
WOOD COUNTY 4-H LEADERS ASSOCIATION - 1 COURT SQUARE, SUITE 408 - PARKERSBURG, WV 26101	55-6024015		6,500.	0.			YOUTH & FAMILY SERVICES GRANT
WOOD COUNTY MENTAL HEALTH ASSOCIATION - 2121 7TH STREET - PARKERSBURG, WV 26101	23-7314840		8,000.	0.			HEALTH SERVICES SUPPORT GRANT
YNCA 1800 30TH STREET PARKERSBURG, WV 26104	55-0357059		11,000.	0.			YOUTH & FAMILY SERVICES GRANT
ALS-TDI 215 FIRST STREET CAMBRIDGE, MA 02142	04-3462719		50,000.	0.			MEDICAL RESEARCH GRANT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

PACF, INC.

Employer identification number
55-0748246

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS, MID OH VALLEY CHAPTER - 220 8TH STREET - PARKERSBURG, WV 26101	55-0357009		7,300.	0.			CAPITAL IMPROVEMENT PROJECT GRANT
GOOD SAMARITAN CLINIC 911 EMERSON AVENUE PARKERSBURG, WV 26104	55-0708491		5,488.	0.			FREE HEALTH CLINIC GRANT
JACKSON COUNTY COMMISSION ON AGING P.O. BOX 617 RIPLEY, WV 25271	55-0548649		12,579.	0.			AQUA FIT PROGRAM GRANT
JACKSON COUNTY HABITAT FOR HUMANITY - P.O. BOX 407 - RIPLEY, WV 25271	74-3027719		9,586.	0.			HOME BUILDING PROJECT GRANT
MAIN STREET RIPLEY P.O. BOX 307 RIPLEY, WV 25271	55-0761158		10,603.	0.			STREETSCAPE RENOVATION PROJECT GRANT
NORTH CHRISTIAN SCHOOL 3109 EMERSON AVENUE PARKERSBURG, WV 26104-2413	55-0396083		9,595.	0.			501(C)(3) SCHOOL SUPPORT
PLANNED PARENTHOOD OF WV 522 GRAND CENTRAL AVENUE VIENNA, WV 26105	56-1282557		8,000.	0.			PREGNANCY EDUCATION FOR TEENS GRANT
SMOOT THEATRE P.O. BOX 886 PARKERSBURG, WV 26102	55-0698099		10,000.	0.			CAPITAL IMPROVEMENT PROJECT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1

(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PACF, INC.

Employer identification number

55-0748246

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS 1203 VIRGINIA STREET CHARLESTON, WV 25301	55-0596975		5,511.	0.			SPEC OLYMPICS TRAINING & COMPETITION GRANT
ST PAULS UNITED METHODIST CHURCH 219 ELEVENTH STREET PARKERSBURG, WV 26101	55-0364833		6,900.	0.			CAPITAL IMPROVEMENT GRANT
U-TURN CONCERT MINISTRIES RT 1, BOX 360B RIPLEY, WV 25271	55-0621455		10,073.	0.			YOUTH MUSIC FESTIVAL GRANT
WOOD COUNTY HABITAT FOR HUMANITY P.O. BOX 462 PARKERSBURG, WV 26102	55-0705729		5,500.	0.			HUMAN SERVICES GRANT
WVU-PARKERSBURG JACKSON CO CENTER 107 ACADEMY DRIVE RIPLEY, WV 25271	55-0523820		5,472.	0.			PUBLIC UNIVERSITY GRANT
CITY OF PARKERSBURG P.O. BOX 1627 PARKERSBURG, WV 26102	55-6000227		7,500.	0.			SCHOOLS TO POOLS LOW INCOME PROGRAM
MASON COUNTY HEALTH DEPARTMENT 216 5TH STREET POINT PLEASANT, WV 25550	55-0612337		5,544.	0.			PUBLIC HEALTH GRANT
MID-OHIO VALLEY HEALTH DEPARTMENT 211 6TH STREET PARKERSBURG, WV 26101	55-0619203		20,000.	0.			PUBLIC DENTAL & HEALTH PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Name of the organization

PACF, INC.

