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form 990-PF

Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052 2010

Intern	al Rever	nue Service	Note. The	foundation may be able to use a co	py of this return to satisfy	state reportin	g requirements		
			tax year beginning		, 2010,	and endi	ng		, 20
GC	heck a	all that apply	Initial return	Initial ret	urn of a former public			Final return	
			Amended retu	ırn Addr	ess change	Name	change		
Na	me of fou	undation					A Employer id	entification number	
HE	ELEN	W POFFENBAR	GER AND PERRY	S POFFENBARGER FOU	J		55-0694	974	
Nu	mber and	d street (or P O box nu	umber if mail is not deliver	red to street address)	F	Room/suite	B Telephone r	number (see page 10 of the	e instructions)
_12	200 L	aidley Tower	r				(304)34	11-3924	
Cit	y or town	n, state, and ZIP code					C If exemption	n application is pending, c	heck here
Cl	narle	ston, WV 25					-	organizations, check here	•••••
нС	heck t	ype of organization	on X Se	ection 501(c)(3) exempt priv	ate foundation		2. Foreign check h	organizations meeting the ere and attach computation	85% test,
	Section	on 4947(a)(1) non	exempt charitable ti	rust Other t	axable private founda	ation	E If onvate fo	oundation status was termi	nated under
I F	air ma	rket value of all as	ssets at	J Accounting method	X Cash	Accrual	section 50	7(b)(1)(A), check here	
е	nd of y	ear (from Part II,	col (c),	Other (specify)			E If the found	tation is in a 60-month terr	nination
lı	ne 16)	▶\$	1,784,386	(Part I, column (d) must b	e on cash basis)		under sect	fation is in a 60-month tem ion 507(b)(1)(B), check he	re · · · · · •
Pa	rt L	Analysis of	Revenue and E	xpenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns	(b), (c), and (d) may not n	есеssaлly equal	expenses per		i investment ncome	(c) Adjusted net income	for chantable purposes
			nn (a) (see page 11 of the		books			#166111G	(cash basis only)
	1	Contributions, gif	ts, grants, etc , rece	eived (attach schedule)		_	*347		4.37.
			the foundation is not re		*				
	3	Interest on saving	gs and temporary ca	ash investments • • • •	58,99	5	5		
	4	Dividends and in	vidends and interest from securities · · · · · · · · · ·			2	58,992		
	5a							<u> </u>	
R		Net rental income	· · · ·		<u>`</u>	<u></u>			* * ***
е	6a	Net gain or (loss)) from sale of assets	not on line 10 · · · ·	(5,83		, 1 × , 1		
v e	b	•	all assets on line 6a 🛒 🚄		****			<. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
n	7		income (from Part IV	/, line, 2) • • • • • • •		* >			***************************************
u e	8	Net short-term ca		/ - (3)	<u>````````</u>				<u> </u>
-	9	Income modifica	tions	j	**************************************	3 1	- *: ': ': '	Apriles 2 m	****
	10a	Gross sales less retufi	ns and allowances	· · · · · · · · · · · · · · · · · · ·	` '',' '	 ` , - 		7	
	b	Less Cost of go	ods soldi.					- ¥.	** ** *
	С	•	oss) (attach schedul				<u> </u>		* * * * * * * * * * * * * * * * * * * *
	11		ttach schedule)	STM106	8,80		8,316		****
	12	Total. Add lines			61,96	^	67,313		5.6 1
	13	•	•	trustees, etc · · · · ·		-			
Ą	14		•			+			
d	15		mployee benefits			 - -		-	
i	16a		ch schedule) · · · ·	SIMICO	1,47	5	1,475		
, Oi	"	-	(attach schedule)	SIMIUS	14,86		14,868		
ps et		•	al fees (attach sche		14,80	1			
r r a a	17			STM110		+		-	+
ţţ	18 19			4 of the instructions) • • depletion • • • • • • •		-	. .	 	25
n v	۱			repletion		-	 	-	
ge	24								
аE						1	21		
d P	امما	-	(attach schedule)	SIMIUS	20		209	·	
¯e n	123	•	and administrative			+		-	
s e	24				16,57	3	16,573		0
S	25				62,43			* * * * * * * * * * * * * * * * * * *	62,436
	26			ts. Add lines 24 and 25 •	79,00		16,573	*	62,436
	27	Subtract line 26		D	,,,,	+	,_,	, 1	*
	21 a			and disbursements · ·	(17,04	13). • •		The same of the same	4 - 2 - 2
	b		income (if negative			+	50,740		* , , **
	C		come (if negative, e		,	1.	, , , , , , , , , , , , , , , , , ,		d
For				nge 30 of the instructions.	·		EEA	<u>. </u>	Form 990-PF (2010)

