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

2009

Department 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 , 20

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 JAMES B CHAMBERS MEMORIAL		A Employer identification number 55-0360517
	Number and street (or P O box number if mail is not delivered to street address) PO BOX 3047	Room/suite	B Telephone number (see page 10 of the instructions)
	City or town, state, and ZIP code Wheeling, WV 26003		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, col (c), line 16) ▶ \$ 6,912,334		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 page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	148	148		
4 Dividends and interest from securities	271,952	271,952		
5a Gross rents	144,971	144,971		
b Net rental income or (loss)	144,971			
6a Net gain or (loss) from sale of assets not on line 10	(27,231)			
b Gross sales price for all assets on line 6a	47,612			
7 Capital gain net income (from Part IV, line 2)				
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 or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	389,840	417,071		
13 Compensation of officers, directors, trustees, etc	16,550	8,275		8,275
14 Other employee salaries and wages	11,550	5,775		5,775
15 Pension plans, employee benefits	1,168	584		584
16a Legal fees (attach schedule) STM107	2,522			2,522
b Accounting fees (attach schedule) STM108	8,775	4,387		4,388
c Other professional fees (attach schedule) STM109	4,148	2,074		2,074
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) STM110	3,883	3,883		
19 Depreciation (attach schedule) and depletion STM126	377	377		
20 Occupancy				
21 Travel, conferences, and meetings	2,811	1,405		1,406
22 Printing and publications	560	280		280
23 Other expenses (attach schedule) STM103	15,840	4,407		11,433
24 Total operating and administrative expenses. Add lines 13 through 23	68,184	31,447		36,737
25 Contributions, gifts, grants paid	414,550			414,550
26 Total expenses and disbursements. Add lines 24 and 25	482,734	31,447		451,287
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	(92,894)			
b Net investment income (if negative, enter -0-)		385,624		
c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		(45,894)	21,546	21,546
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶ 500				
		Less: allowance for doubtful accounts ▶			500	500
	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 page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges			6,464	6,464
	10a	Investments - U.S. and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule) STM137	1,108,785	1,106,058	3,780,701	
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments - mortgage loans					
13	Investments - other (attach schedule)					
14	Land, buildings, and equipment: basis ▶ 117,021					
	Less: accumulated depreciation (attach schedule) ▶ 14,816	102,581	102,205	840,405		
15	Other assets (describe ▶ STM120)	1,453,249	1,280,364	2,262,718		
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,618,721	2,517,137	6,912,334		
Liabilities	17	Accounts payable and accrued expenses	9,683	993		
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)	9,683	993		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted	2,609,038	2,516,144		
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see page 17 of the instructions)	2,609,038	2,516,144		
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	2,618,721	2,517,137		

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	2,609,038
2	Enter amount from Part I, line 27a	2	(92,894)
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	2,516,144
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,516,144

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr., mo., day)	(d) Date sold (yr., mo., day)
1a 800 Nabors Indust	P	2005-06-28	2009-04-03
b 625 XTO Energy	P	2007-02-20	2009-08-31
c 500 Harris Corp	P	2007-02-20	2009-04-03
d Amer Intl Gr	P	2009-07-16	2009-07-16
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 8,052		24,168	(16,116)
b 24,573		25,258	(685)
c 14,617		25,417	(10,800)
d 370			370
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			(16,116)
b			(685)
c			(10,800)
d			370
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	(27,231)
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) . . . } If (loss), enter -0- in Part I, line 8 }	3	

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

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

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

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

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	492,864	8,855,560	0.055656
2007	512,645	10,082,032	0.050847
2006	527,389	11,063,377	0.04767
2005	408,081	10,492,959	0.038891
2004	386,689	10,533,343	0.036711

2 Total of line 1, column (d)	2	0.229775
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	0.045955
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	7,158,605
5 Multiply line 4 by line 3	5	328,974
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,856
7 Add lines 5 and 6	7	332,830
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8	451,287

