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## Form **990-PF**

## **Return of Private Foundation**

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

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

		dar year 2010, or tax yea	ar Deginning	<del></del>	, and ending				
G C	heck	all that apply:	Initial return		rmer public charity	Final retur	n		
	<del></del>	<u> </u>	Amended return	Address chang	ge L	Name change			
Nan	ne of	foundation				A Employer identificatio	n number		
		MUR RIITO	T FOUNDATION	, INC.		26-2253829	<b>1</b>		
Num	her ar		If mail is not delivered to street		Room/suite		· · · · · · · · · · · · · · · · · · ·		
""			OL STREET, S	•	noon/suite	B Telephone number (304)344-1	623		
Cit	or to	own, state, and ZIP code	OU SIKEEI, S	OIIE JOU					
City	01 10	CHARLESTO	N, WV 25301			C If exemption application is D  1. Foreign organization			
L Н С	heck		X Section 501(c)(3) ex	emnt private foundation	<del></del>	2. Foreign organizations m check here and attach c			
<u>'</u>	_	ction 4947(a)(1) nonexen	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ition	•			
I Fa		rket value of all assets at			Accrual	E If private foundation sta under section 507(b)(1	Atus was terminated		
		Part II, col (c), line 16)	· \ —	her (specify)	7.00.00	F If the foundation is in a	,, ,,		
<b>•</b>		1,089		mn (d) must be on cash b	pasis.)	under section 507(b)(1			
Pa	rt I		nd Expenses umns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
_		(The total of amounts in colu necessarily equal the amounts	umns (b), (c), and (d) may not nts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, gran	nts, etc., received	1,000,000.		N/A			
	2		on is not required to attach Sch. B						
	3	Interest on savings and temp cash investments	porary						
	4	Dividends and interest fr	om securities	6,358.	6,358	3.	STATEMENT 1		
	5a	Gross rents			· · · · · · · · · · · · · · · · · ·				
	b	Net rental income or (loss)					<u> </u>		
ō	6a	Net gain or (loss) from sale of Gross sales price for all		0.			<u> </u>		
Revenue	b	assets on line 6a	824,983.				<u> </u>		
ě	7	Capital gain net income (from				0.			
_	8	Net short-term capital ga	ain						
	9	Income modifications Gross sales less returns	I		<del></del>		<del> </del>		
	10a	and allowances			<del></del> _				
	1	Gross profit or (loss)			<del></del>	<del></del>	<del> </del>		
	11	Other income				<del></del>	<del> </del>		
	12	Total Add lines 1 through	ah 11	1,006,358.	6,358	3.			
_	13	Compensation of officers, di	<del></del>	0.		).	0.		
	14	Other employee salaries			<u></u>		<u> </u>		
	15	Pension plans, employee	•						
enses	ı	Legal fees							
ens	h	Accounting fees	1						
EXP	c	Other professional fees							
Ş	17	Interest	~ C	- q					
Administrative	18	Taxes	1.01 % % 20	11					
nist	19	Depreciation and deplete	ion						
Ē	20	Occupancy		ļ			<del> </del>		
¥	1	Travel, conferences, and	=						
and	22	Printing and publications					<del> </del>		
ing .	23	Other expenses	STMT 2	2,075.	2,07	<del></del>	0.		
Operating	24	Total operating and adr		0.075	0 00	_			
) ad		expenses Add lines 13	•	2,075.	2,075	<del></del>	0.		
	25	Contributions, gifts, grai		556,500.			556,500.		
	26	Total expenses and dis	pursements	558,575.	2,07	_	556,500.		
:	07	Add lines 24 and 25	no 12:	330,3/3.	4,07	· · · · · · · · · · · · · · · · · · ·	330,300.		
	1	Subtract line 26 from lin		447,783.					
	1	Excess of revenue over expe		221,103.	4,283	3.	<del>                                     </del>		
	i	Adjusted net income (if			=,20.	N/A	<del> </del>		
023		Palasten liet liiroille (ii	noganya, anter '0")	<u> </u>	·		<del>'</del>		

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Form **990-PF** (2010)

THE ELLIOT FOUNDATION, INC.

