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### 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.

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning FEB 2009 , and ending JAN 31. 2010 G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS THE WARREN & BETTY BURNSIDE FOUNDATION. label. INC. 55-0709158 Otherwise, Number and street (or P O box number if mail is not delivered to street address) Boom/suite B Telephone number print or type. 300 WEST PIKE STREET (304)623-3668 See Specific City or town, state, and ZIP code C if exemption application is pending, check here Instructions. CLARKSBURG, WV 26301 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Cash I Fair market value of all assets at end of year | J Accounting method: X Accrual under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination. 5,320,803. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part! (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) expenses per books income income 240,755 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 20,469 20,469 3 135,292 135,292 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 23 6a Net cain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 23. 23 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Less Cost of goods sold c Gross prototy (loss AY 1 11 Other incom 5,698 0 5.698 402,237 12 Total Add line 161.482 0 Compensation of officers 0. 0. 0. 0. Other employee salaries and wages 26,554 0 0 26,554. 14 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees STMT 9,569. 0. 0. 9,569. STMT 5 1,710 0 0 1,710. c Other professional fees 17 Interest 4,646 18 Taxes STMT 6 0. 0. 4,646. 8,581 19 Depreciation and depletion 0 8,581 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0 16,697. STMT 7 17,096 0 23 Other expenses 24 Total operating and administrative 68,156 0 8,581 59,176. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 199,000 199,000. 26 Total expenses and disbursements. Add lines 24 and 25 267,156 581 27 Subtract line 26 from line 12: 135,081 & Excess of revenue over expenses and disbursements 161,482 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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Form **990-PF** (2009)

| For                  | m 9\$ | 0-PF (2009) INC.   |                   | 55-0           | 0709158 Page 2   |
|----------------------|-------|--|-------------------|----------------|--|
|                      | =     | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of         |  |
| 67                   |       | column should be for end-of-year amounts only  | (a) Book Value    | (b) Book Value | (c) Fair Market Value  |
|                      | 1     | Cash - non-interest-bearing  | 24,378.           | 66,829.        | 66,829.  |
|                      | 2     | Savings and temporary cash investments   | 125,697.          | 150,553.       | 150,553.   |
|                      | 3     | Accounts receivable ► 336.   |                   |                |  |
|                      | •     | Less: allowance for doubtful accounts ▶  |                   | 336.           | 336.   |
|                      | 4     | Pledges receivable   |                   |                |  |
|                      | ١.    | Less; allowance for doubtful accounts ▶  |                   |                |  |
|                      | 5     | Grants receivable  |                   |                |  |
|                      | -     | Receivables due from officers, directors, trustees, and other  |                   |                |  |
|                      | ١     | disqualified persons   |                   |                |  |
|                      | 7     | Other notes and loans receivable   | <del></del>       |                |  |
|                      | ′     | Less; allowance for doubtful accounts  |                   |                |  |
|                      |       | Inventories for sale or use  | <del></del>       |                |  |
| Assets               | I -   | Prepaid expenses and deferred charges  | 15,297.           | 6,119.         | 6,119.   |
| Ass                  |       | Investments - U.S. and state government obligations  |                   |                | 0,110.   |
| -                    | ı     | _ [*   | 581,042.          | 581,042.       | 2,069,212.   |
|                      | ı     | · · · · · · · · · · · · · · · · · · ·  | 3,422,495.        | 3,504,495.     | 1,305,078.   |
|                      | J     | Investments - corporate bonds STMT 9   | 3,444,433.        | 3,304,433.     | 1,303,070.   |
|                      | 11    | Investments - land, buildings, and equipment basis   |                   |                |  |
|                      |       | Less accumulated depreciation  |                   |                |  |
|                      |       | Investments - mortgage loans   | 1 010 007         | 1 010 007      | 1 415 620  |
|                      | 13    | Investments - other STMT 10  | 1,918,097.        | 1,918,097.     | 1,415,628.   |
|                      | 14    | Land, buildings, and equipment basis 408,094.  | 214 047           | 207 040        | 207 040  |
|                      |       | Less accumulated depreciation STMT 11► 101,046.  | 314,047.          | 307,048.       | 307,048.   |
|                      | 15    | Other assets (describe   |                   |                |  |
|                      |       |  | 6 404 052         | 6 534 510      | r 200 002  |
| _                    |       | Total assets (to be completed by all filers)   | 6,401,053.        | 6,534,519.     | 5,320,803.   |
|                      | 17    | Accounts payable and accrued expenses  |                   |                |  |
|                      | 18    | Grants payable   | 202,000.          | 202,000.       |  |
| es                   | 19    | Deferred revenue   |                   |                |  |
| Liabilities          | 20    | Loans from officers, directors, trustees, and other disqualified persons                                       |                   |                |  |
| iab                  | 21    | Mortgages and other notes payable  |                   |                | / - "  |
| _                    | 22    | Other liabilities (describe >)   |                   |                |  |
|                      |       |  | 1                 |                |  |
|                      | 23    | Total liabilities (add lines 17 through 22)  | 202,000.          | 202,000.       |  |
|                      |       | Foundations that follow SFAS 117, check here   | 1                 |                | The white week and the con-  |
|                      | 1     | and complete lines 24 through 26 and lines 30 and 31.  |                   |                |  |
| Ses                  | 24    | Unrestricted   |                   |                |  |
| ä                    | 25    | Temporarily restricted   |                   |                |  |
| <b>Fund Balances</b> | 26    | Permanently restricted   |                   |                |  |
| ם                    |       | Foundations that do not follow SFAS 117, check here  |                   |                |  |
|                      |       | and complete lines 27 through 31.  | 1                 |                |  |
| ğ                    | 27    | Capital stock, trust principal, or current funds   | 1,786,758.        | 1,786,758.     |  |
| ets                  | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund   | 0.                | 0.             | The state of the s |
| Ass                  | 29    | Retained earnings, accumulated income, endowment, or other funds   | 4,412,295.        | 4,545,761.     |  |
| Net Assets or        | 30    | Total net assets or fund balances  | 6,199,053.        | 6,332,519.     |  |
| Z                    | 00    | Total net assets of fund suitaness   |                   |                |  |
|                      | 31    | Total liabilities and net assets/fund balances   | 6,401,053.        | 6,534,519.     |  |
|                      | art   |  |                   |                |  |
| 1                    | Tota  | I net assets or fund balances at beginning of year - Part II, column (a), line                                 | <br>30            |                |  |
| '                    |       | st agree with end-of-year figure reported on prior year's return)  |                   | 1              | 6,199,053.   |
| 2                    | -     | er amount from Part I, line 27a  |                   | 2              | 135,081.   |
| 3                    |       | er increases not included in line 2 (itemize)  |                   | 3              | 0.   |
| A                    |       | lines 1, 2, and 3  |                   | 4              | 6,334,134.   |
| ۲<br>۾               |       | reases not included in line 2 (itemize) > 990-PF TAXES   |                   | 5              | 1,615.   |
| ū                    |       | of not accost or fund balances at and of year (line 4 minus line 5) - Part II co                               | lumn (h) line 20  |                | 6 332 519.   |

.052418 4,917,351. 257,758. 5 1,615. 6 7 <u>259,373.</u> 258,176. 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.

