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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

2010

OMB No 1545-0052

For calendar year 2010, or tax year beginning , and ending										
G Check all that apply: Initial return Initial return of a former public charity Final return						n				
_			Amended r	eturn		Address chan	ge		Name change	
Na	me o	f foundation							A Employer identification	n number
		LEONARD A	. & SH	IRLEY	E.	HARVEY				
		FOUNDATION	NN						55-0688042	2
Nur	nber	and street (or P O box number	if mail is not de	livered to street	address	5)		Room/suite	B Telephone number	
		P.O. BOX 1	184						(304)428-8	3091
Cit	y or 1	lown, state, and ZIP code							C If exemption application is p	pending, check here
		PARKERSBUI	RG, WV	2610	2				D 1. Foreign organization	
H (Checl	k type of organization:	X Section	1 501(c)(3) ex	xempt p	rivate foundation			Foreign organizations me check here and attach co	eeting the 85% test, proputation
	_] s	ection 4947(a)(1) nonexem	npt charitable	trust	Other t	axable private founda	ition		E If private foundation sta	
1 Fa	air m	arket value of all assets at (end of year	J Account	ıng met	hod: X Cash	Accr	ual	under section 507(b)(1	
(fi	rom	Part II, col (c), line 16)		O	ther (sp	ecify)			F If the foundation is in a	60-month termination
_	\$	336	5,715.	(Part I, colu	ımn (d)	must be on cash i	basis.)		under section 507(b)(1	
Pá	art I	Analysis of Revenue an		d (d) may not	(8	a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amoun	nts in column (a))	ex	penses per books	inco	me	income	(cash basis only)
	1	Contributions, gifts, gran	ts, etc., recer	ved		52,510.			N/A	
	2	, —	on is not required to	attach Sch B						<u> </u>
	3	Interest on savings and tempo cash investments	orary							1 -2 4
	4	Dividends and interest fro	om securities			10,679.	1	0,679.		STATEMENT 1
	5a	Gross rents							ļ	
	b	Net rental income or (loss)			<u> </u>					
<u>o</u>	6a	Net gain or (loss) from sale of				<50,366.	>		-	
Revenue	b	Gross sales price for all assets on line 6a	53	,721.		1				
ě	7	Capital gain net income (from	Part IV, line 2)			, ,		0.	<u> </u>	
4	8	Net short-term capital gai	ın							
	9	Income modifications Gross sales less returns	i			` ' '				
	10a	and allowances				<u> </u>			, .	-1
	i .	Less Cost of goods sold				•,	•			
2011	C	Gross profit or (loss)					•			, ,
~	11									
Œ.	12	Total Add lines 1 throug			ļ	12,823.	10	<u>0,679.</u>		
6	13	Compensation of officers, dire		, etc		0.		0.		0.
DEC.	14	Other employee salaries a	•							
<u>_</u>	15	Pension plans, employee	benefits							
		Legal fees	am:	vem o				0.		0.
	_	Accounting fees	ST	MT 2		500.		0.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
والم		Other professional fees			ļ				ļ	
Operating and Administrative Exp	17	Interest	CON	vm		97.		0.	-	0.
T.	18	Taxes Depreciation and depletion	RFCF	WED	1	9/•		U •		0.
iri	19 20	Occupancy [, , , , , , , , , , , , , , , , , , ,		اب ۱		<u></u>		-	
\dn		Travel conferences	maatings -	0 0044	RS-0SC					
Þ	21 22	Travel, conferences and r	™WW 2	2 2011	10					
g ar	23	Other expenses		мт-л-	뉴띄	68.	···	68.		0.
ţi	24	Total operating and admi	Madde	N, UT	 			00.		<u> </u>
era	44	expenses. Add lines 13 th	111101101110			665.		68.		0.
g	25		-			13,660.				13,660.
		Total expenses and disbu	-			23,000.	 			13,000.
	20	Add lines 24 and 25	u13511151113.			14,325.		68.		13,660.
\neg	27	Subtract line 26 from line	12.			T- 1777.				13,000.
		Excess of revenue over expens		amonts.		<1,502.	>			1
ĺ		Net investment income (if				11,304.		0,611.		
		Adjusted net income (if ne					1.(<i>,,</i> ∪ ± ± •	N/A	
02350		regated net income (i ne	ganve, enter -C	''					H/A	5 000 DE (0010)