Form 990-PF (2010)

2	6	_	2	2	5	3	8	2	9	

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(a) List and des 2-story brick w	cribe the kind(s) of property sold rarehouse; or common stock, 200	(e.g., real estate, shs. MLC Co.)	Income	- P-P	v acquired urchase ionation	(c) Date a	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE	D SECURITIES	·-··						
b								
C								
ď								
<u>e</u>	<del>,</del>		l	. ,				<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ın or (loss) (f) mınus (	
a 824,983.	,		824,98	3.	<u></u>			0.
b								
С			<u>-</u> -					
d								
<u>e</u>	<u> </u>			_				
Complete only for assets show	ing gain in column (h) and owned	<u> </u>		_		I) Gains (Co		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		CO	l. (k), but no Losses (	ot less thar from col. (	h)) 
a								0.
b								
C								
d								
е								
2 Capital gain net income or (net o	capital loss) $\begin{cases} If gain, also e \\ If (loss), enter$	enter in Part I, line er -0- in Part I, line	7 7	}	2			0.
3 Net short-term capital gain or (li	`							
If gain, also enter in Part I, line 8		o, a.i.a (o,i		]				
If (loss), enter -0- in Part i, line   Part V   Qualification	B Under Section 4940(e)	<del></del>		نال	3		<u> N/A</u>	
If section 4940(d)(2) applies, leave  Was the foundation liable for the se  If "Yes," the foundation does not qu	ction 4942 tax on the distributable alify under section 4940(e). Do no	ot complete this pa	irt.					Yes X No
	n each column for each year; see i	instructions before	making any entrie	es				(4)
(a) Base period years Calendar year (or tax year begini	ning in) Adjusted qualifying	g distributions	Net value of nor	(c) ncharita	ble-use assets	s (	Dıstrıb col. (b) dıv	(d) oution ratio ided by col. (c))
2009		432,942.			(	).		.000000
2008		350,000.				).		.000000
2007								
2006								
2005	<del></del>					<del></del>		
2 Total of line 1, column (d)						2		.000000
3 Average distribution ratio for the	e 5-year base period - divide the t	otal on line 2 by 5,	or by the number	of years	3			
the foundation has been in exist	ence if less than 5 years					3		.000000
4 Enter the net value of noncharit	able-use assets for 2010 from Pal	rt X, line 5				4		
5 Multiply line 4 by line 3						5		0.
	ome (19/, of Port I line 97h)							
6 Enter 1% of net investment inco	ome (176 OFFART I, IIII 270)					6		43.
7 Add lines 5 and 6						7		43.
8 Enter qualifying distributions fro						8		556,500.
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, check the box in Part VI	, line 1b, and comp	plete that part using	g a 1%	tax rate.			

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		<u> </u>			age 4
		<del>340</del> ·	· see II	ısıru	CHOI	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter *N/A" on line 1.	, ,				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		l			4.5
Þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				<u>43.</u>
	of Part I, line 27b		1			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	_	ĺ			_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3	<u> </u>			<u>43.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<b></b>			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ	_		<u>43.</u>
6	Credits/Payments:					
	2010 estimated tax payments and 2009 overpayment credited to 2010		1			
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)  6c		}			
	Backup withholding erroneously withheld  6d					_
	Total credits and payments. Add lines 6a through 6d	_7_	<b> </b>			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	_8_				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			<u>43.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
	rt VII-A Statements Regarding Activities				V	NI
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?			1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or		ŀ		
	distributed by the foundation in connection with the activities				l	
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			1		}
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	_X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV					ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WV					
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					]
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	ndar			}	}
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV						X
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	TMT		10	X	L
			For	m <b>990</b>	-PF	(2010)

	990-PF (2010) THE ELLIOT FOUNDATION, INC. 26	<u>5-22538</u>	29_	Pa	age 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	-			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	L	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	L	13	X L	
	Website address ► N/A				
14	The books are in care of ► THE FOUNDATION Telephone no. ► (			<u>623</u>	
		P+4 <b>▶</b> <u>253</u>	01		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/	_ <b>▶</b> L	
	and enter the amount of tax-exempt interest received or accrued during the year	5	N/		<u> </u>
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1			No
	securities, or other financial account in a foreign country?	-	16	+	<u>X</u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of				
Da	the foreign country▶ Irt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
				es	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-		62	140
ıa	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		X No	- 1	- 1	
		X No			
		X No		ŀ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	l		- 1	
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A	1b		<del></del>
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2010?	<u> </u> -	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):	İ	1		
8	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	X No	Ì	}	
	Affine All est	ו מאובב			
	If "Yes," list the years \( \bigcup_{ \text{intermediate}} \),		}		
L	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach		-	- 1	
	statement - see instructions.)	N/A	2b		
,	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	-11/23	20	$\neg +$	
·	, ,		1		
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			l	
•		X No			
ŧ	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			ļ	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispersion	ose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,				
	Form 4720, to determine if the foundation had excess business holdings in 2010)	N/A	3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
ŧ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the	at			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b		X
		Form	990-1	<b>PF</b> (2	010)