5 Multiply line 4 by line 3

Add lines 5 and 6

See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

| _  | THE WARREN & BETTY BURNSIDE FOR   | JND             | ATION,                     |            |                |                |               |                            | _           |
|----|---|-----------------|----------------------------|------------|----------------|----------------|---------------|----------------------------|-------------|
|    | 990-PF (2009) INC.  | / <del>-\</del> | 1040(h) 4040(-)            |            |                | 0709           |               |                            | Page 4      |
|    | Excise Tax Based on Investment Income (Section 4940)  |                 |                            | , or 4     | <del>948</del> | - see II       | ıstru         | CTIOI                      | 15)         |
| 1a |   |                 | A" on line 1.              | }          | -1             |                |               | -<br>                      | . ,         |
|    | Date of ruling or determination letter: (attach copy of letter if neces                                 |                 |                            |            | <u> </u>       | <del>-</del>   |               |                            |             |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here                   | ш               | and enter 1%               | }          | 1              | ļ — —          |               | <u>3,2</u>                 | <u> 30.</u> |
|    | of Part I, line 27b   |                 |                            |            |                |                |               |                            |             |
|    | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of line 27b. |                 |                            | ,          |                | <del> </del>   |               |                            |             |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other           | ers en          | ter -0-)                   |            | 2              | <del> </del>   |               | <del></del>                | 0.          |
| 3  | Add lines 1 and 2   |                 |                            |            | 3              | <del> </del>   |               | 3,2                        |             |
| 4  | Subtrile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth           | ers er          | iter -U-)                  |            | 4              | <del> </del>   |               | 2 2                        | 0.          |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                 |                 |                            |            | 5              | <del>,</del> . | <del></del> - | <u>3,2</u>                 | 30.         |
| 6  | Credits/Payments:   | ٥.              | 1 4 1                      | - 60       | 1              |                |               | ٠,                         |             |
|    | 2009 estimated tax payments and 2008 overpayment credited to 2009                                       | 6a<br>Ch        | 4,:                        | 560.       |                |                |               |                            |             |
|    | Exempt foreign organizations - tax withheld at source   | 6b_             |                            |            | 2.00           | escale of      |               |                            | Spire       |
|    | Tax paid with application for extension of time to file (Form 8868)                                     | _6c_            | <del> </del>               |            |                |                |               | ing'<br>deus <b>if</b> des | £ .         |
|    | Backup withholding erroneously withheld   | <u>6d</u>       | L                          |            |                |                |               | <i>1</i>                   | 60          |
| _  |   |                 |                            |            | 7              | <del> </del>   |               | 4,5                        | <u>0U.</u>  |
| 8  | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attach                | iea             |                            |            | 8              |                |               |                            |             |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                           |                 |                            |            | 9              | <del> </del>   |               | 1 2                        | 30.         |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid               |                 | 1,330. Refund              |            | 10<br>11       | <del> </del>   |               | <u>1,3</u>                 | 0.          |
|    | Enter the amount of line 10 to be: Credited to 2010 estimated tax  Statements Regarding Activities      |                 | 1,330 - Retund             | eu         |                | L              |               |                            | <u> </u>    |
|    | During the tax year, did the foundation attempt to influence any national, state, or local legislat     | tion o          | r did it participate or ii | tanıana    | <b>'</b> 0     |                | - 1           | Yes                        | No          |
| 14 | any political campaign?   | uon o           | uiu it participate or it   | ILGI VGIIG |                | ŀ              | 1a            |                            | <u>X</u>    |
|    | Did it spend more than \$100 during the year (either directly or indirectly) for political purpose      | c /caa          | unetructions for defin     | thon 12    |                | ļ              | 1b            |                            | X           |
| U  | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and of              |                 |                            |            | d or           |                | -10           |                            |             |
|    | distributed by the foundation in connection with the activities.  | Jopie           | s or any materials p       | ubiisiic   | u 0,           | ļ              |               | <b>-</b>                   |             |
|    | Did the foundation file Form 1120-POL for this year?  |                 |                            |            |                | Ì              | 1c            |                            | X           |
|    | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y          | ear-            |                            |            |                | ļ              | -10-1         |                            |             |
| u  | (1) On the foundation. > \$ 0. (2) On foundation managers.  |                 |                            | 0.         |                |                |               | -                          |             |
| A  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditu         |                 |                            |            |                |                |               |                            |             |
| ٠  | managers. > \$ 0.   |                 | miposou on roundon         | •••        |                |                |               |                            |             |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS          | 37              |                            |            |                |                | 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 ins           | strum           | ent. articles of incorpo   | ration, c  | r              | ŀ              |               |                            | [           |
| -  | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                  |                 |                            |            |                | Ī              | 3             |                            | X           |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?             |                 |                            |            |                | ļ              | 4a            |                            | X           |
|    | If "Yes," has it filed a tax return on Form 990-T for this year?  |                 |                            |            | N              | /A             | 4b            |                            |             |
|    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?          |                 |                            |            |                | ĺ              | 5             |                            | X           |
|    | If "Yes," attach the statement required by General Instruction T.                                       |                 |                            |            |                | ĺ              |               |                            |             |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith          | er:             |                            |            |                |                | - 3           |                            | <b>1</b>    |
|    | By language in the governing instrument, or   |                 |                            |            |                |                | -24           |                            |             |
|    | By state legislation that effectively amends the governing instrument so that no mandatory              | direct          | ons that conflict with     | the state  | law            |                |               |                            | F           |
|    | remain in the governing instrument?   |                 |                            |            |                | ĺ              | _6_           | X                          |             |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year?                         |                 |                            |            |                |                | 7             | X                          |             |
|    | If "Yes," complete Part II, col (c), and Part XV.   |                 |                            |            |                | Í              | - 1           |                            | [<br>=      |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions       | s) <b>&gt;</b>  | NONE                       |            |                |                | T.W.          | 9 → ( <b>9</b>             | 1           |
|    |   |                 |                            |            |                |                | -             |                            | -           |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto        | orney           | General (or designate      | )          |                |                |               |                            | للللا       |
|    | of each state as required by General Instruction G? If "No," attach explanation                         |                 |                            |            |                | [              | 8b            | X                          | ļ           |
| 9  | is the foundation claiming status as a private operating foundation within the meaning of sect          |                 |                            | for cale   | ndar           | Ì              |               |                            |             |
|    | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," con          | mple            | te Part XIV                |            |                | ì              | 9             |                            | X           |

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

|    | THE WARREN & BETTY BURNSIDE FOUNDATION,   |   |                          | Dago E          |
|----|---|---|--------------------------|-----------------|
|    |   | <u>0709158</u>  |                          | Page 5          |
|    | Statements Regarding Activities (continued)   | <del></del>   | ,                        |                 |
| 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  |                          | <u>X</u>        |
| 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  | _ <u>X</u> _             |                 |
|    | Website address ► N/A   |   |                          |                 |
| 14 | The books are in care of ► THE FOUNDATION Telephone no. ► (3)   | 04) 623   | <u>-36</u>               | <u>68</u> _     |
|    | Located at ► 300 WEST PIKE STREET, CLARKSBURG, WV ZIP+4   | <b>≥</b> 26301  |                          |                 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   |   |                          | $\cdot \square$ |
|    | and enter the amount of tax-exempt interest received or accrued during the year   | N   | /A_                      |                 |
| ď  | 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):   | 5.2   |                          | 200             |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  | No -  |                          |                 |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   | 34  |                          | - 190-y-2       |
|    | a disqualified person?  | ] No  |                          | Sanda -         |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  |   |                          | Marie -         |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  | - 33  |                          |                 |
|    | (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)?   | No I  | 2 - 3<br>- 3 - 40        |                 |
|    | (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  |   |                          | -E,             |
|    | termination of government service, if terminating within 90 days.)  | l No  |                          |                 |
|    | b If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations   | 1 1   | - A -                    | -               |
|    |   | /A 1b   |                          |                 |
|    | Organizations relying on a current notice regarding disaster assistance check here  |   |                          |                 |
|    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected   |   |                          |                 |
| Ü  |   | 1c  |                          | X               |
|    | before the first day of the tax year beginning in 2009?  Tayon on follows to distribute receiving 40433 (does not emply for years the foundation was a private operating foundation.) | 10-1  | - 1                      | <u> </u>        |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation  | -   | <b>3</b> 5               |                 |
| _  | defined in section 4942(j)(3) or 4942(j)(5)):   | ] -   | 7                        | 245°            |
| а  | 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 X                            | 7 4 3   |                          |                 |
|    |   | ו סאו   | = <u>'</u> 2 = <u>}=</u> | Ξŧ.             |
|    | If "Yes," list the years , , , , , , , , , , , , , , , , , , ,  |   | 2 📆                      |                 |
| b  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect  |   |                          | 442             |
|    | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach  | ا القام ا<br>القام القام ال |                          |                 |
|    | · · · · · · · · · · · · · · · · · · ·   | /A 2b   | <u>1.</u> 7-1            | the sales       |
| С  | 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> </u>  |   | 7                        |                 |
| 3a | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   | ا  يا   |                          |                 |
|    | during the year?  | l No  |                          |                 |
| b  | 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  |   |                          | 2 2             |
|    | 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,  |   |                          |                 |
|    |   | /A 3b   |                          | <u></u>         |
|    | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a  | ļ,                       | X               |
| b  | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that  | <sup>!</sup>  | 1                        |                 |
|    | had not been removed from jeopardy before the first day of the tax year beginning in 2009?  | 4b  |                          | X               |

THE WARREN & BETTY BURNSIDE FOUNDATION, Form 990-PF (2009) INC 55-0709158 Page 6 Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 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 N/A Yes expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? 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. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VI Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (If not paid, enter -0-) (a) Name and address SEE STATEMENT 13 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

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

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| Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)   | ation Managers, Highly                      |  |
|--|---|--|
| 3 Five highest-paid independent contractors for professional services. If none, enter  | er "NONE."                                  |  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                         | (c) Compensation                                 |
| NONE   |   |  |
|  |   |  |
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|  | <del>_</del>                                |  |
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|  |   |  |
|  |   |  |
| Total number of others receiving over \$50,000 for professional services   |   | ▶ 0  |
| Pat X-A Summary of Direct Charitable Activities  |   |  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stati-<br>number of organizations and other beneficiaries served, conferences convened, research papers pro- | stical information such as the oduced, etc. | Expenses   |
| 1N/A   |   |  |
|  |   | _  |
| <u>_</u>   |   |  |
| 2  |   | -  |
| <del></del>  |   | -  |
| 3  |   | <del>                                     </del> |
|  |   |  |
|  |   |  |
| 4  |   |  |
|  |   | 4  |
| Part IX-B Summary of Program-Related Investments   |   |  |
| Describe the two largest program-related investments made by the foundation during the tax year or   | lines 1 and 2.                              | Amount   |
| 1 N/A  |   |  |
|  |   | _  |
|  |   |  |
| 2  |   | _  |
|  |   | _  |
| All other program-related investments. See instructions.   |   | -  |
| 3  |   | _  |
| ·  | <del>_</del>                                | 1  |
| Total. Add lines 1 through 3   |   | 0.   |
| Total, 7 No. 1 III Dugit O   |   | Form <b>990-PF</b> (2009)                        |

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4940(e) reduction of tax in those years.

