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

OMB No 1545-0052

2009Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation Walter E. & David H. Nutter Foundation, Inc.		A Employer identification number 41-2142894
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite P.O. Box 138		B Telephone number (see the instructions) (304) 745-3403
	City or town State ZIP code Lost Creek WV 26385		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 4,041,845.		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60 month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc., received (att sch)				
	2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	26,464.	34,878.	34,878.	
	4 Dividends and interest from securities	78,678.	78,678.	78,678.	
	5a Gross rents	3,459.	3,459.	3,459.	
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
See Line 11 Stmt	23,583.	23,583.	23,583.		
12 Total: Add lines 1 through 11	132,184.	140,598.	140,598.		
ADMINISTRATIVE AND OPERATING EXPENSES	13 Compensation of officers, directors, trustees, etc	4,800.	1,200.	2,400.	1,200.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	6,211.	3,205.	3,206.	
	b Accounting fees (attach sch)	2,350.	1,675.	1,675.	
	c Other prof fees (attach sch)	1,500.		750.	750.
	17 Interest				
	18 Taxes (attach schedule) (see instr) See Line 18 Stmt	34.	21.	13.	
	19 Depreciation (attach sch) and depletion L-19 Stmt	276.	138.	138.	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) See Line 23 Stmt	1,326.	664.	662.	
	24 Total operating and administrative expenses. Add lines 13 through 23	16,497.	6,903.	8,844.	1,950.
	25 Contributions, gifts, grants paid	133,830.			133,830.
26 Total expenses and disbursements. Add lines 24 and 25	150,327.	6,903.	8,844.	135,780.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-18,143.				
b Net investment income (if negative, enter -0-)		133,695.			
c Adjusted net income (if negative, enter -0-)			131,754.		

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1 Cash — non-interest-bearing	156,600.	147,412.	147,412.
	2 Savings and temporary cash investments	1,971.	10,400.	10,400.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts	13,182.	11,530.	11,530.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U S and state government obligations (attach schedule)	202,598.	52,591.	55,498.
	b Investments — corporate stock (attach schedule)	2,117,969.	2,128,803.	2,240,221.
	c Investments — corporate bonds (attach schedule)	234,353.	359,352.	313,190.
	L I A B I L I T I E S	11 Investments — land, buildings, and equipment basis		
Less: accumulated depreciation (attach schedule)		1,262,994.	1,262,994.	1,262,994.
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment basis		1,383.		
Less: accumulated depreciation (attach schedule)		969.	691.	414.
15 Other assets (describe)				
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)		3,990,358.	3,973,496.	4,041,845.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, & other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe)				
23 Total liabilities (add lines 17 through 22)				
N E T A S S E T S O R F U N D B A L A N C E S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	3,990,358.	3,973,496.	
	30 Total net assets or fund balances (see the instructions)	3,990,358.	3,973,496.	
	31 Total liabilities and net assets/fund balances (see the instructions)	3,990,358.	3,973,496.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,990,358.
2 Enter amount from Part I, line 27a	2	-18,143.
3 Other increases not included in line 2 (itemize) <u>Principal Rec'd</u>	3	1,558.
4 Add lines 1, 2, and 3	4	3,973,773.
5 Decreases not included in line 2 (itemize) <u>Depreciation</u>	5	277.
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	3,973,496.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a FNMA Note-Redemption	D	03/15/05	04/27/09
b 3263 Sh-Gabelli Value Fund	D	03/15/05	08/05/09
c 894 Sh-Nuveen Large Cap Fund	D	03/15/05	08/05/09
d 1000 Sh-Prudential Fin'l	P	06/24/08	09/15/09
e FNMA Note-Redemption	P	01/29/08	11/04/09

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 50,000.		50,000.	0.
b 35,049.		46,321.	-11,272.
c 14,083.		18,588.	-4,505.
d 25,192.		25,007.	185.
e 100,000.		100,007.	-7.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			0.
b			-11,272.
c			-4,505.
d			185.
e			-7.

2 Capital gain net income or (net capital loss).	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	-15,599.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div> <div>If gain, also enter in Part I, line 8, column (c) (see the instructions)</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	3	

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

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

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

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

☐ Yes☐ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008		2,726,574.	
2007	79,588.	4,172,001.	0.019077
2006	38,045.		
2005			
2004			

2 Total of line 1, column (d)	2	0.019077
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.019077
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,518,080.
5 Multiply line 4 by line 3	5	48,037.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,337.
7 Add lines 5 and 6	7	49,374.
8 Enter qualifying distributions from Part XII, line 4	8	135,780.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter <u>06/08/05</u> (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,337.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1,337.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	1,337.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	0.	
8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	32.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,369.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>WV - West Virginia</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>Isaac Maxwell</u> Telephone no <u>(304) 745-3403</u> Located at <u>OP.O. Box 218</u> <u>Losr Creek</u> <u>WV</u> ZIP + 4 <u>26385</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?**5b**