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?					
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?		Y6	s X No	l	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		[	ļ	
the prevention of cruelty to children or animals?		Y6	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described i	n Regulations	[		ĺ
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai				ĺ
expenditure responsibility for the grant?	N	//A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		İ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		1		
a personal benefit contract?		Y6	es X No		1
$\boldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a $\boldsymbol{\rho}$	personal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870			[		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У		
List all officers, directors, trustees, foundation managers and their	<del></del>	(a) Composition	(d) Cantubutane to	T	Evacas
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	acco	Expense ount, other owances
JOHN R. ELLIOT	DIRECTOR/PRES	<del></del>	companadion	1 411	
240 CAPITOL STREET, SUITE 500	PINECION/ FRED				
CHARLESTON, WV 25301	1.00	0.	٥.		0.
FONDA J. ELLIOT	DIRECTOR/VICE	<del> </del>	<del></del>	+ -	<u>-</u>
240 CAPITOL STREET, SUITE 500	Juliucion, vice		-		
CHARLESTON, WV 25301	1.00	0.	0.		0.
GREGORY J. ELLIOT	DIRECTOR/VICE		<del></del>	+	
240 CAPITOL STREET, SUITE 500	PINICION, VICE	, THESTOWN	-		
CHARLESTON, WV 25301	1.00	l o.	0.		0.
ANDREW M. ELLIOT	DIRECTOR/SECR			+	<u> </u>
240 CAPITOL STREET, SUITE 500	PIRECION/BECK	LIAKI/IKE			
CHARLESTON, WV 25301	1.00	0.	ο.		0.
2 Compensation of five highest-paid employees (other than those inc			<u> </u>	1	<u> </u>
		1.0.1.	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and deferred compensation	acc	ount, other owances
NONE	aceored to position		compensation	1 4 1	
HOME	1	1	}		
			<del> </del>	+	
····	†	}			
	<del> </del>			<del>                                     </del>	
	†		{		
		<del> </del>		†	
	1				
	<del> </del>		<del> </del>	+-	
	1	1	!		
Table number of other employees paid over \$50,000		<u> </u>			

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services, If none, enter "I	IONE."	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<del></del>	<u>▶</u> 0
		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc	I information such as the	Expenses
	50, 610.	
1 N/A		
2		
2		
3		
4		
	<del></del>	<del></del>
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		
		<del></del>
2		
All other program-related investments. See instructions.	<del></del>	<u> </u>
3		
·		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

0 . Form **990-PF** (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
а	Average monthly fair market value of securities	1a	_ 0.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	0.
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	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5_	
6	Minimum investment return Enter 5% of line 5	6_	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certaii	n
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c_	43.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	556,500.
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	
	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	556,500.
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	43.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	556,457.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	
	4040/a) radication of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d</b> ) 2010
1 Distributable amount for 2010 from Part XI,		·		
line 7				0.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		_		
<del></del> ', <del></del> ',		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
<b>b</b> From 2006	}			
¢ From 2007				
d From 2008 350,000. e From 2009 432,942.				
- <del></del>	702 042			
f Total of lines 3a through e  4 Qualifying distributions for 2010 from	782,942.			
Part XII, line 4: ►\$ 556,500.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount		<del></del>		0.
e Remaining amount distributed out of corpus	556,500.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,339,442.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		<del></del>		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011 Subtract lines 7 and 8 from line 6a	1,339,442.			
10 Analysis of line 9:	1,339,442.	<del></del>		
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 350,000.				
d Excess from 2009 432, 942.				
e Excess from 2010 556,500.				
		<del></del>	<del></del>	Form 990-PF (2010)