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| 7  | Minimum Investment Return (All domestic foundations must complete this part. Foreign four  | ndations,   | see instructions.) |
|----|--|-------------|--------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |             |                    |
| а  | Average monthly fair market value of securities  | 1a          | 1,897,571.         |
|    | Average of monthly cash balances   | 1b          | 214,722.           |
|    | Fair market value of all other assets  | 1c          | 2,879,942.         |
| đ  | Total (add lines 1a, b, and c)   | 1d          | 4,992,235.         |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and   |             |                    |
|    | 1c (attach detailed explanation) 1e 0 •  |             |                    |
| 2  | Acquisition indebtedness applicable to line 1 assets   | 2           | 0.                 |
| 3  | Subtract line 2 from line 1d   | 3           | 4,992,235.         |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4           | 74,884.            |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5           | 4,917,351.         |
| 6  | Minimum investment return. Enter 5% of line 5  | 6           | 245,868.           |
| #  | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here   and do not complete this part.) | d certain   |                    |
| 1  | Minimum investment return from Part X, line 6  | 1           | 245,868.           |
| 2a | Tax on investment income for 2009 from Part VI, line 5   |             |                    |
| b  | Income tax for 2009. (This does not include the tax from Part VI.)   |             |                    |
| C  | Add lines 2a and 2b  | 2c          | 3,230.             |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1  | 3           | 242,638.           |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4           | 0.                 |
| 5  | Add lines 3 and 4  | 5           | 242,638.           |
| 6  | Deduction from distributable amount (see instructions)   | 6           | 0.                 |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1   | 7           | 242,638.           |
| P  | 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          | <u>258,176.</u>    |
| b  | Program-related investments - total from Part IX-B   | 1b          | 0.                 |
| 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:   |             |                    |
| а  | 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           | <u>258,176.</u>    |
| 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   | 5           | 0.                 |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6           | 258,176.           |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of  | ualifies fo | r the section      |

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Part 200 Undistributed Income (see instructions)

|  |                                   | (a)<br>Corpus  | (b)<br>Years prior to 2008   | (c)<br>2008  | (d)<br>2009  |
|--|-----------------------------------|--|--|--|--|
| Distributable amount fo                            | r 2009 from Part XI,              |  | Turnesser in the second se   | -  | 0.4.0  |
| line 7   |                                   |  |  | AND COMPANY OF THE PARTY OF THE | 242,638  |
| Undistributed income, if an                        |                                   |  |  | 0  |  |
| a Enter amount for 2008                            | only                              |  |  | 0.   |  |
| Total for prior years:                             |                                   | To go the state of the same  | <u>,∓=</u> ;*- <u>-1,                                   </u>   |  |  |
| Excess distributions ca                            | rryover if any to 2009            |  |  | · · · · · · · · · · · · · · · · · · ·  |  |
| ı  | iryuver, ir any, to 2005.         |  |  |  | Anne and the second  |
| <b>a</b> From 2004<br><b>b</b> From 2005           | 50,718.                           |  |  |  | the charge is the contract of  |
| c From 2006  | 19,160.                           | and the second second  | and artist to the  | The second secon |  |
| d From 2007  |                                   |  |  |  |  |
| e From 2008  |                                   |  |  |  |  |
| f Total of lines 3a throug                         | h e                               | 69,878.  |  |  |  |
| Qualifying distributions                           |                                   |  |  |  | Paratina in the <b>Mark</b> et   |
| Part XII, line 4: ► \$                             |                                   |  |  | Service and a service of the service |  |
| a Applied to 2008, but no                          |                                   |  | the constitution of the same and the   | 0.   |  |
| <b>b</b> Applied to undistribute                   |                                   |  |  |  |  |
| years (Election require                            | d - see instructions)             |  | 0.   |  |  |
| c Treated as distributions                         | out of corpus                     |  |  |  |  |
| (Election required - see                           | instructions)                     | 0.   |  |  |  |
| d Applied to 2009 distrib                          | utable amount                     | - v 750 islanded   |  |  | 242,638  |
| e Remaining amount dis                             | tributed out of corpus            | 15,538.  |  |  |  |
| Excess distributions carryo                        | ver applied to 2009               | 0.   |  |  |  |
| must be shown in column (                          | a))                               |  |  |  |  |
| Enter the net total of e                           | ach column as                     | ا<br>موجود عال الله الله الله الله الله الله الله  | and the second of the second o |  | 4.40   |
| indicated below:                                   |                                   | 05 416   |  | · 一种一种   |  |
| a Corpus Add lines 3f, 4c, a                       |                                   | 85,416.  | -  |  |  |
| <b>b</b> Prior years' undistribu                   | ed income. Subtract               |  | 0.   | د با داد الله الله الله الله الله الله الله  |  |
| line 4b from line 2b                               |                                   |  | 0.   |  | The second secon |
| c Enter the amount of pr<br>undistributed income f | or years'<br>or which a notice of | and the second s |  | The second of th |  |
| deficiency has been iss                            |                                   |  |  | The second secon |  |
| the section 4942(a) tax                            | has been previously               | the last the state of the same   | 0.   |  |  |
| assessed<br>d Subtract line 6c from I              | no Ch. Tavahla                    |  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| amount - see instruction                           |                                   |  | 0.   |  |  |
| e Undistributed income                             |                                   |  |  |  |  |
| 4a from line 2a. Taxab                             |                                   |  |  | 0.   |  |
| f Undistributed income                             |                                   |  | 4 / 11 75 75 75  |  |  |
|  | e 1. This amount must             | The state of the s |  |  |  |
| be distributed in 2010                             |                                   |  |  |  | 1 (  |
| Amounts treated as di                              | stributions out of                |  |  |  |  |
| corpus to satisfy requi                            |                                   |  |  |  |  |
| section 170(b)(1)(F) o                             |                                   | 0.   |  |  | 4  |
| Excess distributions c                             |                                   |  |  |  |  |
| not applied on line 5 o                            | r line 7                          | 0.   |  |  |  |
| Excess distributions                               | arryover to 2010.                 |  |  |  |  |
| Subtract lines 7 and 8                             | from line 6a                      | 85,416.  | TOTAL TARES  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| Analysis of line 9:                                | 1                                 |  |  |  |  |
| a Excess from 2005                                 | 50,718                            |  |  |  |  |
| <b>b</b> Excess from 2006                          | 19,160                            |  |  |  | 12.30  |
| c Excess from 2007                                 |                                   |  |  |  |  |
| d Excess from 2008                                 |                                   |  |  |  |  |
| e Excess from 2009                                 | 15,538                            | •  | 1  | <u> </u>   | Form <b>990-PF</b> (20   |

THE WARREN & BETTY BURNSIDE FOUNDATION, Form 990-PF (2009) 55-0709158 Page 10 Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 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 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2008 (d) 2006 (a) 2009 (c) 2007(e) Total income from Part I or the minimum investment return from Part X for each year listed **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 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 the instructions.) 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 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:

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c Any submission deadlines: SEE ATTACHMENT

SEE ATTACHMENT

JAMES C WEST, JR., 304-623-3668

300 WEST PIKE STREET, CLARKSBURG, WV 26301

b The form in which applications should be submitted and information and materials they should include:

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

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| Supplementary Informatio  Grants and Contributions Paid During the                             |  | Payment                 |   |         |
|--|--|-------------------------|---|---------|
| Recipient  | If recipient is an individual,                     |                         |   |         |
| Name and address (home or business)  | show any relationship to<br>any foundation manager | Foundation<br>status of | Purpose of grant or contribution                                  | Amount  |
| a Paid during the year   | or substantial contributor                         | recipient               |   |         |
| PAYMENT OF SCHOLARSHIPS APPROVED 1/31/09 FOR ACADEMIC YEAR 09/10                               | NONE   | N/A                     | SCHOLARSHIPS OF<br>\$2,000 TO 37 HS<br>AND 64 COLLEGE<br>STUDENTS | 202,000 |
|  |  | <u> </u>                | <b>▶</b> 3a   | 202,000 |
| b Approved for future payment PAYMENT OF SCHOLARSHIPS APPROVED 1/31/10 FOR ACADEMIC YEAR 10/11 | NONE   | N/A                     | SCHOLARSHIPS OF<br>\$2,000 TO 40 HS<br>AND 61 COLLEGE<br>STUDENTS | 202,000 |
| Total  |  | L                       | <b>▶</b> 3b   | 202,000 |