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b 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	3,856
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (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	3,856
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	3,856
6 Credits/Payments.			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	10,320	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	10,320	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,464	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 4,000 Refunded ▶	11	2,464	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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 page 19 of the instructions for definition)? 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		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? If "Yes," attach a detailed description of the activities		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? If "Yes," attach a conformed copy of the changes		X
4a 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? If "Yes," attach the statement required by General Instruction T.		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? If "Yes," complete Part II, col (c), and Part XV . . .	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ WV		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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 page 20 of the 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>jbchambersfoundation.org</u>	13	X	
14	The books are in care of ▶ <u>EMILY SCHRAMM-FISHER</u> Telephone no. ▶ <u>304-243-9373</u> Located at ▶ <u>PO BOX 3047 Wheeling, WV</u> ZIP+4 ▶ <u>26003</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 page 20 of the instructions)? <input type="checkbox"/> 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 ▶ _____, _____, _____, _____		
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 page 20 of 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. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 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	
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

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 page 22 of the 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 page 22 of the 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** X

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 page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 990 OFOV				
Thomas L Thomas PO BOX 3047 Wheeling, WV 26003	President 2	2,650	0	0
James E Altmeyer PO BOX 3047 Wheeling, WV 26003	Vice President 2	2,650	0	0
Edward G Sloane PO BOX 3047 Wheeling, WV 26003	Secretary/Treas 2	1,400	0	0
Arthur M Recht PO BOX 3047 Wheeling, WV 26003	Trustee 2	2,400	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

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

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

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 page 23 of the 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		►

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	0
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	0
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3	►

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	4,878,846
b	Average of monthly cash balances	1b	1,201,741
c	Fair market value of all other assets (see page 24 of the instructions)	1c	1,187,032
d	Total (add lines 1a, b, and c)	1d	7,267,619
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	0
3	Subtract line 2 from line 1d	3	7,267,619
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	109,014
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,158,605
6	Minimum investment return. Enter 5% of line 5	6	357,930

Part XI Distributable Amount (see page 25 of the 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	357,930
2a	Tax on investment income for 2009 from Part VI, line 5	2a	3,856
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	3,856
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	354,074
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	354,074
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	354,074

Part XII Qualifying Distributions (see page 25 of the 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	451,287
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	451,287
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 page 26 of the instructions)	5	3,856
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	447,431

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				354,074
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			395,618	
b Total for prior years: _____, _____, _____				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 451,287				
a Applied to 2008, but not more than line 2a			395,618	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				55,669
e Remaining amount distributed out of corpus				
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 .				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				298,405
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a	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				
b	Check box to indicate whether the foundation is a private operating foundation described in section				4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b	85% of line 2a				
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon.				
a	"Assets" alternative test - enter:				
	(1) Value of all assets				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
c	"Support" alternative test - enter:				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
	(3) Largest amount of support from an exempt organization				
	(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the 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 <input type="checkbox"/> 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 page 28 of the 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 990APP
b	The form in which applications should be submitted and information and materials they should include
c	Any submission deadlines
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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

Recipient Name and address (home or business)	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
a Paid during the year				
Catholic Neighborhood Center PO Box 6176 Wheeling WV 26003	None	501c3	Clothing Program	34,000
Childrens Museum of Ohio Valle 1000 Main St Wheeling WV 26003	None	509A2	Scholarships Program needs	3,000
Our Lady of Peace School 640 Old Fairmont Pike Wheeling WV 26003	None	School	Math Program	5,000
Greater Whg Coalition Homeless 84 15th ST Wheeling WV 26003	None	501C3	Toys	5,000
YMCA 55 Lounez Ave Wheeling WV 26003	None	Comm Gr	Replacement pool drain covers	1,750
House of the Carpenter 200 S Front St Wheeling WV 26003	None	501c3	Summer Camp	2,800
City of Wheeling Chapline St Wheeling WV 26003	None	City	Ballfield Mainten	40,000
Chambers YMCA 55 Lounez Ave Wheeling WV 26003	None	Comm Gr	Upgrade ballfield	24,700
Total			3a	
b Approved for future payment				
Total			3b	