Form 990-PF (2010) THE ELLI	OT FOUNDAT	ION, INC.	·····		53829 Page 10
Part XIV   Private Operating Fo	undations (see ins	structions and Part VI	I-A, question 9)	N/A	· — — · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling or o	determination letter that	it is a private operating			
foundation, and the ruling is effective for 2	2010, enter the date of t	he ruling	<b>L</b>		
<b>b</b> Check box to indicate whether the founda		g foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for				1	}
each year listed			<del>_</del>		
<b>b</b> 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,					1
line 4 for each year listed					<del></del>
d Amounts included in line 2c not					1
used directly for active conduct of exempt activities					}
e Qualifying distributions made directly		-			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			<del> </del>	<del></del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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)				_ <u> </u>	
(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 Infor			if the foundatio	n had \$5,000 or m	ore in assets
at any time during th	<del>-</del>	instructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation who year (but only if they have contributed mo			tributions received by th	ie foundation before the clo	ose of any tax
NONE	, c man \$0,000/. (000 3	0011011 007 (4)(2).)			
b List any managers of the foundation who	own 10% or more of th	a stock of a corporation	/or on equally lorge per	han of the ownership of a s	ortnerebin or
other entity) of which the foundation has	a 10% or greater interes	ie slock of a corporation st.	tor an equally large por	non of the ownership of a p	oar arer strip UI
NONE	<u> </u>				
2 Information Regarding Contribution	n. Grant. Gift. Loan	Scholarshin etc. P	rograms:		
		• • • • • • • • • • • • • • • • • • • •	•	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (s	ee instructions) to indiv	viduals or organizations i	under other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone number	er of the person to who	m applications should be	addressed:		
SEE STATEMENT 4					
b The form in which applications should be	submitted and informa	tion and materials they s	hould include:		<del></del>
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	, kınds of institutions, o	r other factors:	

3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 5				
Total	Υ		► 3a	556,500.
b Approved for future payment				
MONT				
NONE				
			,	
				,
	-	-		
Total		L	<b>▶</b> 3b	0.

Enter gross amounts unless otherwise indicated.

Excluded by section 512, 513, or 514

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	_				
C	_	<del></del>			
d	_				
e					
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		· · · · · · · · · · · · · · · · · · ·			
4 Dividends and interest from securities					6,358.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1		
than inventory					
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory				· · · · · · · · · · · · · · · · · · ·	
11 Other revenue					
a	<u> </u>				
b	1 1				
c	1 1	· · · · · · · · · · · · · · · · · · ·			
d	, i				
e			<b> </b>		
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	6,358.
13 Total. Add line 12, columns (b), (d), and (e)			1.		6,358.
(See worksheet in line 13 instructions to verify calculations.	)			·~ <u> </u>	
Part XVI-B Relationship of Activities  Line No Explain below how each activity for which in	come is reported i	n column (e) of Part XVI-A			nplishment of
the foundation's exempt purposes (other the THIS INCOME IS FROM INCOME IS FROM INCOME IS FROM INCOME IS FROM INCOME INCOME IS FROM INCOME INCOME INCOME INCOME.	NVESTMEN'		ICOM	E IS TO BE DI	STRIBUTED TO
ESTABLISHED CHARITIES	•	· · · · · · · · · · · · · · · · · · ·			
	<del></del>			<del> </del>	
				· · ·	
<del></del>					
		<del></del>			
		·		······································	<del></del>
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		· · · · · · · · · · · · · · · · · · ·			-
				· · · · · · · · · · · · · · · · · · ·	<u> </u>
	<del>.</del> .				
		<del>-</del>			