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| Part XM-A         | Analy      | sis of I | Income- | -Producina   | <b>Activities</b> |
|-------------------|------------|----------|---------|--------------|-------------------|
| 4 400 000 000 000 | ~,,,,,,,,, | JIJ VI 1 |         | 1 I Oudoning | MODIFICIO         |

| Enter gross amounts unless otherwise indicated.                          | Unrelated  | business income        |  | y section 512, 513, or 514 | (e)                               |
|--|--|------------------------|--|----------------------------|-----------------------------------|
| Program service revenue:   | (a)<br>Business<br>code                          | <b>(b)</b><br>Amount   | (C)<br>Exclu-<br>sion<br>code                    | (d)<br>Amount              | Related or exempt function income |
| a  | 1 1 1  |                        | 1-1-   |                            |                                   |
| b  |  |                        |  |                            |                                   |
| c  |  |                        |  |                            |                                   |
| d  |  |                        |  |                            |                                   |
| e  | _  |                        |  |                            |                                   |
| f  |  |                        |  |                            |                                   |
| g Fees and contracts from government agencies                            |  |                        |  |                            | <del> </del>                      |
| 2 Membership dues and assessments  | ļ <del></del>                                    |                        |  |                            |                                   |
| 3 Interest on savings and temporary cash                                 | 1  |                        |  | 20 460                     |                                   |
| investments  | <del>   </del>                                   | <del></del>            | 14   | 20,469.<br>135,292.        |                                   |
| 4 Dividends and interest from securities                                 |  |                        | 14   | 135,494.                   |                                   |
| Net rental income or (loss) from real estate:     Debt-financed property | <del>                                     </del> |                        | <del>-    </del>                                 |                            |                                   |
| b Not debt-financed property   | <del> </del>                                     |                        | +  |                            |                                   |
| 6 Net rental income or (loss) from personal                              |  |                        |  |                            |                                   |
| property   |  |                        |  |                            |                                   |
| 7 Other investment income  |  |                        | 15   | 5,698.                     |                                   |
| 8 Gain or (loss) from sales of assets other                              |  |                        | <del>                                     </del> |                            |                                   |
| than inventory   |  |                        | 14   | 23.                        |                                   |
| 9 Net income or (loss) from special events                               |  |                        |  |                            |                                   |
| O Gross profit or (loss) from sales of inventory                         |  |                        |  |                            |                                   |
| 1 Other revenue:   |  |                        |  |                            |                                   |
| a  | _  |                        | 1  |                            | <del></del>                       |
| b  | -  |                        |  |                            |                                   |
| c  | -  |                        |  |                            |                                   |
| d  | -  |                        | +  |                            |                                   |
| e  | -  |                        | <del>  </del> -                                  | 1.61 100                   |                                   |
| 2 Subtotal. Add columns (b), (d), and (e)                                | L  | 0                      | •  | 161,482.                   | 0.                                |
| 3 Total. Add line 12, columns (b), (d), and (e)                          |  |                        |  | 13                         | 161,482.                          |
| See worksheet in line 13 instructions to verify calculations.)           |  |                        | Evomet D   |                            |                                   |
| Relationship of Activities   | to the Accor                                     | mplishment of E        | exempt Pi  | urposes<br>                |                                   |
| Line No. Explain below how each activity for which inc                   |  |                        | -A contributed                                   | importantly to the accomp  | lishment of                       |
| the foundation's exempt purposes (other that                             | in by providing full                             | as for such purposes). |  | <del></del>                | <del></del>                       |
|  | <del></del>                                      | <del></del>            |  |                            |                                   |
| <del></del>  |  | <del></del>            |  |                            |                                   |
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| <del> </del>   |  |                        |  |                            |                                   |
|  |  |                        |  |                            |                                   |
|  |  |                        |  |                            |                                   |

| P        | art XVIII             | Information Re<br>Exempt Organ     |   | and Transactions ar              | nd Relationships With Nonc   | haritable            | •          |          |
|----------|-----------------------|------------------------------------|---|----------------------------------|--|----------------------|------------|----------|
| 1        | Did the or            | ganization directly or indi        | rectly engage in any of the follow  | ving with any other organization | described in section 501(c) of                                       | 7                    | Yes        | No       |
| •        |                       |                                    | )(3) organizations) or in section   |                                  |  |                      | Torus and  | _        |
| а        |                       | •                                  | ation to a noncharitable exempt   |                                  |  | -                    | ٠. أ       |          |
| _        | (1) Cash              | • •                                |   |                                  |  | 1a(1)                |            | X        |
|          | (2) Other             |                                    |   |                                  |  | 1a(2)                |            | X        |
| Ь        |                       |                                    |   | •                                |  | 4                    |            |          |
| _        |                       | of assets to a noncharital         | ble exempt organization   |                                  |  | 1b(1)                |            | X        |
|          |                       |                                    | ncharitable exempt organization   |                                  |  | 1b(2)                |            | X        |
|          | · •                   | al of facilities, equipment,       | • •   |                                  |  | 1b(3)                |            | X        |
|          | • •                   | bursement arrangements             |   |                                  | •  | 1b(4)                |            | X        |
|          | • •                   | s or loan guarantees               |   |                                  |  | 16(5)                |            | X        |
|          | • •                   | <del>-</del>                       | mbership or fundraising solicita  | tions                            |  | 1b(6)                |            | X        |
| C        |                       |                                    | uling lists, other assets, or paid e  |                                  |  | 1c                   |            | X        |
| d        | _                     |                                    |   |                                  | ays show the fair market value of the goo                            | ds, other asse       | ets,       |          |
|          |                       |                                    |   |                                  | in any transaction or sharing arrangeme                              |                      |            |          |
|          | column (d             | I) the value of the goods, (       | other assets, or services receive   | ed                               |  |                      |            |          |
| a)       | Line no               | (b) Amount involved                | (c) Name of noncharita  | ble exempt organization          | (d) Description of transfers, transactions,                          | and sharing arra     | angeme     | nts      |
|          |                       |                                    | N/A   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
| _        |                       |                                    |   |                                  | <u></u>  |                      |            |          |
| _        |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
| _        |                       |                                    | <u> </u>  |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
| _        |                       |                                    |   |                                  |  |                      |            |          |
| _        |                       |                                    |   |                                  | <u> </u>   |                      |            |          |
| _        |                       |                                    |   |                                  |  |                      |            |          |
| _        |                       |                                    | <u></u>   |                                  | <u> </u>   |                      |            |          |
| 2a       | Is the four           | ndation directly or indirect       | tly affiliated with, or related to, o   | ne or more tax-exempt organiza   | itions described   |                      |            |          |
|          |                       | • •                                | r than section 501(c)(3)) or in se  | ection 527?                      |  | Yes                  | X          | No       |
| b        | If Yes, co            | omplete the following sch          |   | <del></del>                      |  |                      |            |          |
| _        |                       | (a) Name of org                    | anization   | (b) Type of organization         | (c) Description of relat   | ionship              |            |          |
| _        |                       | N/A                                |   |                                  | · · · · · · · · · · · · · · · · · · ·                                |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   |                                  |  |                      |            |          |
|          |                       |                                    |   | <del></del>                      |  |                      |            |          |
| _        | Under nanelt          | upp of portugal I dealers that I b | and avanuad the satura includes a   |                                  | nte, and to the best of my knowledge and belief                      | it in true correc    |            |          |
| 1        |                       |                                    | ave examined this return, including at<br>than taxpayer or fiduciary) is based in |                                  | nts, and to the best of my knowledge and belief,<br>as any knowledge | , it is true, correc | и,         |          |
| 1        |                       | Chara Ch                           | IND &   | 5-11-10                          | President  |                      |            |          |
| و        | Signat                | ure of officer or trustee          | rev / f.  |                                  | Title  |                      |            |          |
|          | <del></del>           |                                    |   | Date Da                          | <del></del>  | eparer's identifyi   | ing num    | ber      |
| 5        | من حے ک               | eparer's nature                    | (1) Um :Ma  | $\alpha m$                       | self   /   | 7047117              | οU         | 8        |
| <u>ו</u> | Paid sparer on on one |                                    | HMAN RICE, P.   |                                  | 5/04/10 employed ►   | UULY 1               | 7          | <u> </u> |
| 1        |                       |                                    | BOX 908   | п.п.с.                           | EIN ►  | <del></del>          |            |          |
| 1        |                       |                                    | GEPORT, WV 263  | 30                               | Phone no. (30  | 04)624-              | _5/        | 71       |
| _        |                       | DKID                               | GREOKI' MA 703  | 30                               | Tribule ilu. (3)   | <u>, 4 / 0 4 4 .</u> | <u> ၂4</u> | <u> </u> |