Fo	rm 9	90-PF (2010) FOUNDATION		55-	0688042 Page 2
ſ	art	Balance Sheets Attached schedules and amounts in the description Column should be for end of wear amounts only	Beginning of year	End o	of year
<u>יי</u>	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use		·	
Assets	9	Prepaid expenses and deferred charges			
4	10a	Investments - U.S. and state government obligations			
	t	Investments - corporate stock STMT 5	320,603.	319,101.	336,715.
	0	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			, , ,
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	1				
_	16	Total assets (to be completed by all filers)	320,603.	319,101.	336,715.
	17	Accounts payable and accrued expenses			1 1 2 2 1
	18	Grants payable			
တ္ဆ	19	Deferred revenue			* .
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ge	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)			
					, , , ,
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	}	Foundations that follow SFAS 117, check here			
**		and complete lines 24 through 26 and lines 30 and 31.	į		
ĕ	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			,
8	26	Permanently restricted			1
Ę	ĺ	Foundations that do not follow SFAS 117, check here			-
Ē		and complete lines 27 through 31.			,
S	27	Capital stock, trust principal, or current funds	120.	120.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	320,483.	318,981.	-
t As	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ne	30	Total net assets or fund balances	320,603.	319,101.	
	31	Total liabilities and net assets/fund balances	320,603.	319,101.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
=					
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	320,603.
2	Enter	amount from Part I, line 27a		2	<1,502.>
3	Other	increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	319,101.
5	Decre	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6_	319,101.
					Form 990-PF (2010)

_		DATION		t Income				5-068	8042	Page 3
Га		d Losses for Tax on I		it income	(b) H	ow acquired	(a) Data	acquired	(d) Date	e cold
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)				D-	ow acquired Purchase Donation	(mo., c	iay, yr.)	(mo., da		
1a 3000 SH GENERAL ELECTRIC CO					P	VARI		03/1		
	100 SH PATRIOT (COAL CORP			↓	<u> P</u>	04/2	2/05	03/1	<u>6/10</u>
<u>c</u>					 				<u>.</u>	
					+-					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale				ain or (loss s (f) minus		
a	51,802.			103,40	$\overline{}$,600.
<u>b</u> _	1,919.			68	5.				1	<u>,234.</u>
<u>c</u>				 						
_ <u>u</u>			+			<u> </u>				
	complete only for assets showing g	jain in column (h) and owned by	the foundation	n on 12/31/69				Col. (h) gain		
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (j), if any			col. (k), but Losses	not less tha (from col. (n -0-) or (h)) 	
a										,600.
<u>b</u> _			 			···-	· -		1	<u>, 234.</u>
d			-			···				
<u>и</u> е			_							
	pital gain net income or (net capita	al loss) { If gain, also enter -0	er in Part I, line	7	}	2			~50	,366.
	•	`		3.7	7					, 500 -
	t short-term capital gain or (loss) ; gain, also enter in Part I, line 8, col		na (6):		1					
lf (loss), enter -0- in Part I, line 8			. =	_۲_	3		<u> N/A</u>		
	t V Qualification Unc						icome			
(FOF O	ptional use by domestic private foi	undations subject to the section	4940(a) tax or	n net investment in	come.)				
lf sect	ion 4940(d)(2) applies, leave this p	oart blank.								
Was t	he foundation liable for the section	4942 tax on the distributable an	nount of any y	ear in the base per	10d?				Yes	X No
	," the foundation does not qualify									
1 Er	iter the appropriate amount in each	1	ructions before	e making any entri					(d)	
Cal	(a) Base period years endar year (or tax year beginning i	(b) Adjusted qualifying dis	stributions	Net value of no	(c) ncharif	able-use asse	ts		oution ratio	(c))
<u> </u>	2009	''7	8,653.			301,30		(00.1 (0) 0.1	 _	95097
	2008		1,184.			391,35	1.		.0	79683
	2007		8,173.			402,99				45095
	2006		7,469.		359,994.					48526 10557
	2005		5,839.	1		313,28	8.	<u> </u>		<u>50557</u>
2 To	tal of line 1, column (d)						2		.31	18958
	erage distribution ratio for the 5-ye	ar base period - divide the total	on line 2 by 5,	or by the number	of year	s				
the	foundation has been in existence	ıf less than 5 years					3		06	<u> 53792</u>
₽ En	er the net value of noncharitable-u	se assets for 2010 from Part X,	line 5				4		350	,130.
5 Mu	Itiply line 4 by line 3						5			,335.
6 Enter 1% of net investment income (1% of Part I, line 27b)					6			106.		
	d lines 5 and 6						7		22	441.
		what the same of								
	er qualifying distributions from Pa		41	.1.4.45.4	4		8	<u> </u>	13,	,660.
	ne 8 is equal to or greater than line the Part VI instructions.	er, check the box in Part VI, line	10, and comp	nete that part using	y a 1%	iax rate.				