Unrelated business income

Pa	rt XVII	Information Re Exempt Organi		nsfers To a	nd Transa	ctions ar	nd Relation	onships With Nonch	aritable	₽	
1	Did the or	ganization directly or indir		v of the following	with any other	organization	described in	section 501(c) of		Yes	No
•		(other than section 501(c)						(4)	-		
а		from the reporting founda				ŭ					
_	(1) Cash								1a(1)	:	Х
	(2) Other								1a(2)		X
b	Other tran	sactions									
	(1) Sales	of assets to a noncharitat	ble exempt organız	ation					1b(1)		X
	(2) Purc	hases of assets from a nor	ncharitable exempt	torganization					1b(2)		X
	(3) Rent	al of facilities, equipment, (	or other assets						1b(3)	ļ	X
	(4) Reim	bursement arrangements							1b(4)	ļ	X
	(5) Loan	s or loan guarantees							1b(5)	_	X
	(6) Perfo	ormance of services or me	mbership or fundr	aising solicitatior	ns				1b(6)	ļ	X
	-	of facilities, equipment, mai	-						1c	<u> </u>	X_
d	or service		oundation. If the fo	undation receive				fair market value of the good action or sharing arrangement		sets,	
a)ı	ine no	(b) Amount involved		of noncharitable	exempt organi	ration	(d) Desc	ription of transfers, transactions, a	nd sharing a	rrangeme	ents
-,-		(-)	(9)	N/A			(2) 2000				
	-			11/11							
-											
				<del></del>					-		
							1				
					•						
						· · · · · · · · · · · · · · · · · · ·					
							<u> </u>				
							1				
									-		
	ın sectio	undation directly or indirect in 501(c) of the Code (othe complete the following sch	r than section 501			empt organız	ations descri	bed	Yes	X	No
		(a) Name of org			(b) Type of or	ganization		(c) Description of relation	nship		
		N/A									
					,,						
		· · ·									
	3	hour ?	argroffer than taxpay			III	reparer has any	d to the best of my knowledge and knowledge  PESIDENT  Title	belief, it is t	rue, corre	ect,
		Signature of officer or tr		Preparer's s	innature	Date	Date	Check If PT	N		
P	aid	ROGER A. G		Piepalei s si	Q Cof	ben	7	self- employed			
P	reparer se Only	Firm's name FGRA		TITH & M	AYS, A	Æ. (		Firm's EIN ►			
		Firm's address ► 7 (					ITE 40				
		CF	HARLESTON	1, WV 25	301-273	1		Phone no. (30	4) 3	<u>45-9</u>	<u> 400</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

2010

Name of the organization Employer identification number ELLIOT FOUNDATION, INC. 26-2253829 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	_	_	
Page	1 of	1 of Part	ı

Schedule B	(Form	990.	990-EZ.	or 990-PF	(2010)

Name of organization

Employer identification number

THE ELD	LIOT FOUNDATION	INC.	
<u> </u>	DIOI IOUINDITIION	<u>/ 110                                  </u>	

26-2253829

			2233023
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN R. ELLIOT  240 CAPITOL STREET, SUITE 500  CHARELSTON, WV 25301	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) 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) No.	(b) 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) No.	(b) 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) No.	(b) 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) 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)

Page of of Part II
Employer identification number

## THE ELLIOT FOUNDATION, INC.

26-2253829

Noncash Property (see instructions)		
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<b>\$</b>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010
Name of organization

1 <del>e</del>	of	of Part II

tion		Employer identification number
OT FOUNDATION, INC.		26-2253829
nore than \$1,000 for the year. Complete Part III, enter the total of exclusively religion	columns (a) through (e) and the us, charitable, etc., contribution	e following line entry. For organizations completing is of
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of git	ft
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gi	ft  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ft
Transferee's name, address, ar		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ift
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	OT FOUNDATION, INC. Exclusively religious, charitable, etc., innore than \$1,000 for the year. Complete art III, enter the total of exclusively religious, income than \$1,000 or less for the year (Enter this info (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	CT FOUNDATION, INC.  Exclusively religious, charitable, etc., individual contributions to section than \$1,000 for the year. Complete columns (a) through (e) and the part III, enter the total of exclusively religious, charitable, etc., contribution it,000 or less for the year (Enter this information once. See instructions.  (b) Purpose of gift.  (c) Use of gift.  (e) Transfer of gift.  (b) Purpose of gift.  (c) Use of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (b) Purpose of gift.  (c) Use of gift.  (d) Use of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (e) Transfer of gift.  (e) Transfer of gift.

