Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2009

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: GEORGE D HOTT MEMORIAL FOUNDATION

Number and street (or P O box number if mail is not delivered to street address): P O BOX 4308

Room/suite:

City or town, state, and ZIP code: MORGANTOWN, WV 26505

A Employer identification number: 55-6085230

B Telephone number (see page 10 of the instructions)

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 2,401,954

J Accounting method. ☒ Cash ☐ Accrual
☐ Other (specify)
(Part I, column (d) must be on cash basis.)

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 ▶ ☒ if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	39,979	39,979	39,979	
4	Dividends and interest from securities	30,117	30,117	30,117	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	(59,073)			
b	Gross sales price for all assets on line 6a 264,860				
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	11,023	70,096	70,096	
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) STM108	1,300			1,300
c	Other professional fees (attach schedule) STM109	19,052	19,052	19,502	
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions) STM110	768	768		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	87			87
22	Printing and publications	16			16
23	Other expenses (attach schedule) STM103	5			5
24	**Total operating and administrative expenses.** Add lines 13 through 23	21,228	19,820	19,502	1,408
25	Contributions, gifts, grants paid	155,300			155,300
26	**Total expenses and disbursements.** Add lines 24 and 25	176,528	19,820	19,502	156,708
27	Subtract line 26 from line 12:				
a	**Excess of revenue over expenses and disbursements**	(165,505)			
b	**Net investment income** (if negative, enter -0-)		50,276		
c	**Adjusted net income** (if negative, enter -0-)			50,594	

Operating and Administrative Expenses

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P 6

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		1,692	1,692
2	Savings and temporary cash investments	54,502	24,051	24,051
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 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			
10a	Investments - U S. and state government obligations (attach schedule) STM136	771,575	771,493	819,055
b	Investments - corporate stock (attach schedule) STM137	1,268,132	1,131,468	1,162,834
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) STM118	451,470	451,470	394,322
14	Land, buildings, and equipment. basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)			
16	**Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,545,679	2,380,174	2,401,954
Liabilities 17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	**Total liabilities** (add lines 17 through 22)		0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted	2,545,679	2,380,174	
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, 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)	2,545,679	2,380,174	
31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	2,545,679	2,380,174	

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	2,545,679
2	Enter amount from Part I, line 27a	2	(165,505)
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	2,380,174
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	2,380,174

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	See STM-134			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	264,860		323,933	(59,073)
b				
c				
d				
e				

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

	(i) F M V 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				
b				
c				
d				
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	(43,140)
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	(15,933)

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	195,105	2,624,723	0.074334
2007	228,890	3,113,607	0.073513
2006	208,418	3,073,809	0.067804
2005	204,950	2,981,728	0.068735
2004	209,415	3,058,382	0.068472

2	Total of line 1, column (d)	2	0.352859
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	0.070572
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,249,406
5	Multiply line 4 by line 3	5	158,745
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	503
7	Add lines 5 and 6	7	159,248
8	Enter qualifying distributions from Part XII, line 4	8	156,708

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.

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 ▶ ☐ 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 ▶ ☐ and enter 1% of Part I, line 27b			1	1,006
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	1,006
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	1,006
6	Credits/Payments:				
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	2,827		
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	2,827
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ 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	1,821
11	Enter the amount of line 10 to be. **Credited to 2010 estimated tax** ▶ 1,821 **Refunded** ▶			11	

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?	1a		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)?	1b		X
	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			
c	Did the foundation file **Form 1120-POL** for this year?	1c		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?	2		X
	If "Yes," attach a detailed description of the activities.			
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	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
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?	6	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ ______________			
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	8b		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	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see 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?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ HUNTINGTON NATIONAL BANK Telephone no. ▶ 304-348-4555

Located at ▶ PO BOX 633 CHARLESTON, WV ZIP+4 ▶ 25322-0633

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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		
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? ☐ Yes ☒ 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? ☐ Yes ☒ 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** No: 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 See 990_OFOV	(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
HUNTINGTON NATIONAL BANK PO BOX 633, WV 25322-0633	0	0	0	0
JACK L BRITTON P O BOX 633 CHARLESTON, WV 25322	COMMITTEE MEMBE 0	0	0	0
DOUGLAS J LEECH P O BOX 633 CHARLESTON, WV 25322	0	0	0	0
JOHN FAHEY P O BOX 633 CHARLESTON, WV 25322	0	0	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 MILAN PUSKAR HEALTH RIGHT	30,000
2 SALVATION ARMY	13,000
3 MOUNTAINEER AREA BOY SCOUTS 61	10,000
4 FOUNDATION OF MONONGALIA GENERAL HOSPITAL	8,000