_	n 990-PF (2010) FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		88042 ee instri		Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		2	12.
	of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		2	12.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5		2	212.
6	Credits/Payments:				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	ľ			
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)	1			
d	Backup withholding erroneously withheld 6d 6d	- 1			
7	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 6 ▶	9		2	12.
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 ▶ Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities			T:	,
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n		Yes	+
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1 <u>b</u>	<u> </u>	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or	ľ	1	ĺ
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				ļ
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			<u> </u> -	
	managers. ► \$O.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	<u> </u>	X
	If "Yes," attach a detailed description of the activities		'		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				`
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37 (3	4a	<u> </u>	X_
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A			77
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:		- 1	١.	ł
	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	aw		٠,	
_	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	
_	If "Yes," complete Part II, col (c), and Part XV.		-]	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		-		
_	WV		-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
_	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	oar			,,
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	ì	X

LEONARD A. & SHIRLEY E. HARVEY 55-0688042 Page 5 Form 990-PF (2010) FOUNDATION Part VII-A Statements Regarding Activities (continued) At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before X 12 August 17, 2008? X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address
NONE 14 The books are in care of ▶ MCDONOUGH, EDDY, PARSONS & BAYLOUS Telephone no. ▶ (304)428-8091 ZIP+4 ►26101 Located at ▶ 412 MARKET STREET, SUITE 201, PARKERSBURG, WV 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, 16 Х securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly). Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 16 section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? 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 X 1c before the first day of the tax year beginning in 2010? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning __ Yes [X] No before 2010? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A 3b Form 4720, to determine if the foundation had excess business holdings in 2010.) X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a

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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

LEONARD A. & SHIRLEY E.	HARVEY			4.0
Form 990-PF (2010) FOUNDATION	- 4-00 14 10		<u>55-06880</u>	42 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	1 1
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No 📗	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			· · · · · · · · · · · · · · · · · · ·
the prevention of cruelty to children or animals?		Ye	es X No	ł l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulatıons		
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 t	nere		▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta			
expenditure responsibility for the grant?	Ŋ	1/A	es L No	.
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1 1
a personal benefit contract?		Ye	es 🔀 No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🔀 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	У	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
LEONARD A. HARVEY	MANAGER			
4051 GULF SHORE BLVD, NORTH, UNIT 703				
NAPLES, FL 34103	0.00	0.	٥.	0.
CHRISTOPHER HARVEY	TRUSTEE			
P.O. BOX 5040		Ì		
VIENNA, WV 26105	0.00	0.	0.	0.
BRIAN HARVEY	TRUSTEE			
1050 SEVENTEENTH ST NW SUITE 810				
WASHINGTON, DC 20036	0.00	0.	0.	0.
BRUCE HARVEY	TRUSTEE			
1623 JACKSON STREET		{		[
HOLLYWOOD, FL 33020	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE				ĺ
				
]		
		 		