FORM 990-PF	DIVIDENDS AND	INTER	est 1	ROM	SECURITIES	STATEMENT	
SOURCE		GROSS	AMO	JNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
FEDERAL FARM CREDIT				L84.	0.	11	84.
FEDERAL FARM CREDIT	BANK BD				0.	Δ.	04.
2.375% DUE 11/4/13 - FEDERAL FARM CREDIT			8	371.	0.	8	71.
2.625% DUE 11/25/14	- INTEREST		(	556.	0.	6	56.
EDERAL FARM CREDIT DUE 3/29/16 - INTERE				113.	0.	<b>4</b> .	13.
EDERAL FARM CREDIT	BANK BD 4%						
DUE 3/23/18 - INTERE FEDERAL FARM CREDIT				500.	0.	5	00.
L.12% DUE 6/7/12 - I	NTEREST			70.	0.	Ī	70.
FEDERAL FARM CREDIT 2.24% DUE 6/16/14 -				280.	0.	2:	80.
FEDERAL FARM CREDIT							
2.05% DUE 12/21/15 - FEDERAL HOME LOAN BA			•	256.	0.	2	56.
OUE 6/30/15 - INTERE			:	125.	0.	1	25.
FEDERAL HOME LOAN BA 5/30/20 - INTEREST	NK BD 26		!	500.	0.	5	00.
FEDERAL HOME LOAN BA 3/19/14 - INTEREST	NK BD 2% DUE		1 (	000.	0.	1,0	<b>0</b> 0
FEDERAL HOME LOAN BA	NK BD 2.75%		-		0.	1,0	00.
OUE 8/19/14 - INTERE FEDERAL HOME LOAN MT			(	588.	0.	6	88.
OUE 3/16/15 - INTERE	ST		:	375.	0.	3	75.
FEDERAL HOME LOAN MT 9/22/17 - INTEREST	G CORP 4%		1	500.	0.	5	00.
FEDERATED PRIME VAL	OBL FD #856		•				
- DIVIDENDS FEDERATED PRIME VAL	OBI, FD #856			21.	0.		21.
- INTEREST				1.	0.		1.
LESS: ACCRUED INTER COLLECTED	EST PAID &			<98.	> 0.	<	98.
JNITED STATES TREASU							
5/24/10 11/26/10 - I UNITED STATES TREASU				11.	0.		11.
5/6/10 11/4/10 - INT				5.	0.		5.
TOTAL TO FM 990-PF,	PART I, LN 4		6,	358.	0.	6,3	58 a

FORM 990-PF	OTHER E	XPENSES	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES LICENSES & FEES TRUST DEPARTMENT FEES	450. 725. 900.	725.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	2,075.	2,075.		0.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	ratement 3	
NAME OF CONTRIBUTOR	ADDR	ESS			
JOHN R. ELLIOT		CAPITOL STREET LESTON, WV 25			

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN R. ELLIOT 240 CAPITOL STREET, SUITE 500 CHARLESTON, WV 25301

TELEPHONE NUMBER

(304)344-1623

FORM AND CONTENT OF APPLICATIONS

LETTER APPLICATIONS WHICH INCLUDE: NAME, MISSION, & AMOUNT REQUESTED, AND PURPOSE OF EACH ENTITY AS WELL AS VERIFICATION OF TAX EXEMPT STATUS.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION WILL MAKE QUALIFYING DISTRIBUTIONS TO ESTABLISHED PUBLIC CHARITIES, COLLEGES AND UNIVERSITIES, MEDICAL INSTITUTIONS AND OTHER QUALIFYING RECIPIENTS, PRIMARILY LOCATED IN THE STATE OF WEST VIRGINIA. THE FOUNDATION WILL MAKE SUCH CONTRIBUTIONS BASED UPON ANALYSIS AND DETERMINATIONS BY ITS BOARD OF DIRECTORS AS TO WORTHY AND DESERVING RECIPIENTS IN EACH YEAR. THE FOUNDATION WILL ALSO REVIEW AND CONSIDER REQUESTS FOR GRANTS OR CONTRIBUTIONS FROM ANY QUALIFYING RECIPIENT ORGANIZATIONS, AND IN CONSIDERING AND MAKING SUCH GRANTS IT WILL PRIMARILY FOCUS ON CULTURAL, ARTS, ENVIRONMENTAL AND EDUCATIONAL ASPECTS.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 5
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	TRUOMA
CAMC FOUNDATION 3412 STAUNTON AVENUE CHARLESTON, WV 25304	N/A SUPPORT	PRIVATE FOUNDATION	50,000.
CLAY CENTER FOR THE ARTS & SCIENCES OF WEST VIRGINIA, INC. 1 CLAY SQUARE CHARLESTON, WV 25301	N/A SUPPORT	PUBLIC CHARITY FOR ARTS	35,000.
FUND FOR THE ARTS 623 WEST MAIN STREET LOUISVILLE, KY 40202	N/A SUPPORT	PUBLIC . CHARITY	2,500.
KENT STATE UNIVERSITY COLLEGE OF ARCHITECTURE KENT, OH 44242	N/A SCHOLARSHIPS	PUBLIC UNIVERSITY	25,000.
NATIONAL MS SOCIETY 733 3RD AVENUE, 3RD FLOOR NEW YORK, NY 10017	N/A SUPPORT	PUBLIC CHARITY	5,000.
THE LIBRARY FOUNDATION OF KANAWHA COUNTY, INC. 123 CAPITOL STREET CHARLESTON, WV 25301	N/A SUPPORT	PRIVATE FOUNDATION	100,000.
THOMAS MEMORIAL HOSPITAL FOUNDATION 4605 MACCORKLE AVENUE, S.W. SOUTH CHARLESTON, WV 25309	N/A SUPPORT	PRIVATE FOUNDATION	50,000.
UNIVERSITY OF CHARLESTON 2300 MACCORKLE AVENUE, SE CHARLESTON, WV 25304	N/A SUPPORT	PRIVATE UNIVERSITY	100,000.