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	
2	
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	2,243,539
b	Average of monthly cash balances	1b	40,122
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	2,283,661
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	2,283,661
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	34,255
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,249,406
6	**Minimum investment return.** Enter 5% of line 5	6	112,470

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	
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 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	

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	156,708
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	156,708
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	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	156,708

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					
2	Undistributed income, if any, as of the end of 2009.					
a	Enter amount for 2008 only					
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. ▶ $ 156,708					
a	Applied to 2008, but not more than line 2a					
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					
e	Remaining amount distributed out of corpus		156,708			
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		156,708			
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					
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		156,708			
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	156,708				

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)

	Tax year	Prior 3 years			
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	50,594	70,645	102,803	82,824	306,866
b 85% of line 2a	43,005	60,048	87,383	70,400	260,836
c Qualifying distributions from Part XII, line 4 for each year listed	156,708	195,758	231,824	210,575	794,865
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	156,708	195,758	231,824	210,575	794,865
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	74,984	87,491	103,787	102,460	368,722
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))

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.

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 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				
ROCK FORGE NEIGHBORHOOD HOUSE			FIRE DOORS	1,500
CASA FOR KIDS				5,000
CHRISTIAN HELP INC				4,000
COMMUNITY KITCHEN INC				4,000
ALZHEIMERS ASSOCIATION				1,400
BARTLETT HOUSE INC				7,000
COMPEER				800
FOUNDATION OF MONONGALIA GENER			HEALING GARDEN	4,000
Total . . . . ▶ 3a				
b Approved for future payment				
FOUNDATION OF MONONGALIA GENER			HEALING GARDEN	4,000
MARY BABB RANDOLPH CANCER CTR				4,000
INIVERSITY CHRITIAN COUNCIL			ROGERS HOUSE	4,000
FOUNDATION OF MONONGALIA GENER			CAPITAL CAMPAIGN	4,000
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				
BLACK DIAMOND GIRL SCOUT COUNC				5,000
MONONGALIA ARTS CENTER				1,500
IN TOUCH and CONCERNED INC				4,000
MARY BABB RANDOLPH CANCER CENT				4,000
MENTAL HEALTH AMERICA OF MONON				3,000
MILAN PUSKAR HEALTH RIGHT				10,000
MOUNTAIN HEART FOUNDATION				800
MONONGALIA COUNTY HUMANE SOCIE				800
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				
MORGANTOWN AREA MEALS ON WHEEL				5,000
MOUNTAINEER AREA BOY SCOUTS 61				10,000
MOUNTAINEER BOYS AND GIRLS CLU				3,000
ROCK FORGE NEIGHBOORHOOD HOUSE				5,500
RONALD MCDONALD HOUSE CHARITIE				1,500
SALVATION ARMY				8,000
SHACK NEIGHBOORHOOD HOUSE				5,000
ST FRANCIS CATHOLIC SCHOOL				1,000
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				
ST URSULA FOOD PANTRY and OUTREA				4,000
UNIVERSITY CHRISTIAN COUNCIL			ROGERS HOUSE	4,000
VISITING HOMEMAKER SERVICES I				7,000
WESLEY UNITED METHODIST				1,000
WVU FOUNDATION				3,000
MONONGALIA COUNTY LITERACY VOL				1,000
MONONGALIA HISTORICAL SOCIETY				500
WVU FOUNDATION				3,000
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				
SCOTTS RUN SETTLEMENT HOUSE I				5,000
MILAN PUSKAR HEALTH RIGHT				20,000
FOUNDATION OF MONONGALIA GENER			CAPITAL CAMPAIGN	4,000
SALVATION ARMY				5,000
WESLEY UNITED METHODIST CHURCH				2,000
Total . . . . ▶ 3a				155,300
b Approved for future payment				
Total . . . . ▶ 3b				16,000

Part XVI-A Analysis of Income-Producing Activities

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	39,979	
4 Dividends and interest from securities			14	30,117	
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					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	(59,073)	
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)				11,023	

13 **Total.** Add line 12, columns (b), (d), and (e) 13 11,023

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

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions)

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

			Yes	No
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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Sign Here

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

X Huntington National Bank
By: Carla D Parsons

Signature of officer or trustee

8-2-10
Date

Vice President
Title

Paid Preparer's Use Only

Preparer's signature	Date 08-02-2010	Check if self-employed ▶ ☐	Preparer's identifying number (see Signature on page 30 of the instructions)
Firm's name (or yours if self-employed), address, and ZIP code	LAMBRIGHT AND GUTTA PLLC MORGANTOWN, WV 26505	EIN ▶	
		Phone no	304-599-3185

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.