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

|   | THE WARREN & BETTY BURNSIDE FOUNDATION,   | Employer identification number         |  |  |  |  |
|---|---|--|--|--|--|--|
| Organization type (chec                                 | INC.  | 55-0709158                             |  |  |  |  |
| organication type (sme                                  |   |  |  |  |  |  |
| Filers of:  | Section:  |  |  |  |  |  |
| Form 990 or 990-EZ                                      | 501(c)( ) (enter number) organization   |  |  |  |  |  |
|   | 4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |
|   | 527 political organization  |  |  |  |  |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation   |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation  |  |  |  |  |  |
| ·   | on is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F   | lule. See instructions                 |  |  |  |  |
| -   | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in implete Parts I and II.   | noney or property) from any one        |  |  |  |  |
| Special Rules   |   |  |  |  |  |  |
| 509(a)(1) and 1   | 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of thon (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |  |  |  |  |  |
| aggregate cont  | 01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one confinitions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |  |
| contributions fo<br>If this box is ch<br>purpose. Do no | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year |  |  |  |  |  |
| but it must answer "No" that it does not meet the       | on that is not covered by the General Rule and/or the Special Rules does not file Schedule<br>on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line<br>of filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  | 2 of its Form 990-PF, to certify       |  |  |  |  |
| LHA For Privacy Act a                                   | nd Paperwork Reduction Act Notice, see the Instructions Schedule  | B (Form 990, 990-EZ, or 990-PF) (2009) |  |  |  |  |

for Form 990, 990-EZ, or 990-PF.

| Schedule B (F               | Form 990, 990-EZ, or 990-PF) (2009)                                 |                             | Page 1 of 1 of Part I   |
|-----------------------------|---|-----------------------------|---|
| Name of or<br>THE W<br>INC. | ganization ARREN & BETTY BURNSIDE FOUNDATION,                       |                             | loyer identification number 55–0709158  |
| Part I                      | Contributors (see instructions)                                     |                             | ,5 0,09130  |
| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4                                   | (c) Aggregate contributions | (d)<br>Type of contribution   |
| 1                           | WARREN BURNSIDE ESTATE  360 WASHINGTON AVENUE  CLARKSBURG, WV 26301 | \$\$\$                      | Person X Payroll  |
| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4                                   | (c) Aggregate contributions | (d) Type of contribution  |
|                             |   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No.                  | (b) Name, address, and ZIP + 4                                      | (c) Aggregate contributions | (d) Type of contribution  |
|                             |   | <b>\$</b>                   | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4                                   | (c) Aggregate contributions | (d) Type of contribution  |
|                             |   | \$                          | Person Payroli Noncash (Complete Part II if there Is a noncash contribution.) |
| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4                                   | (c) Aggregate contributions | (d) Type of contribution  |
|                             |   | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4                                   | (c) Aggregate contributions | (d) Type of contribution  |
|                             |   | _                           | Person Payroll  |

Noncash

(Complete Part II if there is a noncash contribution.)

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

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|                         |               | Method | Life   | Sc. Sc. | Unadjusted<br>Cost Or Basis | Bus %<br>Excl  | Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Current<br>Sec 179                    | Current Year<br>Deduction | <del></del> |
|-------------------------|---------------|--------|--------|---------|-----------------------------|--|-----------------------|---------------------------|-----------------------------|---------------------------------------|---------------------------|-------------|
| LAND                    |               |        |        |         |                             |  |                       |                           |                             |                                       |                           |             |
|                         |               |        |        | 100 mg  | TX > OCC.                   | A STATE OF THE STA |                       |                           |                             | 1 m                                   | Die State                 | .#          |
| * 990-PF PG 1 TOTAL     | <br>          |        |        | L       | 113 000.                    | 1  | 0                     | 113.000.                  | 0                           | 0                                     | 0                         |             |
|                         |               |        |        |         |                             | 1 4 G  |                       |                           |                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                           | 112         |
| EMENTS - FND            | 02019781      |        | 39.001 |         | 127.613.                    |  |                       | 127.613.                  | 39,128.                     |                                       | 3.272                     |             |
|                         |               |        |        |         |                             |  |                       |                           |                             |                                       |                           |             |
| -OFFICE                 | 02019781      | _      | 39.001 | -       | 62,000.                     |  |                       | 62,000.                   | 19,014.                     |                                       | 1,590                     |             |
|                         |               |        |        |         |                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                       |                           |                             | 732-                                  |                           | - 4(0.0014  |
| IMPROVEMENTS-FND<br>BLG | 0201978       | SL 3   | 39.001 | -       | 34,060.                     | -  |                       | 34,060.                   | 10,440.                     |                                       | 873                       |             |
|                         |               |        |        |         |                             |  |                       |                           |                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                           | 2.1         |
| 28KITCHEN REMODELING 10 | 100400150DB15 | 50DB   | 5.001  | -1      | 5,942.                      |  |                       | 5,942.                    | 3,662.                      |                                       | 351                       | <del></del> |
|                         |               |        |        |         | 一流 法                        |  |                       |                           |                             | · · · · · · · · · · · · · · · · · · · |                           |             |
| 30ALARM SYSTEM 03       | 031601150DB15 | 50DB   | 5.001  | - 61    | 1,297.                      | 1  |                       | 1,297.                    | 723.                        |                                       | 77                        | <del></del> |
|                         |               |        |        |         |                             |  |                       |                           |                             | 1 1 1 1 1 1 1                         |                           |             |
| 33HEATPUMP COMPRESSOR01 | 24021         | .50DB  | 00.    | 17      | 1,145.                      |  |                       | 1,145.                    | 1,145.                      |                                       | 0                         |             |
|                         |               |        |        |         | 1.486                       | - 45<br><br>   |                       |                           |                             |                                       |                           |             |
| LITY SYST-FND           | 051602150DB15 | 50DB1  | 5,0017 | 7       | 3 448                       |  | 1 034                 | 2 414                     | 1.203                       |                                       | 142                       | Γ           |
|                         |               |        |        | 7       | 37                          | 2 C  | 45                    |                           |                             |                                       |                           | • [         |

928102 06-24-09

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

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| Accumulated Current Current Year Deduction Sec 179 Deduction 602.  754. 602.  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0  |       |
|---|-------|
| ation Sec 179 |       |
| Accumulated Depreciation 754. 754. 1,675. 2,785. 2,785.   |       |
|   |       |
| Basis For Depreciation  6,774.  15,622.  1,675.  3,576.   |       |
| Reduction in Basis O O 791.   |       |
| Bus %   | . \$3 |
| Cost Or Basis 6, 774 6, 774 15, 622 15, 622 262 262 200   |       |
|   |       |
|   |       |
| Lufe 15.0 5.00 5.00 5.00  |       |
| Date Method Life 111907150DB15. 011398200DB5.0 052200200DB5.0   |       |
| Date M M 139820 12 220020 20 20 20 20 20 20 20 20 20 20 2   |       |
| Acquired Acquired 011190 01139 05220 05220  |       |
| Acque Acque (SE & O111 COTAL CURE O12 O S COTAL COTAC COTAL COTAC |       |
| Description HEAT PUMP WUSEUM FURNITUF  * 990-PF PG 1 7  - MUSEUM FURNITUF  SWEEPER  COLOR PRINTER  * 990-PF PG 1 7  TY PUMP  GATEWAY COMPUTE  TY PUMP  * 990-PF PG 1 7  - OFFICE EQUIPE   |       |
| 2 2 2 8 1 1 9 0 0 1 1 9 0 0 1 1 1 9 0 0 1 1 1 9 0 0 1 1 1 1   |       |