,,,			
WEST VIRGINIA AMERICAN INSTITUTE OF ARCHITECTS 223 HALE STREET CHARLESTON, WV 25323	N/A SCHOLARSHIPS	PROFESSION ORGANIZATI	5,000.
WV SYMPHONY ORCHESTRA 1 CLAY SQUARE CHARLESTON, WV 25301		PUBLIC CHARITY FOR ARTS	50,000.
WV SYMPHONY ORCHESTRA 1 CLAY SQUARE CHARLESTON, WV 25301		PUBLIC CHARITY FOR ARTS	10,000.
WV SYMPHONY ORCHESTRA 1 CLAY SQUARE CHARLESTON, WV 25301		PUBLIC CHARITY FOR ARTS	30,000.
WV SYMPHONY ORCHESTRA 1 CLAY SQUARE CHARLESTON, WV 25301		PUBLIC CHARITY FOR ARTS	20,000.
WV SYMPHONY ORCHESTRA FOUNDATION 1 CLAY SQUARE CHARLESTON, WV 25301	N/A SUPPORT	PRIVATE FOUNDATION	50,000.
	N/A SUPPORT	PUBLIC CHARITY	3,000.
BUCKSKIN COUNCIL 2829 KANAWHA BLVD. EAST CHARLESTON, WV 25311	N/A SUPPORT	PUBLIC CHARITY	15,000.
SPIRIT OF THE VALLEY 100 YMCA DRIVE CHARLESTON, WV 25311	N/A SUPPORT	PUBLIC CHARITY	5,000.
READ ALOUD WEST VIRGINIA P.O. BOX 1784 CHARLESTON, WV 25326	N/A SUPPORT	PUBLIC CHARITY	500.

THE ELLIOT FOUNDATION, INC.

26-2253829

NATIONAL YOUTH SCIENCE FOUNDATION P.O. BOX 3387 CHARLESTON, WV

25333

N/A SUPPORT PRIVATE FOUNDATION 500.

556,500.

## Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2011)

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		<b>•</b>	X
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously f	iled For	m 8868	
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	to file (6	months for a corp	oration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Train	nsfers A	Associated With Ce	rtain
Personal	Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions) For more details on t	he elec	tronic filing of this f	orm,
visit www	irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed)			
A corpora	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and cor	nplete		
Part I only	<i>(</i>				<b>&gt;</b>	
	corporations (including 1120-C filers), partnerships, REN	IICs, and t	rusts must use Form 7004 to request a	n exten	sion of time	
to file inc	ome tax returns			-		
Type or	Name of exempt organization			Empl	Employer identification number	
print						
Cue bu tho	THE ELLIOT FOUNDATION, INC	•		26-2253829		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions			
filing your return See	240 CAPITOL STREET, SUITE	500				
instructions	City, town or post office, state, and ZIP code For a f	oreign add	Iress, see instructions.			
	CHARLESTON, WV 25301				<del></del>	
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4
	· · · · · · · · · · · · · · · · · · ·	<del>,</del>			····	<del></del>
Applicat	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	)	01	Form 990-T (corporation)			07
Form 990	rm 990-BL 02 Form 1041-A					08
Form 990	)-EZ	03	Form 4720			09
Form 990	) PF	04	Form 5227			10
Form 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other than above)	06	Form 8870			12
	THE FOUNDATION					
	poks are in the care of $\triangleright$ 240 CAPITOL ST	REET,	SUITE 500 - CHARLES	STON	<u>, WV 25301</u>	<u> </u>
Telepl	none No. ► (304)344-1623		FAX No 🕨		<del></del>	
	organization does not have an office or place of busines				<b>•</b>	· []
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	¬ '	· · · · · · · · · · · · · · · · · · ·		r the whole group, o	
box 🚩	If it is for part of the group, check this box		ach a list with the names and ElNs of al		ers the extension is	for
<b>1</b> `   re	quest an automatic 3-month (6 months for a corporation					
		ot organiza	tion return for the organization named	above	The extension	
	or the organization's return for					
<b>•</b>	X calendar year $2010$ or					
	tax year beginning	, ar	nd ending		<del></del>	
2 lf t	he tax year entered in line 1 is for less than 12 months, o	check reas	son Initial return Fin	al retur	n	
L	Change in accounting period					
				7		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						•
nonrefundable credits. See instructions. 3a \$					\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069	•				_
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$					\$	<u> </u>
	lance due. Subtract line 3b from line 3a Include your p	•	•			_
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
Caution	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Forn	n 8879-	FO for payment ins	tructions