Employer identification number
55-0748246

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

[illegible]

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008
Open To Public
Inspection

Name of the organization

PACF, INC.

Employer identification number

55-0748246

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TOM WEYER	BOARD MEMBER	13,617.	CONTRACT AC		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PACF, INC.

Employer identification number
55-0748246

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION ORGANIZATION DISTRIBUTING GRANTS TO CHARITABLE OR NON-PROFIT ORAGNIZATIONS. ALSO AWARDING COMPETITIVE GRANTS, DISTRIBUTIONS, AND SCHOLARSHIPS THROUGH AN APPLICATION AND REVIEW PROCESS. THE FOCUS OF THE AWARDS IS TOWARD EDUCATION, WELFARE ENHANCEMENT, CIVIC PROJECTS, AND COMMUNITY BETTERMENT THROUGH GRANTS TO QUALIFIED ORGANIZATIONS AND COMPETITITVE SHCOLARSHIPS TO INDIVIDUALS IN THE GREATER MID-OHIO VALLEY AND SURROUNDING AREA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPY REGION-WIDE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ORGANIZATION EXISTS IN THE CORPORATE FORM AS A RELATED ORGANIZATION TO THE PARKERSBURG AREA COMMUNITY FOUNDATION TO DISPENSE WORTHWHILE GRANTS FOR CHARITABLE, EDUCATIONAL, OR NON-PROFIT ACTIVITIES FOR THE BENEFIT OF THE COMMUNITY. AS TRANSITION FROM TRUST TO CORPORATE FORM HAS BEEN ACCOMPLISHED, CORPORATE ENTITY HAS ASSUMED PROGRAM SERVICES OF TRUST OVER THE PAST THREE YEAR FILING PERIOD.

FORM 990, PART VI, SECTION A, LINE 2: ANN BECK AND DR. LOGAN HOVIS - FAMILY RELATIONSHIP.

RICHARD HUDSON AND ROBERT KENT - BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS TYPICALLY PROVIDED TO THE BOARD MEMBERS AT AN OFFICIAL MEETING OF THE BOARD. THIS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PACF, INC.

Employer identification number
55-0748246

MEETING WAS HELD NOVEMBER 10, 2009 FOR THE CURRENT FORM 990. AT THIS MEETING THE BOARD WAS AFFORDED THE OPPORTUNITY TO MEET AND TO REVIEW THE FORM 990 AND DISCUSS AS A GROUP.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR OUR BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY THAT THEY HAVE READ AND AGREED TO ABIDE BY THE POLICY. THOSE SIGNED SHEETS ARE RETAINED IN THE CENTRAL OFFICE FILES AT 501 AVERY STREET, PARKERSBURG, WV. COMMITTEE MEMBERS OF OUR GRANTS AND SCHOLARSHIP COMMITTEES, INCLUDING THOSE OF AFFILIATES, ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND TO RETURN THEIR SIGNED CERIFICATIONS BEFORE THE START OF THEIR COMMITTEE WORK EACH YEAR AND THOSE CERTIFICATIONS ARE ALSO RETAINED. AT ANY MEETING, BOARD OR COMMITTEE, MEMBERS WHO BELIEVE THEY MAY HAVE A CONFLICT ARE REQUIRED TO VERBALLY EXPRESS THEIR POTENTIAL CONFLICT IN THE PRESENCE OF THE GROUP AND A RECORD OF THAT EXPRESSION IS MADE IN THE OFFICIAL MINUTES OF THAT PARTICULAR MEETING. IN ANY CASES WHERE A POTENTIAL CONFLICT EXISTS, THOSE MEMBERS ARE NOT ALLOWED TO VOTE ON THE ISSUE ABOUT WHICH A CONFLICT MAY EXIST AND THEIR ABSTENSION FROM THE VOTE IS NOTED IN THE OFFICIAL MINUTES OF THAT PARTICULAR MEETING.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY, THE PROCESS FOR DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES A REVIEW OF THE COUNCIL ON FOUNDATION'S COMPENSATION SURVEY DATA FOR COMMUNITY FOUNDATIONS THAT COMPARES THE FOUNDATION'S DIRECTOR'S COMPENSATION AGAINST THOSE OF COMMUNTIY FOUNDATIONS OF SIMILAR SIZE, STRUCTURE, AND GEOGRAPHIC PART OF THE COUNTRY. IN ADDITION, DATA IS GATHERED ON THE COMPENSATION OF

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

PACF, INC.