[B	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	E	nd of	year
Part II	should be for end-of-year amounts only (See Instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·				
2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	15,297	8,8	66	8,866
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			ŀ	
	disqualified persons (attach schedule) (see page 15 of the				
A	instructions) · · · · · · · · · · · · · · · · · · STM156	156,784	149,6	57	149,657
s 7	Other notes and loans receivable (attach schedule)	a decide de la			
e	Less allowance for doubtful accounts ▶				
t 8	Inventories for sale or use · · · · · · · · · · · · · · · · · · ·		-		
s 9	Prepaid expenses and deferred charges · · · · · · · · · · · ·				
10a	Investments - U S and state government obligations (attach schedule)				
b	n Investments - corporate stock (attach schedule) · · · · STM137	1,291,590	1,286,6	83	1,625,863
c	: Investments - corporate bonds (attach schedule) · · · · · · · · [
11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule) · · · · · · · · · · · · · · ·				
14	Land, buildings, and equipment basis ▶				· · · · · · · · · · · · · · · · · · ·
	Less accumulated depreciation (attach schedule)				
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers - see the				
	instructions Also, see page 1, item i) · · · · · · · · · · · · · · · · · ·	1,463,671	1,445,2	06	1,784,386
L 17	Accounts payable and accrued expenses				
a 18	Grants payable · · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
þ 19	Deferred revenue • • • • • • • • • • • • • • • • • • •				***
20	Loans from officers, directors, trustees, and other disqualified persons				•
t 21	Mortgages and other notes payable (attach schedule) • • • • • • •				·
i 22	Other liabilities (describe ▶)				<i>.</i>
s 23	Total liabilities (add lines 17 through 22) · · · · · · · · · · ·	0		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Foundations that follow SFAS 117, check here · · · · · ▶ X and complete lines 24 through 26 and lines 30 and 31.				
N F 24	Unrestricted · · · · · · · · · · · · · · · · · · ·	1,463,671	1,445,2	06	\$
e u t n 25	Temporarily restricted • • • • • • • • • • • • • • • • • • •				
d 26	Permanently restricted · · · · · · · · · · · · · · · · · · ·				
A	Foundations that do not follow SFAS 117, check here · · ▶				
s в	and complete lines 27 through 31.			,	** · //
s a 27	Capital stock, trust principal, or current funds				, ,,,
t a 28	Paid-in or capital surplus, or land, bldg , and equipment fund ••••				
S n 29	Retained earnings, accumulated income, endowment, or other funds				
c e 30	· · · ·				**
° s	instructions) · · · · · · · · · · · · · · · · · · ·	1,463,671	1,445,2	06	*
31	Total liabilities and net assets/fund balances (see page 17				1
	of the instructions) _ · · · · · · · · · · · · · · · · · ·	1,463,671	1,445,2	06	
Part I	Analysis of Changes in Net Assets or Fund Balance at net assets or fund balances at beginning of year - Part II, column (a), lir				
end	I-of-year figure reported on prior year's return)			1	1,463,671
2 Fnt	er amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·			2	(17,043
	er amount from Part I, line 27a er increases not included in line 2 (itemize) STM115		}	3	(1,422
	I lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·			4	1,445,206
	creases not included in line 2 (itemize) ▶		ŀ	5	
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30 · · ·		6	1,445,206

Form 990-PF (2010)