For Paperwork Reduction Act Notice, see Instructions.

Form 886	68 (Rev_1-2011)					Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ktension, d	complete only Part II and check this bo	x	<b>&gt;</b>	X		
Note. Or	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form 8	3868			
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple							
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies n	eeded)			
Type or	Name of exempt organization			Empl	number			
print	THE ELLIOT FOUNDATION, INC.			2	6-2253829			
File by the	y the Number etreet and room or out and If a D.O. how and instructions							
extended due date for	~ 1							
filing your return See	City, town or post office, state, and ZIP code For a f		dress see instructions					
instructions		orong doc	nood, boo inchaotiono.					
	John M. Love							
Enter the	Return code for the return that this application is for (fil	le a senara	te application for each return			0 4		
Lincol tile	The tall 10000 for the retain that this application is for the	o a coparo	tto application for each return,			<u> </u>		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99		01	13 1 01			Code		
Form 99		02	Form 1041-A			08		
Form 99		03	Form 4720			09		
Form 99		04	Form 5227			10		
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		•	11		
	0-T (trust other than above)	06	Form 8870			12		
	o not complete Part II if you were not already grante		<del></del>	chy filo	d Form 9969	1 12		
STOP: L	THE FOUNDATION		natic 3-month extension on a previou	isiy ilie	<u>u Foriii 6606.</u>			
• The h	ooks are in the care of > 240 CAPITOL ST		SUITE 500 - CHARLES	זא⊖ידי	, wv 25301			
	hone No ► (304)344-1623	KBBI,	FAX No. ►	TOIN	, WV 23301	-		
-	organization does not have an office or place of busines	es in the 1 li	·					
	is for a Group Return, enter the organization's four digit			ue ie foi	r the whole group, o	hack this		
box ►	If it is for part of the group, check this box		ach a list with the names and EINs of all					
			BER 15, 2011	memb	ers trie exterision is	101		
	· —	HOVER						
5 For calendar year 2010, or other tax year beginning, and ending, and ending, and return Final return								
, , , , , , , , , , , , , , , , , , ,	Change in accounting period	OHOOK TOAS	initial return	i ii iai i	otum.			
7 St	ate in detail why you need the extension							
	DDITIONAL TIME IS REQUESTED	TO GA	THER THE BANKING IN	'ORM	ATION THAT	IS		
	EEDED TO FILE A COMPLETE AND			0101	1111011 111111			
-11	double to till it complete into	11000	Idill Raioldi.					
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 4	enter the tentative tax less any	T		<del></del>		
-	nrefundable credits. See instructions	, 01 0003, 6	enter the ternative tax, less any	8a	s	0.		
_	this application is for Form 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and estimated	- Ga		<del>·</del>		
	• •	•						
	x payments made. Include any prior year overpayment a	lliowed as	a credit and any amount paid		<b>.</b> \$	0.		
	reviously with Form 8868	aumont w	th this form if yoursed by your	8b_	<b>3</b>	<u>·</u>		
	alance due. Subtract line 8b from line 8a Include your p	-	in this form, if required, by using			0.		
	TPS (Electronic Federal Tax Payment System) See inst		ad Varification	8c	\$			
lind	_		nd Verification	o boot -	of my knowledge and h	naliaf		
	nalties of perjury, I declare that I have examined this form, inclu correct, and complete, and that I am authorized to prepare this		panying scredules and statements, and to th	e nest o	n my knowledge and t	reliel,		
ŕ	De all 2 model	CF	<del>/1</del>	Date	· 8/12/11			
Signature	ittle >	<del> </del>		Date		ov 1 2011\		
	V				Form <b>8868</b> (R	ev 1-2011)		