		 		
		 		
				l

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

Form 990-PI		FOUNDATION		0688042 Page 7
Part VII	☐ Infor Paid	mation About Officers, Directors, Trustees, Fou Employees, and Contractors (continued)	ındation Managers, Highly	
3 Five hig	hest-paid	independent contractors for professional services. If none,		
	(a) l	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE			
				
				
Tatal Sumb	or of others r	eceiving over \$50,000 for professional services		▶ 0
Part IX-		mary of Direct Charitable Activities		
		r largest direct charitable activities during the tax year. Include relevant	statistical information such as the	
number of (organizations	and other beneficiaries served, conferences convened, research paper	s produced, etc.	Expenses
1	N/A			
				l
2				
 				
3				
4				
				
Part IX-	B Summ	nary of Program-Related Investments		
Describe the	two largest	program-related investments made by the foundation during the tax ye	ar on lines 1 and 2.	Amount
	N/A	to the control of the feet of		
. ——	21/ 22			
2				
All other pro	gram-related	investments. See instructions.		
3				
_				

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e 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	355,462.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	355,462.
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	355,462.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,332.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	350,130.
6	Minimum investment return. Enter 5% of line 5	6	17,507.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	17,507.
2a	Tax on investment income for 2010 from Part VI, line 5		
ь	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	212.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	17,295.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,295.
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	17,295.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		12 660
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	13,660.
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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	12 552
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	13,660.
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	13,660.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation (malified for th	a cartion

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				17,295.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006	+			
c From 2007				
d From 2008 10,442.				
e From 2009 13,782.				
f Total of lines 3a through e	24,224.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: \triangleright \$ 13,660.				
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				13,660.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (if an amount appears in column (d), the same amount must be shown in column (a))	3,635.			3,635.
6 Enter the net total of each column as indicated below:	5 fr. 12	•	,	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,589.		,	, , ,
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	i i		i .	•
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.	<u>'-</u>
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	20,589.			
O Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 6,807.				
d Excess from 2009 13,782.				
e Excess from 2010				Form 990-PF (2010)
				Form 33U-PF (2010)

Form 990-PF (2010) FOUNDAT				<u> 55-06</u>	88042 Page 10
Part XIV Private Operating F	Foundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	at it is a private operating			
foundation, and the ruling is effective fo	or 2010, enter the date of	the ruling	>		
b Check box to indicate whether the foun	dation is a private operati	ing foundation described	in section	4942(j)(3) or 49	42(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) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	Į.				
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					1
3 Complete 3a, b, or c for the					
alternative test relied upon:					
 a "Assets" alternative test - enter: (1) Value of all assets 					
,	-				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(a)(2).)			
LEONARD A. HARVEY					
b List any managers of the foundation wh			(or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater interes	St.			
NONE					
2 Information Regarding Contributi					
Check here ► X if the foundation of the foundation makes gifts, grants, etc.					
				implete iteriis za, b, c, and	<u></u>
a The name, address, and telephone num	per or the person to whor	iii appiications snouid be	auuresseu.		
b The form in which applications should b	e submitted and informat	tion and materials they s	hould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or o	ther factors:	