Part IV Capital Gains a	and Losses for Tax on Inves	tment Income			
	the kind(s) of property sold (e.g., real estate, buse, or common stock 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
a					
b					
<u>c</u>		- .			
<u>d</u>					
e					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense			Gain or (loss) s (f) minus (g)
a					
b					
C					
d		·			
e			40/04/00		
Complete only for assets sno	wing gain in column (h) and owned by	y the foundation of	1 12/31/09		(Col (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col (j),			ot less than -0-) or (from col (h))
a					
b				ļ	
<u>c</u>				ļ	
d					
e		o enter in Part I, lir	<u>-</u>		
or optional use by domestic pri section 4940(d)(2) applies, leav as the foundation liable for the	section 4942 tax on the distributable	on 4940(a) tax on n amount of any yea	et investment ind	come)	Yes X
	qualify under section 4940(e) Do not				
	t in each column for each year, see p	age 18 of the instri	uctions before m	Taking any entries	(d)
(a) Base penod years	(b) Adjusted qualifying distributions	Net value of no	(c) onchantable-use asse		Distribution ratio
Calendar year (or tax year beginning in 2009	134,5		1,545,	(40)	b) divided by col (c)) 0.087061
2008	133,2		2,018,		0.066011
2007	75,6		2,149,		0.035205
2006	47,7		1,616,		0.029517
2005	41,7	84	296,	823	0.140771
Total of line 1, column (d) -				2	0.358564
-	the 5-year base period - divide the to on has been in existence if less than			3	0.071713
Enter the net value of noncha	aritable-use assets for 2010 from Par	t X, line 5		4	1,600,75
					114,79
	ncome (1% of Part I, line 27b) - • • •				50
					115,30
	from Part XII, line 4				62,43
	than line 7, check the box in Part VI,				

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructi	ons)			
	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			1	,015		
	here and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			۰, ۰			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)	İ					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) - 2				0		
3	Add lines 1 and 2 3			1	,015		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) • 4				0		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- · · · · · · · · 5		•	1	,015		
6	Credits/Payments	*<					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 · · 6a 955		<	733			
b	Exempt foreign organizations - tax withheld at source · · · · · · · · · 6b		. *		*		
С	Tax paid with application for extension of time to file (Form 8868) · · · · · 6c 60	(*	2.	177	^ *		
d	Backup withholding erroneously withheld 6d			* ·			
7	Total credits and payments Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·			1	,015		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached · · · · · 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed · · · · · · · · · ▶ 9						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid · · · · · · · • • 10						
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11						
Pai	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		٠,	Yes	No		
	participate or intervene in any political campaign? • • • • • • • • • • • • • • • • • • •	••	1a		X		
þ							
	of the instructions for definition)? • • • • • • • • • • • • • • • • • • •	•••	1b		Х		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	[():		% : :		
	published or distributed by the foundation in connection with the activities	ľ					
С	Did the foundation file Form 1120-POL for this year?	•••	1c		X		
d	A TABLE AND ALL AND AL						
	(1) On the foundation \$\bigs\\$ \text{(2) On foundation managers} \bigs\\$ \text{\$\left[\text{\tinite\text{\tetx{\text{\texi{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{	.		. cê	" , , 8		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				. *		
	on foundation managers \$	ŀ		ď.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•	2	300	X		
	If "Yes," attach a detailed description of the activities	ĺ		⟨~,	**,*		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	İ					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes • • • • • •	•	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •		4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	•	4b		37		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5	ř.X	X		
_	If "Yes," attach the statement required by General Instruction T	ľ	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		** \$		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or		* '."	À 14			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		ŀ		ž. š-		
	conflict with the state law remain in the governing instrument?		6	· ·	·		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	`	7	X			
7	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	•		~ .			
8a	instructions) WV		~ %+ ~ ^>-	~			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				× ×		
þ	(or designate) of each state as required by General Instruction G? If "No," attach explanation ••••••••••••••••••••••••••••••••••••		8b	X	شكد تا		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		; č3				
7	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	j		Tank a			
	27)? If "Yes," complete Part XIV · · · · · · · · · · · · · · · · · · ·		9		Х		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses · · · · · · · · · · · · · · · · ·		10		Х		
			لمنس				

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, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? • • • •

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?