928102 06-24-09

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

| FORM 990-PF INTEREST ON SAVI                         | NGS AND TE                   | MPORARY CASH                      | INVESTMENTS                       | STATEMENT                  | 1          |
|--|------------------------------|-----------------------------------|-----------------------------------|----------------------------|------------|
| SOURCE   |                              |                                   |                                   | AMOUNT                     |            |
| BANK-CHECKING & MONEY MKT ACC<br>INVESTMENT INTEREST | OUNTS                        |                                   | _                                 | 38<br>20,08                | 81.<br>88. |
| TOTAL TO FORM 990-PF, PART I,                        | LINE 3, CO                   | OLUMN A                           | =                                 | 20,46                      | 69.        |
| FORM 990-PF DIVIDEND                                 | S AND INTE                   | REST FROM SEC                     | URITIES                           | STATEMENT                  | 2          |
| SOURCE   | GROS                         |                                   | PITAL GAINS<br>DIVIDENDS          | COLUMN (A)                 | )          |
| VANGUARD   | <del></del>                  | 135,315.                          | 23.                               | 135,29                     | 92.        |
| TOTAL TO FM 990-PF, PART I, L                        | N 4                          | 135,315.                          | 23.                               | 135,29                     | 92.        |
| FORM 990-PF  | OTHER :                      | INCOME                            |                                   | STATEMENT                  | 3          |
| DESCRIPTION  |                              | (A)<br>REVENUE<br>PER BOOKS       | (B)<br>NET INVEST-<br>MENT INCOME |                            |            |
| ROYALTY INCOME                                       | _                            | 5,698.                            | 5,698.                            | ·                          | 0.         |
| TOTAL TO FORM 990-PF, PART I,                        | LINE 11                      | 5,698.                            | 5,698.                            |                            | 0.         |
| FORM 990-PF  | ACCOUNT                      | ING FEES                          |                                   | STATEMENT                  | 4          |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |                                   | (D)<br>CHARITAI<br>PURPOSI |            |
|  |                              |                                   |                                   |                            |            |
| ACCOUNTING FEES                                      | 9,569                        | . 0                               | . 0                               | 9,50                       | 69.        |

| FORM 990-PF (  | OTHER PROFES                                 | SIONAL FEES                       | S1                            | PATEMENT 5                           |
|--|--|-----------------------------------|-------------------------------|--------------------------------------|
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS                 | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES        |
| INVESTMENT MANAGEMENT FEES   | 1,710.                                       | 0.                                | 0.                            | 1,710.                               |
| TO FORM 990-PF, PG 1, LN 16C   | 1,710.                                       | 0.                                | 0.                            | 1,710.                               |
| FORM 990-PF  | TAX  | ES                                | នា                            | PATEMENT 6                           |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS                 | (B)<br>NET INVEST-<br>MENT INCOME |                               | (D)<br>CHARITABLE<br>PURPOSES        |
| PROPERTY TAXES OTHER TAXES PAYROLL TAXES   | 10.<br>1,960.<br>2,676.                      | 0.<br>0.<br>0.                    | 0.<br>0.<br>0.                | 10.<br>1,960.<br>2,676.              |
| TO FORM 990-PF, PG 1, LN 18  | 4,646.                                       | 0.                                | 0.                            | 4,646.                               |
| FORM 990-PF  | OTHER E                                      | XPENSES                           | នា                            | PATEMENT 7                           |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS                 | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES        |
| UTILITIES REPAIRS AND MAINTENANCE INSURANCE EXPENSE OFFICE EXPENSE MISCELLANEOUS | 6,562.<br>6,526.<br>1,764.<br>1,844.<br>400. | 0.<br>0.                          | 0.<br>0.<br>0.<br>0.          | 6,562.<br>6,527.<br>1,764.<br>1,844. |
| TO FORM 990-PF, PG 1, LN 23  | 17,096.                                      | 0.                                | 0.                            | 16,697.                              |

| FORM 990-PF   | CORPORATE STOCK   | <del></del>   | STATEMENT 8   |
|---|---|---|---|
| DESCRIPTION   |   | BOOK VALUE  | FAIR MARKET<br>VALUE  |
| INVESTMENTS-CORPORATE STOCK   |   | 581,042.  | 2,069,212.  |
| TOTAL TO FORM 990-PF, PART II,  | LINE 10B  | 581,042.  | 2,069,212.  |
| FORM 990-PF   | CORPORATE BONDS   |   | STATEMENT 9   |
| DESCRIPTION   |   | BOOK VALUE  | FAIR MARKET<br>VALUE  |
| INVESTMENT IN CORPORATE BONDS   | & CDS   | 3,504,495.  | 1,305,078.  |
| TOTAL TO FORM 990-PF, PART II,  | LINE 10C  | 3,504,495.  | 1,305,078.  |
| FORM 990-PF   | OTHER INVESTMENTS   |   | STATEMENT 10  |
| DESCRIPTION   | VALUATION<br>METHOD   | BOOK VALUE  | FAIR MARKET<br>VALUE  |
| INVESTMENT IN MUTUAL FUNDS  | COST  | 1,918,097.  | 1,415,628.  |
| TOTAL TO FORM 990-PF, PART II,  | LINE 13   | 1,918,097.  | 1,415,628.  |
| FORM 990-PF DEPRECIATION OF   | ASSETS NOT HELD FOR   | INVESTMENT  | STATEMENT 11  |
| DESCRIPTION   | COST OR<br>OTHER BASIS  | ACCUMULATED<br>DEPRECIATION   | BOOK VALUE  |
| IMPROVEMENTS-FND BLG IMPROVEMENTS-FND BLG FOUNDATION-OFFICE IMPROVEMENTS-FND BLG IMPROVEMENTS-FND BLG MUSEUM FURN AND FIXTURES IMPROVE-OFFICE CARPET GATEWAY COMPUTER | 127,613.<br>10,733.<br>62,000.<br>16,833.<br>34,060.<br>15,622.<br>1,268.<br>1,675. | 42,400.<br>3,564.<br>20,604.<br>5,598.<br>11,313.<br>0.<br>1,268.<br>1,675. | 85,213.<br>7,169.<br>41,396.<br>11,235.<br>22,747.<br>15,622. |

NAME OF CONTRIBUTOR

ADDRESS

WARREN BURNSIDE ESTATE

360 WASHINGTON AVENUE CLARKSBURG, WV 26301

STATEMENT 13

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

| TRUSTEES   | S AND FOUNDATION MANAG   | BERS              |                                 |         |
|--|--------------------------|-------------------|---------------------------------|---------|
| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE |
| JAMES C. WEST, JR.<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301 | PRESIDENT 0.00           | 0.                | 0.                              | 0.      |
| JOHN L. WESTFALL<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301   | VICE-PRESIDENT 0.00      | 0.                | 0.                              | 0.      |
| KATHRYN K. ALLEN<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301   | TREASURER 0.00           | 0.                | 0.                              | 0.      |
| DEAN C. RAMSEY<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301     | SECRETARY<br>0.00        | 0.                | 0.                              | 0.      |
| JEAN HARDESTY<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301      | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.      |
| HARRY MURRAY, JR.<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301  | DIRECTOR 0.00            | 0.                | 0.                              | 0.      |
| ROBERT TOLLEY 300 WEST PIKE STREET CLARKSBURG, WV 26301            | DIRECTOR 0.00            | 0.                | 0.                              | 0.      |
| TIM WHALEN<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301         | DIRECTOR 0.00            | 0.                | 0.                              | 0.      |
| ROBERT KITTLE<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301      | DIRECTOR 0.00            | 0.                | 0.                              | 0.      |
| BECKY WILSON<br>300 WEST PIKE STREET<br>CLARKSBURG, WV 26301       | DIRECTOR 0.00            | 0.                | 0.                              | 0.      |
| TOTALS INCLUDED ON 990-PF, PA                                      | AGE 6, PART VIII         | 0.                | 0.                              | 0.      |

#### The Warren and Betty Burnside Foundation, Inc.

Scholarship Amount: \$2,000.00

#### **APPLICATION REQUIREMENTS:**

- Be a resident of Harrison County and a Citizen of the United States.
- Be a graduate from and have attended a Harrison County High School for four
   (4) Years prior to entering a college, university, or technical school.
- Demonstrate high scholastic achievement and show leadership, good character and initiative and plan to attend an accredited academic institution.
- Complete and submit your application to the Foundation. \*\*Applicants must re-apply each year for a scholarship.
- \*\*Applications are available the <u>1<sup>st</sup> part of January</u> at your High School Counselor or by request at the Burnside Foundation 300 W. Pike Street, Clarksburg, WV 26301 Office Hours: 1:00 p.m. to 4:00 p.m. Monday Friday Phone: (304) 623-3668 <u>WEBSITE</u>; <u>www.burnsidefoundation.org</u>

APPLICATIONS MUST BE RETURNED Before: March 15th - No Exceptions

Submit the following with your completed - High School or College Application.

- High School Students need 3 Letters (2) letters of recommendation from the school you attend (a Teacher, Counselor or Principal) and (1) letter of recommendation from persons not related to the applicant. A complete list of All Financial Aid applied for or currently receiving.
   \*\*Transcript of grades and a report of your scores on either the SAT or ACT test.\*\*
- College Students need 3 Letters (1) from a Professor and (1) letter from their Academic Advisor and (1) from persons not related to the applicant. Applicants currently enrolled in a college, university, or technical school must include transcript of grades for all semesters completed and a list of courses you are currently enrolled.\*\* A complete list of All Financial Aid currently receiving \*\*
- ALL Applicants are required to include a recent photograph. (2 ½ x 3 ½)

Scholarship awards from The Warren and Betty Burnside Foundation, Inc. are tuition and fee scholarships only. They do not provide for the payment of room and board expenses. An applicant, who receives a tuition and fee scholarship or waiver from another source will not be eligible for a scholarship award from the Warren and Betty Burnside Foundation, Inc. \*\* Our scholarship is designed for students to attend a minimum of 12 hours on campus per semester at an accredited institution.