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

Recipient Name and address (home or business)	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
a Paid during the year				
Ohio County Schools 2203 National Rd Wheeling WV 26003	None	School	Performing Arts Center	250,000
River Heritage Foundation 1 Hawthorne Ct Wheeling WV 26003	None	501C3	Sea Quest Kids	3,000
Ohio Co Schools 2203 National Rd Wheeling WV 26003	None	School	Youth Govt Semina	2,800
WV Northern CC 1704 Market St Wheeling WV 26003	None	College	Middle College HS	22,500
Easter Seals 1305 National Rd Wheeling WV 26003	None	501C3	Miracle Field	20,000
Total			3a	414,550
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies . . .						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments .				14	148	
4 Dividends and interest from securities				14	271,952	
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property . . .				16	144,971	
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory .				18	(27,231)	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue. a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)					389,840	
13 Total. Add line 12, columns (b), (d), and (e)					389,840	389,840

(See worksheet in line 13 instructions on page 28 to verify calculations)

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

[illegible]

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

[illegible]

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

FEIN

JAMES B CHAMBERS MEMORIAL

55-0360517

Form 990PF, Part II, Line 15 Other Assets Schedule

Statement #120

Description	BOY Book	EOY Book	FMV
Land	191,711	191,711	1,172,500
Wesbanco Trust Cash	1,124,819	952,729	952,729
MUTUAL FUNDS	130,000	130,000	131,565
NET CAPITAL LEASE COST	6,719	5,924	5,924
Total	1,453,249	1,280,364	2,262,718

Form 990PF, Part II, Line 10(b) Investments: Corporate Stock Schedule

PG 01
Statement #137

Category	BOY	Book Value	EOY FMV
WESBANCO TRUST	1,108,785	1,106,058	3,780,701
Totals	1,108,785	1,106,058	3,780,701

Federal Supporting Statements**2009 PG 01**

Name(s) as shown on return

Your Social Security Number

JAMES B CHAMBERS MEMORIAL

55-0360517

**Form 990PF, Part XV, Line 2
Application Submission Information**

990APP

Grant Program

All

Applicant Name

Emily Schramm-Fisher

Address

PO Box 3047

Wheeling

WV 26003

Telephone

304-243-9373

Form & Content

See attachment

Submission Deadline

None

Restrictions on Award

Geographical: Greater Wheeling WV area

Other: Youth and Youth Organizations

Federal Supporting Statements

2009 PG 01

Your Social Security Number

55-0360517

Name(s) as shown on return

JAMES B CHAMBERS MEMORIAL

Statement #103

Form 990PF, Part I, Line 23 - Other Expenses Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
Insurance	6,264	3,132	0	3,132
Repairs & Maintenance	7,025	0	0	7,025
Dues	209	104	0	105
Office Supplies	1,502	751	0	751
Postage	375	187	0	188
Utilities	465	233	0	232
Totals	15,840	4,407	0	11,433

PG 01

Statement #107

Form 990PF, Part I, Line 16(a) - Legal Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
legal fees	2,522	0	0	2,522
Totals	2,522	0	0	2,522

Federal Supporting Statements

2009 PG 01

Your Social Security Number

55-0360517

Name(s) as shown on return

JAMES B CHAMBERS MEMORIAL

Statement #108

Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
Accounting Fees	8,775	4,387	0	4,388
Totals	8,775	4,387	0	4,388

PG 01

Statement #109

Form 990PF, Part I, Line 16(c) - Other Professional Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
Other Prof Fees	4,148	2,074	0	2,074
Totals	4,148	2,074	0	2,074