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FOUNDATION

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Name and address (home or business) a Paid during the year NAPLES PHILHARMONIC CENTER FOR THE ARTS 5833 PELICAN BAY BOULEVARD NAPLES, FL WOOD COUNTY SOCIETY 521 MARKET ST PARKERSBURG, WV 26101 PUTNEY STUDENT GROUP 345 HICKORY RIDGE ROAD PUTNEY, VT 05346 PETERKIN EPISCOPAL SEMINARY CHARLESTON , WV 25311 GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 A PAID SUBSISTRATED PUBLIC CHARITY CHARITY PUBLIC CHARITY CHARITY CHARITY CHARITY CHARITY CHARITY CHARITY CHARITY PUBLIC CHARITY	Part XV Supplementary Information	(continued)			
Show any relationship to any foundation manager or substantial contribution Status of recopient			Payment		
A Paid during the year NAPLES PHILHARMONIC CENTER FOR THE ARTS 5833 PELICAN BAY BOULEVARD NAPLES, FL WOOD COUNTY SOCIETY 521 MARKET ST PARKERSBURG, WV 26101 PUTNEY STUDENT GROUP 345 HICKORY RIDGE ROAD PUTNEY, VT 05346 PETERKIN EPISCOPAL SEMINARY CHARLESTON, WV 25311 GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 Total Approved for future payment		show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
NAPLES PHILHARMONIC CENTER FOR THE ARTS 5833 PELICAN BAY BOULEVARD NAPLES, FL WOOD COUNTY SOCIETY 521 MARKET ST PARKERSBURG, WV 26101 PUTNEY STUDENT GROUP 345 HICKORY RIDGE ROAD PUTNEY, VT 05346 PETERKIN EPISCOPAL SEMINARY CHARLESTON , WV 25311 GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 JOHN LINE CHARITY DIRESTRICTED NRESTRICTED JOHN LINE CHARITY UNRESTRICTED UNRESTRICTED UNRESTRICTED JOHN LINE CHARITY DIRECTRICTED JOHN LINE CHARITY DIRECTRICTED JOHN LINE LONE LONE LONE LONE LONE LONE LONE LO		or substantial contributor	recipient		
521 MARKET ST PARKERSBURG, WV 26101 PUTNEY STUDENT GROUP 345 HICKORY RIDGE ROAD PUTNEY, VT 05346 PETERKIN EPISCOPAL SEMINARY CHARLESTON , WV 25311 GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 PUBLIC CHARITY PUBLIC CHARITY INRESTRICTED INRESTR	NAPLES PHILHARMONIC CENTER FOR THE ARTS 5833 PELICAN BAY		1	UNRESTRICTED	3,500.
345 HICKORY RIDGE ROAD PUTNEY, VT 05346 PETERKIN EPISCOPAL SEMINARY CHARLESTON, WV 25311 GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 Total Description Approved for future payment	521 MARKET ST		j .	UNRESTRICTED	500.
SEMINARY CHARLESTON , WV 25311 GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 Total b Approved for future payment	345 HICKORY RIDGE ROAD		1	UNRESTRICTED	9,060.
418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26101 Total b Approved for future payment	SEMINARY			UNRESTRICTED	100.
b Approved for future payment	418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG,			UNRESTRICTED	500.
b Approved for future payment					12 660
NONE	b Approved for future payment			→ 3a	13,660.
	NONE				
Total ▶ 3b	Total		·	▶ 2h	0.

Form 990-PF (2010)

FOUNDATION

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nter gross amounts unless otherwise indicated.	Unrelated	ousiness income		d by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		1		
ab	- }		 		
·			1		
c					
е					
f					
g Fees and contracts from government agencies		 			
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	10,679.	
Net rental income or (loss) from real estate:			_		
a Debt-financed property			<u> </u>		
b Not debt-financed property		-			
Net rental income or (loss) from personal			} }	i	
property	<u> </u>				
Other investment income					
Gain or (loss) from sales of assets other			10	.50 266	
than inventory			18	<u><50,366.></u>	· · · · · · · · · · · · · · · · · · ·
Net income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory Other revenue:			 		
a h	-		 -		
b			 -		
er .	1 1				
d	1 1				
d	1 1		1 1		<u></u>
de	1 1	0.	-:	<39,687.>	0
eSubtotal. Add columns (b), (d), and (e)	1 1	0.	-:	<39,687.>	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.	-;	<39,687.> 13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)			13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) be worksheet in line 13 instructions to verify calculations.)			13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations. The worksheet in line 13 instructions of Activities The No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
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d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations. The worksheet in line 13 instructions of Activities The No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
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d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations. The worksheet in line 13 instructions of Activities The No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations. The worksheet in line 13 instructions of Activities The No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
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d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accom	plishment of Ex	empt	13 Purposes	<39,687

LEONARD A. & SHIRLEY E. HARVEY Form 990-PF (2010) FOUNDATION 55-0688042 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign Here ivustee 11-15-11 Signature of officer or trustee Date Title Date Check PTIN

Form **990-PF** (2010)

(304)428-8091

self- employed

Firm's EIN ▶

Phone no.