(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 deferred compensation	(e) Expense account, other allowances
THOMAS P ROGERS P O BOX 633 CHARLESTON, WV 25322	0	0	0	0
VAUGHN L KIGER P O BOX 633 CHARLESTON, WV 25322	0	0	0	0
REED J TANNER P O BOX 633 CHARLESTON, WV 25322	0	0	0	0
CHAD PRATHER P O BOX 633 CHARLESTON, WV 25322	0	0	0	0

	Federal Supporting Statements	2009 PG 01
Name(s) as shown on return GEORGE D HOTT MEMORIAL FOUNDATION		FEIN 55-6085230

STATEMENT #118

FORM 990PF, PART II, LINE 13
INVESTMENTS: OTHER SCHEDULE

CATEGORY	BOOK VALUE (BOY)	BOOK VALUE (EOY)	FMV (EOY)
	451,470	451,470	394,322
TOTAL	451,470	451,470	394,322

PG 01
STATEMENT #136

FORM 990PF, PART II, LINE 10(A)
INVESTMENTS: GOVERNMENT OBLIGATION SCHEDULE

CATEGORY	BOOK VALUE (BOY)	BOOK VALUE (EOY)	FMV (EOY)
US GOV'T OBLIGATIONS	771,575	771,493	819,055
TOTALS	771,575	771,493	819,055

PG 01
STATEMENT #137

FORM 990PF, PART II, LINE 10(B)
INVESTMENTS: CORPORATE STOCK SCHEDULE

CATEGORY	BOY	BOOK VALUE	EOY FMV
CORPORATE STOCK	1,268,132	1,131,468	1,162,834
TOTALS	1,268,132	1,131,468	1,162,834

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return
GEORGE D HOTT MEMORIAL FOUNDATION

Your Social Security Number
55-6085230

FORM 990PF, PART I, LINE 23 - OTHER EXPENSES SCHEDULE

STATEMENT #103

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
FEES	5	0	0	5
TOTALS	5	0	0	5

PG 01
STATEMENT #108

FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
TAX PREPARATION	1,300	0	0	1,300
TOTALS	1,300	0	0	1,300

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
EXECUTOR FEES	19,052	19,052	19,502	0
TOTALS	19,052	19,052	19,502	0

Federal Supporting Statements

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Name(s) as shown on return

GEORGE D HOTT MEMORIAL FOUNDATION

Your Social Security Number

55-6085230

FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE

STATEMENT #110

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
FOREIGN TAXES	768	768	0	0
TOTALS	768	768	0	0

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return: GEORGE D HOTT MEMORIAL FOUNDATION

Your Social Security Number: 55-6085230

FORM 990-PF, PART IV, CAPITAL GAINS AND LOSSES INFORMATION (OVERFLOW)

STATEMENT #134

DESCRIPTION	P-PURCHASE D-DONATION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPRECIATION	COST OR OTHER BASIS	GAIN OR LOSS	PRE-1970 GAINS OR LOSSES
100 SHS GENERAL MILLS	P	2006-05-03	2009-01-16	6,031		4,970	1,061	
400 SHS HUMANA	P	2008-04-30	2009-01-16	13,328		27,860	(14,532)	
350 SHS CARDINAL HEALTH	P	2007-12-07	2009-01-16	13,294		21,294	(8,000)	
450 SHS BT GROUP PLC	P	2007-10-24	2009-02-04	6,729		28,724	(21,995)	
200 SHS PARKER HANNIFIN	P	2008-09-09	2009-02-06	8,173		11,536	(3,363)	
600 SHS PACKAGING CORP OF AMERICA	P	2007-12-13	2009-02-06	8,750		17,108	(8,358)	
400 SHS HEWLETT PACKARD	P	2003-12-17	2009-02-19	12,474		8,840	3,634	
300 SHS SCHLUMBERGER LTD	P	2004-12-28	2009-02-24	10,971		9,961	1,010	
150 SHS APACHE CORP	P	2008-07-22	2009-03-23	10,366		16,970	(6,604)	
300 SHS SCHERING PLOUGH	P	2005-07-27	2009-03-23	7,161		6,309	852	
300 SHS SCHERING PLOUGH	P	2005-07-27	2009-03-27	7,200		6,309	891	
.037 SHS TIME WARNER CABLE	P	2006-05-03	2009-04-20	1		2	(1)	
.667 SHS TIME WARNER CABLE	P	2006-05-03	2009-04-20	15		26	(11)	
300 SHS ABBOTT LABORATORIES	P	2008-06-06	2009-05-21	12,882		16,671	(3,789)	
100 SHS CVS CAREMARK	P	2006-09-07	2009-05-21	2,967		3,523	(556)	
100 SHS PEPSICO	P	2002-12-23	2009-05-21	5,131		4,200	931	
100 SHS PROCTER & GAMBLE CO	P	2004-02-02	2009-05-21	5,268		5,060	208	
92 SHS TIME WARNER CABLE	P	2006-05-03	2009-06-09	2,954		4,714	(1,760)	
211.65 SHS SCHERING PLOUGH	P	2005-07-27	2009-11-05	5,250		4,451	799	
.35 SHS MERCK & CO INC	P	2005-07-27	2009-11-17	11		7	4	
400 SHS GENERAL ELECTRIC	P	2006-01-11	2009-12-03	6,404		14,120	(7,716)	
2 SHS DOVER CORP	P	2007-01-18	2009-12-03	82		98	(16)	
250 SHS WALT DISNEY CO	P	2007-02-13	2009-12-03	7,587		8,536	(949)	
200 SHS CVS CAREMARK CORP	P	2006-09-07	2009-12-03	6,144		7,046	(902)	
100 SHS PROCTER & GAMBLE	P	2004-02-02	2009-12-03	6,256		5,060	1,196	
100 SHS PEPSICO INC	P	2002-12-23	2009-12-03	6,283		4,200	2,083	
250 SHS TEVA PHARMACEUTICAL	P	2004-08-12	2009-12-03	13,417		6,627	6,790	
.273 SHS AOL INC	P	2006-05-03	2009-12-24	7		8	(1)	
REDEEMED 75000 NOTES	P	2007-05-17	2009-01-09	75,000		74,708	292	
100 SHS ABBOTT LABORATORIES	P	2009-01-16	2009-05-21	4,294		4,995	(701)	
AMERICAN INT'L GROUP	AMERICAN INT'L GROUP		2009-06-18	430			430	
TOTAL				264,860		323,933	(59,073)	