2 ½ x 3 ½

Attach Recent
Photo Here!

#### **APPLICATION FOR YEAR 2010-2011**

# THE WARREN and BETTY BURNSIDE FOUNDATION, INC. SCHOLARSHIP APPLICATION

(Please type or print legibly)

| <del></del>                        | Last Name   | First   | Middle                                   |
|------------------------------------|---|---|--|
| HOME AI                            | DDRESS:   |   |  |
| Street                             |   |   |  |
| City                               |   | State   | Zip Code                                 |
| County                             |   |   |  |
|                                    |   |   |  |
| Date of Bi                         | rth:/19   | Social Security   | #  |
| Sex (Male                          | e/Female)#  | of years a resident of Hai                                  | rison County:                            |
|                                    |   |   |  |
| Names of l                         | Parents or Legal G                                | uardian(s):   |  |
|                                    | J   | • •   |  |
| Father:                            |   | uardian(s):Employer:Employer: _                             |  |
| Father:<br>Mother: _               |   | Employer: _   |  |
| Father:<br>Mother: _<br>Family Inc | come: (Check Mari                                 | Employer:Employer: _  | \$25,000 \$50,000                        |
| Father:                            | come: (Check Mari                                 | Employer:Employer: _<br>Employer: _<br>k)\$5,000 \$25,000\$ | \$25,000 \$50,000                        |
| Father:                            | come: (Check Marl<br>0 \$75,000\$<br>00 \$200,000 | Employer:Employer: _<br>Employer: _<br>k)\$5,000 \$25,000\$ | \$25,000 \$50,000.<br>100,000 \$150,000. |

| *American College Test (ACT), Sch<br>ranscript of GRADES** | alastia Australa Tast (CAT) and  |
|--|----------------------------------|
|  | iolastic Aptitude Test (SAT) and |
| innocript of GILE 25                                       |                                  |
| n the Space Below List your most im                        |                                  |
| Community including any Offices He                         | ld, Awards Received or Special   |
| Recognitions.  |                                  |
|  |                                  |
|  |                                  |
|  |                                  |
|  |                                  |
|  |                                  |
|  | <del></del>                      |
|  |                                  |
|  |                                  |
| ist any Employment:  | Number of Hours per Week:        |
| ast any Employment.  | Number of Hours per week.        |
|  |                                  |
|  |                                  |
|  |                                  |
|  |                                  |
| B) REFERENCES: (TWO) must be                               | from the school that you attend  |
|  |                                  |
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| Address:Phone Number:                                      |                                  |
| Name:  Address:  Name:                                     |                                  |
| Address:Phone Number:                                      |                                  |
| Name:  Address:  Name:                                     |                                  |

|               | nbers in your i<br>changed durin      |                                       | ng College). P                                    | iease list you                        |
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| and have they | changed during                        | g uns past yea                        | ir and wny:                                       |                                       |
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| Federal Money Promise Scholarship Pell Grant WV Grant SEDG Grant  ANY OTHERS  hereby certify that the information set my knowledge. Further, I hereby give urnside Foundation, Inc., or its designate id Officer, Guidance Counselor, or otherolled, have been previously enrolled ourpose of soliciting and obtaining information with the processing of this approach scholarship funds received as a result  | e my permission<br>ted representative<br>her advisor at a<br>r to which I have<br>mation which mation which material<br>r academic care              | \$  \$  \$  \$  Signification is true to the beginned by the second of the s |
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| Promise Scholarship Pell Grant WV Grant SEDG Grant  ANY OTHERS  hereby certify that the information set my knowledge. Further, I hereby give urnside Foundation, Inc., or its designated Officer, Guidance Counselor, or otherolled, have been previously enrolled our pose of soliciting and obtaining information with the processing of this appropriate in the suppose of this appropriate in the suppose of this appropriate in the suppose of this approximation with the processing of this approximation. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | \$\$\$\$\$\$\$\$   |
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| hereby certify that the information set<br>my knowledge. Further, I hereby give<br>arnside Foundation, Inc., or its designated<br>of Officer, Guidance Counselor, or other<br>arolled, have been previously enrolled of<br>arpose of soliciting and obtaining information the Foundation in understanding my<br>nnection with the processing of this app  | \$ \$ \$ forth in this apper my permission ted representative the advisor at a recommendation which mation which meation which meation care.         | \$ \$ \$ colication is true to the become for The Warren and Betoes, to contact any financiany school in which I are made application for the sybe necessary or helpfore.  |
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| etty Burnside Foundation, Inc.  |  |  |
| (Signature)   |  | (Date)   |
| Return Application to:  |  |  |
| The Warren and Bett<br>300 W. Pike Street<br>Clarksburg, WV 263   |  | dation, Inc.   |
| Application may be dropped in mail  | slot under the wi  | indow at the office buildin  |
| DEADLINE DATE by: March 15, 2   | 2010 ** NO   | EXCEPTIONS **  |

2 ½ x 3 ½

<u>Attach Recent</u>

<u>Photo Here!</u>

#### **APPLICATION FOR YEAR 2010 - 2011**

## THE WARREN and BETTY BURNSIDE FOUNDATION, INC. SCHOLARSHIP APPLICATION

(Please type or print legibly)

| NAME:              | Last Name                | First              | Middle<br>                      |
|--------------------|--------------------------|--------------------|---------------------------------|
| HOME AD            |                          |                    |                                 |
| Street             |                          |                    |                                 |
| City               |                          | State              | Zip Code                        |
| County             |                          | <del></del>        |                                 |
| Telephone 1        | Number: (304)            |                    | _                               |
| Birth date:        | //19                     | Social Secu        | rity #                          |
| Sex (Male/I        | Female) #                | of year a resident | t of Harrison Co.               |
| Names of P         | arents or Legal Gu       | ardian(s):         |                                 |
| Father:            |                          | Emple              | oyer:                           |
| Mother:            |                          | Emple              | oyer:                           |
| <b>Family Inco</b> | ome: (Check Mark)        | \$5,000 \$25.      | ,000. <u>\$25,000 \$50,000.</u> |
|                    |                          |                    | \$100,000 \$150,000.            |
| \$150,00           | 00 \$200,000.            | _ \$200,000. +     |                                 |
| Name of Co         | OLLEGE or SCHO           | OL that you ATT    | END:                            |
| Name:              |                          |                    |                                 |
| Location:          |                          |                    |                                 |
| Number of          | Years Attended:          |                    |                                 |
|                    |                          |                    | Commute to Campus               |
|                    |                          |                    | ~ .                             |
| This EATT          | TABLE TO THE PROPERTY OF | T ACCITC on        | Sophomore Junior                |

| 2006/07   | school year for                                  | \$1,000.           | \$1,250      |
|---|--|--------------------|--------------|
| 2007/08   | <del></del>                                      | \$1,750.           | \$1,750      |
| 2008/09   | school year for                                  | <b>\$2,000.</b>    | \$2,000      |
| 2009/10   | school year for                                  | \$2,000.           | \$2,000      |
| **A <u>COPY of GR</u><br>application.**   | ADES for each semester in .                      | School must accor  | mpany this   |
| Include cost of las   | t years <u>Tuition and Fees:</u>                 | \$<br>\$           |              |
|   | Books:   | <b>\$</b>          |              |
|   |  |                    |              |
|   | oloyment: Number o<br>udies doesn't allow enough |                    |              |
| (If program of st   |  | time to work, plea | ase explain) |
| (If program of st   | udies doesn't allow enough                       | time to work, plea | ise explain) |
| (If program of st   | udies doesn't allow enough                       | time to work, plea | ise explain) |
| (If program of st  (3) REFERENCE  Name: Address: Phone Number:                        | udies doesn't allow enough                       | time to work, plea | ise explain) |
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| (If program of st  (3) REFERENCE  Name: Address: Phone Number: Address: Phone Number: | udies doesn't allow enough                       | time to work, plea | ase explain) |

| and have th                           | ney changed d | uring this p                          | ast year and                          | llege). Please l<br>Why?              |              |
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14. Provide a List of All Sources (including amounts) of Financial Assistance you have applied for or currently receiving. \*\*\* A LETTER FROM YOUR COLLEGE OF YOUR FINANCIAL ASSISTANCE \*\*\* See: Sample Letter

|                     | Applied for: | <b>Currently Receiving</b> |  |  |  |  |
|---------------------|--------------|----------------------------|--|--|--|--|
| Federal Money       | \$           | \$                         |  |  |  |  |
| Promise Scholarship | \$           | <b>\$</b>                  |  |  |  |  |
| Pell Grant          | \$           | \$                         |  |  |  |  |
| WV Grant            | \$           | <b>s</b>                   |  |  |  |  |
| SEDG Grant          | \$           | \$                         |  |  |  |  |
| Any OTHERS          |              |                            |  |  |  |  |
|                     | <b>\$</b>    | \$                         |  |  |  |  |
|                     | \$           | \$                         |  |  |  |  |
|                     | \$           | <u> </u>                   |  |  |  |  |