Paid

Preparer

Use Only

Print/Type preparer's name

EDWARD P. MCDONOUGH

Firm's address ▶ P.O. BOX 184

PARKERSBURG,

Firm's name ► MCDONOUGH,

EDDY, PARSONS & BAYLOUS,

Preparer's signature

WV 26102

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

LEONARD A. & SHIRLEY E. HARVEY 55-0688042 FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (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, chantable, 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, chantable, 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. ▶ \$

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)

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).

	4 .	4 -
Page	⊥ of	1 of Part I

Name of organization

LEONARD A. & SHIRLEY E. HARVEY

FOUNDATION

Employer identification number

55-0688042

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEONARD A. HARVEY 4051 GULF SHORE BLVD, NORTH, UNIT 703 NAPLES, FL 34103	\$ 52,510.	Person Payroll Noncash X (Complete Part II of 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
		\$	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)

Name of organization

LEONARD A. & SHIRLEY E. HARVEY

55-0688042

FOUNDATION

Part II	Noncash Property (see instructions)		-0000042
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,000 SHARES ABBOTT LABORATORIES		
		\$52,510.	03/25/10
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
[\ \$	0. 990-F7. or 990-PF) (2

Employer identification number Name of organization

LEONARD A. & SHIRLEY E. HARVEY

FO	ĴΝ	DA	${ t TI}$	on	

55-0688042

ow gift is held							
ansferee							
ow gift is held							
· · · · · · · · · · · · · · · · · · ·							
Relationship of transferor to transferee							
(d) Description of how gift is held							
(e) Transfer of gift							
ansferee							
ow gift is held							
(e) Transfer of gift							
ansferee							
2113101 EE							

FORM 990-PF CORPORATE STOC	CK	STATEMENT 5	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
HBW INVESTMENT ACCOUNT	319,101.	336,715.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	319,101.	336,715.	

FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
NATIONAL FINANCIAL - HBW	-		10,679.	*****	0.	10,6	79.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		10,679.		0.	10,6	79.
FORM 990-PF	ACC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
MCDONOUGH, EDDY ET AL	 	500.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		500.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	ISES	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
EXCISE TAX ON INVESTMENT INCOME		97.		0.			0.
TO FORM 990-PF, PG 1, LN 18 =		97.		0.			0.
FORM 990-PF	OT	HER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPEN	SES	(B) NET INV MENT INC	EST-			
MARGIN INTEREST ACCOUNT FEES		23. 45.	<u> </u>	23. 45.			0.
TO FORM 990-PF, PG 1, LN 23		68.		68.			0.

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

						
	are filing for an Automatic 3-Month Extension, comple					X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of this	form).		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previously f	led Fo	rm 8868.	
	nic filing (e-file). You can electronically file Form 8868 if					ration
required	d to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically file f	Form 8	868 to request an ex	tension
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 Tran	nsfers /	Associated With Cer	tain
Persona	al Benefit Contracts, which must be sent to the IRS in par	er format	(see instructions). For more details on t	he elec	ctronic filing of this fo	rm,
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits					
Part			ibmit original (no copies needed).			
A corpo	ration required to file Form 990·T and requesting an auto			nplete		
Part I or	-			•	•	
	r corporations (including 1120-C filers), partnerships, REM	 IICs and t	rusts must use Form 7004 to request a	n exten	sion of time	
	come tax returns.					
Type or	• •		~	Emp	loyer identification	number
print	LEONARD A. & SHIRLEY E. HAI	RVEY '				
Eda by the	FOUNDATION			5	<u>5-0688042</u>	
File by the due date fo filing your	or Number, street, and room or suite no If a P.O. box, s	ed Instrud	tidas.			
return See instruction		oreign add	Iress, see instructions.			
	PARKERSBURG, WV 26102	g				
	1 2224 22102 0210 / 111 20202					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
ls For		Code	Is For			
Form 99	00	01	Form 990-T (corporation)		07	
Form 99	0-BL	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
<u> </u>	MCDONOUGH, EDDY					
• The b	books are in the care of > 412 MARKET STR	-		RG.	WV - 261	01
	hone No. ► (304)428-8091		FAX No. ▶			
•	organization does not have an office or place of business	in the Un	· · · · · · · · · · · · · · · · · · ·			\Box
	is for a Group Return, enter the organization's four digit (the whole aroup ch	eck this
box 🕨	. If it is for part of the group, check this box	•	· · · · · · · · · · · · · · · · · · ·		•	
	equest an automatic 3-month (6 months for a corporation				ora tito exteriolorria	01.
			tion return for the organization named a		The extension	
is	for the organization's return for.	•				
	X calendar year 2010 or					
•	tax year beginning	. and	d ending		•	
						