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Charles R. Shock, II P.O. Box 93 Lost Creek WV 26385	President 5.00	1,600.	0.	0.
Nancy Shock P.O. Box 93 Lost Creek WV 26385	Secretary 5.00	1,600.	0.	0.
Isaac Maxwell P.O. Box 218 Lost Creek WV 26385	Vice-President 5.00	1,600.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
0				
0				
0				
0				

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

☐ None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services -- (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		None

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 Scholarships (59) Individuals	0.
2 Grants (7) Individuals/Charitable Organizations	0.
3	
4	

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

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

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	
a Average monthly fair market value of securities	1a 2,424,161.
b Average of monthly cash balances	1b 132,265.
c Fair market value of all other assets (see instructions)	1c
d Total (add lines 1a, b, and c)	1d 2,556,426.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e
2 Acquisition indebtedness applicable to line 1 assets	2
3 Subtract line 2 from line 1d	3 2,556,426.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 38,346.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 2,518,080.
6 Minimum investment return. Enter 5% of line 5	6 125,904.

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

1 Minimum investment return from Part X, line 6	1
2a Tax on investment income for 2009 from Part VI, line 5	2a
b Income tax for 2009 (This does not include the tax from Part VI)	2b
c Add lines 2a and 2b	2c
3 Distributable amount before adjustments Subtract line 2c from line 1	3
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5
6 Deduction from distributable amount (see instructions)	6
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a 135,780.
b Program-related investments — total from Part IX-B	1b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2
3 Amounts set aside for specific charitable projects that satisfy the	
a Suitability test (prior IRS approval required)	3a
b Cash distribution test (attach the required schedule)	3b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 135,780.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5 1,337.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 134,443.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	0.			
c From 2006	38,045.			
d From 2007	79,588.			
e From 2008	94,058.			
f Total of lines 3a through e	211,691.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 135,780.				
a Applied to 2008, 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)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus	135,780.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	347,471.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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 — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	347,471.			
10 Analysis of line 9:				
a Excess from 2005	0.			
b Excess from 2006	38,045.			
c Excess from 2007	79,588.			
d Excess from 2008	94,058.			
e Excess from 2009	135,780.			

BAA

Form 990-PF (2009)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶ 06/08/05

b Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Prior 3 years				(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	125,904.	119,338.	117,745.	105,985.	468,972.
b 85% of line 2a	107,018.	101,437.	100,083.	90,087.	398,625.
c Qualifying distributions from Part XII, line 4 for each year listed	135,780.	94,058.	79,588.	38,045.	347,471.
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	135,780.	94,058.	79,588.	38,045.	347,471.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets		3,766,730.	4,241,613.	4,179,588.	12,187,931.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

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

a The name, address, and telephone number of the person to whom applications should be addressed
Isaac Maxwell
P.O. Box 218
Lost Creek WV 26385 (304) 745-3403

b The form in which applications should be submitted and information and materials they should include
Write For Applications & Instructions

c Any submission deadlines:
N/A

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

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
McWhorter United Methodist Church P.O. Box 176 Lost Creek WV 26385		Public	Operating Expenses	5,000.
Southern Area Library P.O. Box 138 Lost Creek WV 26385		Public	Capital Improvements	20,905
William Frame Lost Creek WV 26385		Public	Medical Expenses	2,500.
Johnstown Lions Club Lost Creek WV 26386		Public	Project	3,425.
Mark Frum Route 1, Box 64-3 Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Staci Skinner Route 1, Box 130 Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Allison Bassell Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Valerie Homtz Route 2, Box 264-1 Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Nicholas Lightner Route 2, Box 25-A2 Lost Creek WV 26385	None	N/A	Scholarship	2,000.
See Line 3a statement				94,000.
Total				133,830.
b Approved for future payment				
Total				3b

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

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash

(2) Other assets

b Other transactions

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

SIGN
HERE

Signature of officer or trustee Barc H Masquel III

11-15-10
Date

Trustee
Title

Paid Pre-Preparer's Use Only	Preparer's signature	
	Firm's name (or yours if self-employed), address, and ZIP code	Smith Denny & Alastanos PLLC 248 E Main St Clarksburg

Date
11/15/10

Check if self employed ☐

Preparer's Identifying number
(See **Signature** in the instrs)
P00496433

EIN ▶ 55-0646976

Phone no ▶

BAA

Form 990-PF (2009)

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

Walter E. & David H. Nutter Foundation, Inc.

Identifying number

41-2142894

Business or activity to which this form relates

Form 990-PF page 1

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	276.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	276.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 07/07/09

Form **4562** (2009)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25			
26 Property used more than 50% in a qualified business use										
27 Property used 50% or less in a qualified business use										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29			

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
Oil & Gas Royalties	21,583.	21,583.	21,583.
Coal Property Option	2,000.	2,000.	2,000.
Total	23,583.	23,583.	23,583.