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

GEORGE D HOTT MEMORIAL FOUNDATION

Your Social Security Number

55-6085230

FORM 990PF, PART XV, LINE 2
APPLICATION SUBMISSION INFORMATION

990APP

GRANT PROGRAM
HOTT FOUNDATION

APPLICANT NAME
HUNTINGTON NAT'L BAN

ADDRESS
P.O. BOX 633 CHARLESTON WV 25322

TELEPHONE
304-348-4555

FORM & CONTENT
SEE ATTACHED

SUBMISSION DEADLINE
NONE

RESTRICTIONS ON AWARD
SEE ATTACHED

990 **Overflow Statement** **2009**
Page 1

Name(s) as shown on return	FEIN
GEORGE D HOTT MEMORIAL FOUNDATION	55-6085230

Description	Amount
	$ 2,827
Total:	**$ 2,827**

Description	Amount
	$ 771,575
Total:	**$ 771,575**

Description	Amount
	$ 771,493
Total:	**$ 771,493**

Description	Amount
	$ 819,055
Total:	**$ 819,055**

Description	Amount
	$ 1,268,132
Total:	**$ 1,268,132**

George Hott Memorial Foundation
Contribution Application

Date ____________________ Amount Requested ____________________

Name of Organization ____

Contact Person, Title ____

Location of Office ____

Geographic Area to be Served ____

Phone ______________ Email _________________

1. Is your organization registered with the Internal Revenue Service as a non-profit, tax-exempt charitable or educational organization? Yes_____ No _____
   If so, please attach a copy of your approval letter to each application.

2. Is your organization a corporation? Yes ____ No ____
   If not a corporation, please specify type of organization ____________________

3. Is your organization registered with the WV Secretary of States Office as a Charitable Organization or Professional Fundraiser? Yes _____ No _____ Exempt ___________

   If not registered or exempt, please explain why: ______________________________

   ____

Along with this application you **must** submit the following:

- Explanation of purpose and goals of your organization or project and why it is necessary.
- Copy of your last annual report.
- Copy of IRS exemption letter.

Return this completed application, along with the above-mentioned items to:

Huntington National Bank
Hott Memorial Foundation
Attn: Carla Parsons/WE3013
P.O. Box 633
Charleston, WV 25322

Application deadline is October 1^{st}

Incomplete or late applications <u>will</u> <u>not</u> be considered. One original and SIX copies of the entire application & attachments must be provided.

List all Directors, Officers and/or other officials:

Name	Title	Address	Phone

List all paid employees of your organization:

Name	Address

Payroll expenses are approximately______% of our annual operating budget.

Approximately ________ persons provide volunteer work.

List other resources received:

Source	Current Year To Date $	Last Year $	Two Years Ago $

I certify, to the best of my knowledge, that:

- The information provided with this application is true and accurate.
- This Organization does not support or engage in any terrorist activity.
- If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or be used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

Signature(s):

Executive Director

Date

If request is for $5,000 or more, please also include the signature of the President of the Board of Directors.

President, Board of Directors

Date