2 If t	he tax year entered in line 1 is for less than 12 months, ch	neck reaso	on Initial return Fina	l retur	1	
_ <u> </u>	Change in accounting period					
L	Gridings in according period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, c	r 6069. er	nter the tentative tax, less any			
	nrefundable credits. See instructions.		·,	3a	\$	0.
	his application is for Form 990 PF, 990 T, 4720, or 6069, 6	enter anv	refundable credits and		-	
	timated tax payments made. Include any prior year overpa	-		3b	\$	0.
_	lance due. Subtract line 3b from line 3a. Include your pay				_ 	
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
<u>~y</u>	Towns and the control of the state of the st	. Jo mould				

Form 8868 (Rev. 1-2011)	_			Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this bo	эх	X		
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form 8868.			
If you are filing for an Automatic 3-Month Extension, complete						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies needed)			
Type or TONIADO A CONTROL TO THE TONIADO			Employer identification	n number		
Print PEONARD A. & SHIRLEY E. HAR	VEY		FF 0600040			
File by the			55-0688042			
extended Number, street, and room or suite no. If a P.O box, s due date for ID O BOX 184	see instruc	ctions.				
filing your F.O. DOX 104						
return See City, town or post office, state, and ZIP code. For a functions PARKERSBURG, WV 26102	oreign add	oress, see instructions.				
PARRENDBURG, WV 20102						
Enter the Return code for the return that this application is for (file	o a conara	ite application for each return)		0 4		
the return code for the return that this application is for this	e a sepaia	tte application for each return)				
Application	Return	Application		Return		
ls For	Code	Is For		Code		
Form 990	01		March In.			
Form 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		
STOP! Do not complete Part II if you were not already granted			sly filed Form 8868.			
		RSONS & BAYLOUS	מת זות אר	101		
• The books are in the care of \searrow 412 MARKET STRI	EET,		RG, WV - 261	101		
Telephone No. ► (304)428-8091 • If the organization does not have an office or place of business	a va eba l le	FAX No				
 If this is for a Group Return, enter the organization's four digit. 			s is for the whole group of	heck this		
box . If it is for part of the group, check this box	3	ich a list with the names and ElNs of all				
		BER 15, 2011.				
5 For calendar year 2010, or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months, c			Final return			
Change in accounting period						
7 State in detail why you need the extension						
LEONARD A HARVEY PASSED AWAY C						
HARVEY, DIED SEPTEMBER 4, 2002. ADDITIONAL TIME IS NEEDED TO OBTAIN						
THE PROPER RECORDS NECESSARY			CURATE RETURN	1.		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		•		
nonrefundable credits. See instructions.				0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			-			
tax payments made include any prior year overpayment alle	owed as a	credit and any amount paid	<u> </u>	0		
previously with Form 8868			8b \$	0.		
c Balance due. Subtract line 8b from line 8a. Include four pa EFTPS (Electronic Federal Tax Payment System) See instru		mis form, if required, by using	8c \$	0.		
EFTPS (Electronic Federal Tax Payment System) See Instru	ture an	d Verification	oc 5	<u> </u>		
Under penalties of perjury, I declare that I have examined this form, including			hest of my knowledge and h	elief.		
it is true, correct, and complete, and that I am authorized to prepare this for	rm.		/ 1	J		
Signature A. Costn Title		-PA	Date > 8/10/1/			
			Form 8868 (R	ev. 1-2011)		