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Real Estate	9.	9.		
License	25.	12.	13.	
Total	34.	21.	13.	

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Insurance	765.	383.	382.	
Office	561.	281.	280.	
Total	1,326.	664.	662.	

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Amanda Bise				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
Route 2, Box 164	None			
Lost Creek WV 26385		N/A	Scholarship	3,000.
John Elko, Jr.				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
Route 1, Box 189-A	None			
Lost Creek WV 26385		N/A	Scholarship	2,000.
Amber B. Gaines				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
Route 1, Box 273-C	None			
Lost Creek WV 26385		N/A	Scholarship	2,000.
Cameron Jarrett				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
Route 3, Box 829	None			
Lost Creek WV 26385		N/A	Scholarship	2,000.
Tara Matthews				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
Route 1, Box 59-B	None			
Lost Creek WV 26385		N/A	Scholarship	2,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>April Exline</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 2, Box 179-A</u>				
<u>Jane Lew WV 26378</u>	None	N/A	Scholarship	2,000.
<u>Briana Jett</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Brandy Freeman</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Elizabeth Gain</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 2, Box 277-A</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Jeffrey Fox</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>58 Meadow Lane</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>John Stenger</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 1, Box 44-C</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Kasey Marple</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 2, Box 222</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Kasha Beidler</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 5, Box 620</u>				
<u>Clarksburg WV 26301</u>	None	N/A	Scholarship	2,000.
<u>Kayla Burch</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	1,000.
<u>Kyra Ann Woodard</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 1, Box 273-D</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Kirby Williams</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	1,000.
<u>Lisa Nutter</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 2, Box 242-C</u>				
<u>Jane Lew WV 26378</u>	None	N/A	Scholarship	2,000.
<u>Marissa Haddix</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 3, Box 442-B</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Matthew Madurski</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 1, Box 550</u>				
<u>Mt. Clare WV 26408</u>	None	N/A	Scholarship	2,000.
<u>Megan Escolopio</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>266 Haymond Highway</u>				
<u>Clarksburg WV 26301</u>	None	N/A	Scholarship	2,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>Rachel Coleman</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 3, Box 500</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Rodney Cooper</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 1, Box 564</u>				
<u>Mt. Clare WV 26408</u>	None	N/A	Scholarship	1,000.
<u>Carol McDonald</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	scholarship	1,000.
<u>Samantha Hitt</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 3, Box 788</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Tabitha Main</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Route 1, Box 190-02</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Salvation Army</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
<u>1010 S. Chesnut Street</u>				
<u>Clarksburg WV 26301</u>	None	N/A	Operating Expenses	2,500.
<u>Lost Creek Methodist Parish</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
<u>P.O. Box 176</u>				
<u>Lost Creek WV 26385</u>	None	N/A	Operating Expenses	1,000.
<u>Harrison County United Way</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
<u>301 West Main Street</u>				
<u>Clarksburg WV 26301</u>	None	N/A	Operating Expenses	2,500.
<u>Caitlin McDonald</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	1,000.
<u>Chelsea Gaines</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	1,000.
<u>Elizabeth Dempsey</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Jessica Harrouff</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Joanna Dempsey</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Kalah Lipscomb</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	2,000.
<u>Kara Randolph</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	None	N/A	Scholarship	1,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Davisson Wriston				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Leah Fletcher				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Logan Fletcher				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Matthew Law				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Mycal Randolph				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Olivia Lambert				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Sarah Suan				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	2,000.
Emily Webb				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Gabrielle Whitehair				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Haley Smith				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Heather Smith				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Jacob Hayhurst				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
James Eddy				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Jeff Norton				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.
Joel Abraham				Person or <input checked="" type="checkbox"/> X Business <input type="checkbox"/>
Lost Creek WV 26385	None	N/A	Scholarship	1,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>Julie Finster</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>2,000.</u>
<u>Matthew Miller</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>1,000.</u>
<u>Melissa Evans</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>2,000.</u>
<u>Riley Davis</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>1,000.</u>
<u>Robert Stenger</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>1,000.</u>
<u>Sara Morris</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>1,000.</u>
<u>Shelby Booth</u>				Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/>
<u>Lost Creek WV 26385</u>	<u>None</u>	<u>N/A</u>	<u>Scholarship</u>	<u>1,000.</u>

Total

94,000.

Form 990-PF, Line 19

Allocated Depreciation

Description	Date Acquire	Cost or Basis	Prior Yr Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
<u>Computer</u>	<u>07/01/06</u>	<u>1383</u>	<u>692</u>	<u>SL</u>	<u>5.00</u>	<u>276</u>		

Total