Federal Supporting Statements

2009 PG 01

Your Social Security Number

55-0360517

Name(s) as shown on return

JAMES B CHAMBERS MEMORIAL

Form 990PF, Part I, Line 18 - Taxes Schedule

Statement #110

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
Taxes	27	27	0	0
Excise Tax	3,856	3,856	0	0
Totals	3,883	3,883	0	0

PG01

Statement #119

Form 990PF, Part II, Line 14 - Land Etc. Schedule

Description	Cost or other basis	Accumulated depreciation	End of year book value	FMV
Land	101,300		101,300	839,500
Buildings & Equipment	15,721	14,816	905	905
Total	117,021	14,816	102,205	840,405

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

JAMES B CHAMBERS MEMORIAL

Your Social Security Number

55-0360517

Form 990PF, Part I, Line 19 - Depreciation Schedule

Statement #126

Description	Date Acquired	Cost or Other basis	Prior year Depreciation	Computation Method	Rate	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
HP Pavillion Laptop	01-30-2007	984	377	SL		5	197	197	
Phaser Printer	09-18-2007	899	225	sl		5	180	180	
Totals		1,883	602				377	377	

**JAMES B. CHAMBERS
MEMORIAL GRANT APPLICATION**

Date

Section A: Organization Information

Name: _____

Address: _____

Mailing Address
(if different): _____

Grant is on behalf of: ☐ Individual ☐ Organization

Date organization formed: _____

State of incorporation/formation: _____

Federal Tax Identification Number: _____

Section B: Type of Organization
(Please check the appropriate box.)

- | | |
|---|--|
| <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Amateur Athletic Organization |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Civic League |
| <input type="checkbox"/> Scientific Organization | <input type="checkbox"/> Social Welfare League |
| <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Private Foundation |
| <input type="checkbox"/> Business League | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> Public Charity | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Other (please describe): _____ | |

Has this organization been formally granted tax-exempt or non-profit status by the Internal Revenue Service? ☐ Yes ☐ No

If you answered "yes" to the previous question, please attach:

1. a copy of the most recent Determination Letter issued by the I.R.S. District Director;
2. a copy of the most recently-filed Form 990, Return of Organization Exempt from Income Tax.

Section C: Additional Information

Please attach copies of the following items:

1. copy of By-Laws;
2. current listing of Board of Directors or officers, or other details regarding governing body;
3. most recent financial statements (check one):
☐ Audited ☐ Compilation ☐ Unaudited;

Has this organization applied to the Chambers Memorial for a grant in the past?

☐ Yes (date requested _____) ☐ No

Section D: Information regarding Current Grant Request

1. Amount of request: \$ _____
2. Type of request:
☐ General Assistance;
☐ Capital Improvement;
☐ Seed Money (list potential future sources of funds and indicate level of commitment);
☐ Expansion of Program or Services (provide details as well as funding sources for continuance of expanded program or services);
☐ Other (please explain): _____

3. Distribution requirements:
☐ Request for distribution of total request during the current fiscal year;
☐ Request for distribution over several future periods (please provide details).
4. Please provide a narrative that describes, in specific terms, the proposed use of funds.
5. Are there other funds available to your organization whose receipt is dependent upon approval of this grant request? ☐ Yes (source: _____) ☐ No
6. Is this a request for a matching grant? ☐ Yes ☐ No

7. If you answered "yes" to question number six, please identify the sources and matching ratios (i.e.: two for one, three for one, etc.):

Section E: General Information

Request prepared by:

Name: _____

Title: _____

Phone: _____

Person(s) authorized to discuss this request (if necessary):

1. Name: _____

Title: _____

Phone: _____

2. Name: _____

Title: _____

Phone: _____

3. Name: _____

Title: _____

Phone: _____

Section F: Certification

I/we hereby certify that the information provided on this application form is true and accurate to the best of my/our knowledge and belief.

Authorized Signature: _____

Date: _____