Employer identification number

55-0748246

OTHER INDIVIDUALS IN SIMILAR ROLES IN APPROXIMATELY TEN DIFFERENT WV AND OH
COMMUNITY FOUNDATIONS, PRIVATE FOUNDATIONS, NONPROFIT ORGANIZATIONS, AND
OTHER LIKEPOSITIONS, FOR THE PURPOSE OF MAKING A LOCAL-LEVEL COMPARISON, TO
BALANCE INFORMATION GLEANED FROM THE NATIONAL COUNCIL ON FOUNDATIONS SURVEY
DATA. A PERSONNEL/FINANCE COMMITTEE OF FIVE PERSONS INCLUDING THE
FOUNDATION CHAIRMAN, AND FOUR KNOWLEDGEABLE BOARD MEMBERS INDEPENDENTLY
REVIEWS THIS DATA AND APPLIES IT IN THE PROCESS OF DELIBERATING AND
DETERMINING WHAT TO RECOMMEND TO THE BOARD OF DIRECTORS FOR ITS
CONSIDERATION.

FORM 990, PART VI, SECTION C, LINE 19: PARKERSBURG AREA COMMUNITY
FOUNDATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN
ADDITION, OUR FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH
THEIR PUBLICATION IN OUR ANNUAL REPORT, 2300 COPIES OF WHICH ARE
DISTRIBUTED ANNUALLY, AS WELL AS WHEN WE FILE ANNUALLY AS A CHARITABLE
ORGANIZATION WITH THE WEST VIRGINIA SECRETARY OF STATE'S OFFICE.

990 PART XI, LINE 2.C.

INDEPENDENT ACCOUNTANT SELECTION FOR ANNUAL AUDIT
THE COMMITTEE SELECTION PROCESS FOR THE INDEPENDENT ACCOUNTANT
ENGAGEMENT SELECTION HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TOM WEYER

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

PACF, INC.

Employer identification number

55-0748246

(D) DESCRIPTION OF TRANSACTION: CONTRACT ACCOUNTING SERVICES WITH H&R

BLOCK BUSINESS SERVICES FOR WHICH TOM WEYER IS A MEMBER

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) PARKERSBURG AREA COMMUNITY FOUNDATION—TRANSFER OF OFFICE & EQUIPMENT	M	7,658.
(2) PARKERSBURG AREA COMMUNITY FOUNDATION—TRANSFER OF INVESTMENTS	R	831,775.
(3) PARKERSBURG AREA COMMUNITY FOUNDATION—TRANSFER OF SHORT TERM LIQUIDITY ACCT	R	39,882.
(4)		
(5)		
(6)		

POSSIBLE DUPLICATE

US 990

Main Information Sheet

2008

For calendar year 2008 or tax year beginning Jul 01, 2007 and ending Jun 30, 2008

Name: JSU DEVELOPMENT FOUNDATION INC EIN. 23-7061115
Name line 2: JACKSON STATE UNIVERSITY
Address: PO BOX 17144 Telephone No: 601-979-2947
City, State, and Zip Code: JACKSON MS 39217-

Email address
Web site address N/A
Fiduciary name, if applicable
Name of officer signing return Evangeline W Robinson
Title of officer/trustee/fiduciary signing return Executive Director
Group exemption number
Check if exemption application is pending ☐
Accounting method Cash ☐ Accrual ☒ Other: ☐ Specify:
List states desired

Type of exempt organization:

- ☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year (Form 990-EZ)
☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
☐ Exempt organization with unrelated business income (Form 990-T)

Preparer ID: MAT
Preparer name: MARVEL A TURNER SR CPA
Preparer SSN: 587-36-5324
Firm's name: TURNER AND ASSOCIATES
Address: 3155 J R LYNCH STREET
City, State, ZIP Code: Jackson MS 39209-

Time in the return: 1056 minutes
Date: 07/15/2010
PTIN:
Self-employed: ☒
F's EIN: 64-0605242
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