I hereby certify that the information set forth in this application is true to the best of my knowledge. Further, I hereby give my permission for *The Warren and Betty Burnside Foundation, Inc., or its designated representatives,* to contact any financial Aid Officer, Guidance Counselor, or other advisor at any school in which I am enrolled, have been previously enrolled or to which I have made application for the purpose of soliciting and obtaining information which may be necessary or helpful to the Foundation in understanding my academic career and financial needs in connection with the processing of this application or for purposes of auditing the use of scholarship funds received as a result of application made to The Warren and Betty Burnside Foundation, Inc.

| (Signature) | (Dota) |
|-------------|--------|
| (Signature) | (Date) |

#### **Return Application to:**

The Warren and Betty Burnside Foundation, Inc. 300 W. Pike Street Clarksburg, WV 26301

Application may be dropped in mail slot under the window at the office building

DEADLINE DATE by: March 15, 2010 \*\* NO EXCEPTIONS \*\*

**Depreciation and Amortization** 990-PF (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Sequence No 67

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

| TH:<br>IN: | E WARREN & BETTY BUR  | RNSIDE FOU   |   | <b>M</b> 9 | 90-P                       | F PAGE         | 1             |           | 55-0709158   |
|------------|---|--|---|------------|----------------------------|----------------|---------------|-----------|--|
| h          | Election To Expense Certain Proper  | ty Under Section 17  | 9 Note: If you have any lis                       | ted pr     | operty, c                  | omplete Par    | t V bef       | ore y     | ou complete Part I.  |
|            | Maximum amount. See the instructions  |  |   |            | <del></del>                |                |               | 1         | 250,000.   |
|            | 2 Total cost of section 179 property placed in service (see instructions)   |  |   |            |                            |                |               | 2         |  |
|            | Threshold cost of section 179 property before reduction in limitation   |  |   |            |                            |                |               | 3         | 800,000.   |
| _          |   |  |   |            |                            |                | r             | 4         |  |
|            |   |  | •   | a instruc  | tions                      | •              | ŀ             | 5         |  |
| 6          | liar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions  (a) Description of property  (b) Cost (business use only)  (c) Elected cost |  |   |            |                            | ed cost        |               |           |  |
|            | <del></del>   | <del></del>  |   |            |                            |                |               |           | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T |
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|            |   |  |   |            |                            |                |               |           | 中, 中华二届 河南<br>中央 4 年 西海海南南西  |
| 7 1        | usted property. Enter the amount from   | line 20  |   |            | 7 -                        |                |               |           | . ಭಾರ್ಮಪ್ರಮ  |
|            | Total elected cost of section 179 prope   |  | un column (c) tings 6 and                         | 7          |                            | _              |               | 8         |  |
|            | Fentative deduction Enter the smaller   | •  | in column (c), lines o and                        | •          |                            |                | -             | 9         |  |
| _          | Carryover of disallowed deduction from  |  | 08 Form 4562                                      |            |                            |                |               |           |  |
|            | Business income limitation. Enter the sr  | · ·  |   | \ !        |                            |                | F             | 10        |  |
|            | Section 179 expense deduction. Add lin  |  | •   | •          | irie 5                     |                | F             | 11        |  |
|            |   |  |   | ie i i     |                            |                |               | 12        |  |
|            | Carryover of disallowed deduction to 20<br>: Do not use Part II or Part III below for   |  |   |            | 13                         | <del>.</del>   |               |           | 1  |
|            |   |  |   | do hot     | od propo                   | <u>-</u>       | _             |           |  |
| _          | <del></del>   |  | <u> </u>  |            |                            |                | т             |           |  |
|            | Special depreciation allowance for quali  | mea property (otne   | er than listed property) pi                       | aced i     | n service                  | auring         |               |           | 701  |
|            | he tax year   |  |   |            |                            |                | -             | 14_       | 791.   |
|            | Property subject to section 168(f)(1) ele   | ction  |   |            |                            |                | - F           | 15        |  |
|            | Other depreciation (including ACRS)   |  |   |            |                            |                |               | 16        |  |
| Pe         | MACRS Depreciation (Do no   | t include listed pro   |   | )          |                            |                |               |           | <del>-</del>   |
|            |   |  | Section A   |            |                            |                | Т             |           |  |
| 17 N       | MACRS deductions for assets placed in   | n service in tax yea   | ars beginning before 2009                         | 9          |                            |                | _,            | 17        | 7,751.   |
| 18 H       | you are electing to group any assets placed in serv   |  |   |            |                            | ▶              |               |           |  |
|            | Section B - Assets  |  | Ouring 2009 Tax Year (c) Basis for depreciation   | Using<br>T | the Gene                   | eral Deprec    | <u>iation</u> | Syste     | <u>em</u>  |
|            | (a) Classification of property  | (b) Month and<br>year placed<br>in service   | (business/investment use only - see instructions) | (d)        | Recovery<br>period<br>———— | (e) Convention | n (f) Me      | thod      | (g) Depreciation deduction   |
| 19a        | 3-year property   |  |   |            |                            |                |               |           |  |
| b          | 5-year property   | The second secon | 791.  | 5          | YRS.                       | MQ             | 200           | )DB       | 40.  |
| С          | 7-year property   |  |   |            |                            |                |               |           |  |
| đ          | 10-year property  |  |   |            | _                          |                |               |           |  |
| е          | 15-year property  |  | <del></del>                                       |            |                            |                |               |           |  |
| f          | 20-year property  |  |   | <u> </u>   |                            | <u></u>        |               |           |  |
| g          | 25-year property  |  |   | 2          | 5 yrs.                     | <u></u>        | S             | <u>/L</u> |  |
| _          | Decidential rental property   | /  | _ <del></del>                                     | 27         | .5 yrs.                    | MM             | S             | <u>/L</u> |  |
| h          | Residential rental property   | /  |   | 27         | '.5 yrs                    | MM             | S             | <u>/L</u> |  |
|            | Noncondential real reposition   |  |   | 3          | 9 yrs                      | MM             | S             | /L        |  |
| i          | Nonresidential real property  | /  |   |            |                            | ММ             | S             | /L        |  |
|            | Section C - Assets P  | laced in Service [   | During 2009 Tax Year U                            | sing th    | ne Altern                  | ative Depre    | ciatio        | n Sys     | stem   |
| 20a        | Class irfe  | and and which are  |   | L.         |                            |                | S             | /L        |  |
| b          | 12-year   |  |   | 1          | 2 yrs.                     |                | S             | /L        |  |
| С          | 40-year   | /  |   | 4          | 0 yrs.                     | ММ             | S             | /L        |  |
| Pa         | Summary (See instructions.)   |  |   |            |                            |                |               |           |  |
| 21 l       | usted property. Enter amount from line  | 28   |   |            |                            | _              |               | 21        |  |
|            | Fotal. Add amounts from line 12, lines 1  |  | s 19 and 20 in column (a                          | ), and     | line 21                    |                |               |           |  |
| Ε          | Enter here and on the appropriate lines   | of your return. Par  | tnerships and S corpora                           |            |                            |                |               | 22        | 8,582.   |
|            | For assets shown above and placed in sportion of the basis attributable to section  | -  | current year, enter the                           |            | 23                         |                |               |           | =  |

THE WARREN & BETTY BURNSIDE FOUNDATION, Form 4562 (2009) 55-0709158 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Patt Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 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? No 24b If "Yes," is the evidence written? No Yes Yes | (c) (e) (i) (a) Type of property (list vehicles first ) (d) Date Business/ Elected Basis for depreciation Recovery Method/ Depreciation Cost or placed in section 179 investment (business/investment period other basis Convention deduction use percentage service 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 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: % S/L -% S/L· S/L· % 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 (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 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 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes Yes No No 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 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 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part Amortization (f) (b) (c) (d) (e) Description of costs Amortization

Amortization

(a)
Description of costs

Date amortization begins

Amortization of costs that begins during your 2009 tax year:

42 Amortization of costs that began before your 2009 tax year

43 Amortization of costs that began before your 2009 tax year

44 Total, Add amounts in column (f). See the instructions for where to report

(d)
Code Amortization
Period or percentage
Amortization for this year

43 44

44 Total, Add amounts in column (f). See the instructions for where to report