3b

Form 990-PF (2010) HELEN W POFFENBARGER	AND E	PERRY S PC	FFENB.	ARGER FO	UN		55-0694	974	Pa	age 6
Part VII-B Statements Regarding Activitie	s for V	hich Form	4720	May Be F	Require	ed (co	ntınued)			
5a During the year did the foundation pay or incur any a	mount to)		•			_			
(1) Carry on propaganda, or otherwise attempt to inf	luence le	egislation (sec	tion 494	5(e))? · ·	• • • [Yes	X No	ŀ		
(2) Influence the outcome of any specific public elec-	tion (see	section 4955), or to c	arry on,				ŀ		
directly or indirectly, any voter registration drive?					• • • [Yes	X No			
(3) Provide a grant to an individual for travel, study,	or other:	sımılar purpos	es?··		• • • [Yes	X No	İ		Ì
(4) Provide a grant to an organization other than a c	haritable	, etc , organiz	ation des	scribed in	_		_			į
section 509(a)(1), (2), or (3), or section 4940(d)(2)					[Yes	X No	İ		
(5) Provide for any purpose other than religious, cha							_			
purposes, or for the prevention of cruelty to child						Yes	X No	1		
b If any answer is "Yes" to 5a(1)-(5), did any of the train					s descri	bed in				
Regulations section 53 4945 or in a current notice re)?	5b		/
Organizations relying on a current notice regarding d							• ▶ □	3.	.,	
c If the answer is "Yes" to question 5a(4), does the four							٠ ــــ	"		
because it maintained expenditure responsibility for the						Yes	No			
If "Yes," attach the statement required by Regulation					t					
6a Did the foundation, during the year, receive any fund				remiims						i
on a personal benefit contract? • • • • • • • • • •					1	Yes	X No			ĺ
b Did the foundation, during the year, pay premiums, o					ontract?		<u> </u>	6b		X
If "Yes" to 6b, file Form 8870	incomy of	mancony, on	a perso	nai benene e	Ontidot					
7a At any time during the tax year, was the foundation a	nady to	a prohibited t	av chalte	ar transactio	n2 .	Voc	X No			1
and the second of the second o								7b	-	
							v Daid			
Part VIII Information About Officers, Dire	ctors,	i rustees,	rouna	ation ivia	nagers	, nigili	y Paid	Embio	yees,	,
and Contractors 1 List all officers, directors, trustees, foundation mar		nd their com	nonosti	on /coo nad	o 22 of 1	ho inetr	uctions)			
								(-) F		
(a) Name and address	(b) Title hour	e, and average s per week	(c) Co (If not)	mpensation paid, enter	(d) emplo	Contribution yee benefit	ns to plans		ense acco	
(a) Name and address	(b) Title hour devote	e, and average s per week d to position	(c) Co (If not)	mpensation	(d) emplo	Contribution	ns to plans			
(a) Name and address Richard Lehman	(b) Title hour	e, and average s per week d to position	(c) Co (If not)	mpensation paid, enter -0-)	(d) emplo	Contribution yee benefit	ns to plans ensation			es
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301	(b) Title hour devote Advis	e, and average s per week d to position or	(c) Co (If not)	mpensation paid, enter	(d) emplo	Contribution yee benefit	ns to plans			
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins	(b) Title hour devote	e, and average s per week d to position or 1	(c) Co (If not)	mpensation paid, enter -0-)	(d) emplo	Contribution yee benefit	ns to plans ensation			
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301	(b) Title hour devote Advise Truste	e, and average s per week d to position 1 ee 1	(c) Co (If not)	mpensation paid, enter -0-)	(d) emplo	Contribution yee benefit	ns to plans ensation			es
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger	(b) Title hour devote Advis	e, and average s per week d to position or 1	(c) Co (If not)	mpensation paid, enter -0-)	(d) emplo	Contribution yee benefit	ns to plans ensation			0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301	(b) Title hour devote Advise Truste	e, and average s per week d to position 1 ee 1	(c) Co (If not)	mpensation paid, enter -0-)	(d) emplo	Contribution yee benefit	ns to plans ensation			
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger	(b) Title hour devote Advise Truste	e, and average s per week d to position or 1	(c) Co (If not)	mpensation paid, enter -0-)	(d) emplo	Contribution yee benefit	ns to plans ensation			0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1	(c) Co (ff not p	ompensation paid, enter -0-) O	(d) emplo and defe	Contribution yee benefit erred compe	ons to plans ensation O O	other a		0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1	(c) Co (ff not p	ompensation paid, enter -0-) O	(d) emplo and defe	Contribution yee benefit erred compe	ons to plans ensation O O	other a		0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1	(c) Co (ff not p	ompensation paid, enter -0-) O	(d) emplo and defe	Contribution yee benefit erred compe	ons to plans ensation O O	other a		0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE."	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1	(c) Co (if not)	ompensation paid, enter -0-) 0 0 0 one 1 - see pa	(d) emploi and defe	Contribution yee benefit in the installation of the installation (d) Contribution (d) Contr	ons to plans ensation O O tructions	other a	allowance	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:		0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include	(c) Co (ff not)	ompensation paid, enter -0-) 0 0 0 one 1 - see pa	(d) emploi and defe	f the ins: (d) Contribution	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE."	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) 0 0 0 one 1 - see pa	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour devote Advise Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w	(c) Co (ff not)	ompensation paid, enter -0-) O O o o o o o o o o o o o	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0
(a) Name and address Richard Lehman 1200 Laidley Tower, WV 25301 Leonard Higgins 300 Security Building, WV 25301 John Poffenbarger 213 Hale Street, WV 25301 2 Compensation of five highest-paid employees (oth If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title hour hour devote Advisor Trust	e, and average s per week d to position or 1 ee 1 those include (b) Title, and a hours per w devoted to position or 1 those include (c) Title, and a hours per w devoted to position or 1 those include (c) those include (d) those include (e) those	d on lin	ompensation paid, enter O-) O O (c) Compe	(d) emploi and defe	Contribution yee benefit irred compe f the insi (d) Contri employee plans and	ons to plans ensation O O tructions buttons to e benefit deferred	other:	ense acco	0 0 0

Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services (see page	23 of the instructions). If non-	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
Total number of others receiving over \$50,000 for professional services · · · · · ·		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information of the foundation of the founda	nation such as the number of	Expenses
organizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 Supports students in financial need who elect a		
non-college degree education path such as vocational		
or technical training.		62,436
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 2	4 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar		Amount
1		
2		
All other program-related investments See page 24 of the instructions		
3		
		1

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Form	990-PF (2010) HELEN W POFFENBARGER AND PERRY S POFFENBARGER FOUN	55-0694974	Page 8
Pai	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations,	
	see page 24 of the instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	5 S	
•	purposes		
а	Average monthly fair market value of securities		451,422
b	Average of monthly cash balances · · · · · · · · · · · · · · · · · · ·	1b	24,056
С	Fair market value of all other assets (see page 25 of the instructions) • • • • • • • • • • • • • • • • • • •	1c	149,657
d	Total (add lines 1a, b, and c) · · · · · · · · · · · · · · · · · ·		625,135
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) · · · · · · · · · · · · · · · · · · le] <u>.3.24</u>	
2	Acquisition indebtedness applicable to line 1 assets • • • • • • • • • • • • • • • • • • •	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3 1,	625,135
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	24,377
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · ·	5 1,	600,758
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	80,038
Pa	TXI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6 · · · · · · · · · · · · · · · · · ·	1	80,038
2a	Tax on investment income for 2010 from Part VI, line 5 · · · · · · · 2a 1, 015	**************************************	
b	Income tax for 2010 (This does not include the tax from Part VI) • • • • 2b		
С	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	1,015
3	Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	79,023
4	Recoveries of amounts treated as qualifying distributions • • • • • • • • • • • • • • • • • • •	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	79,023
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	79,023
		<u>.+</u> .	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	62,436
b	Program-related investments - total from Part IX-B · · · · · · · · · · · · · · · · · · ·	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes · · · · · · · · · · · · · · · · · ·	2	
3	Amounts set aside for specific charitable projects that satisfy the	ANG .	
a	Suitability test (prior IRS approval required) · · · · · · · · · · · · · · · · · · ·	3a	
b	Cash distribution test (attach the required schedule) • • • • • • • • • • • • • • • • • • •	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 •	4	62,436
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<u> </u>
-	Enter 1% of Part I, line 27b (see page 26 of the instructions) • • • • • • • • • • • • • • • • • • •	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4 · · · · · · · · · · · · · · · · · ·	6	62,436
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whethe	r the foundation	

Par	t XIII Undistributed Income (see page 26	of the instructions)		· · · · · · · · · · · · · · · · · · ·	
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
•	line 7 · · · · · · · · · · · · · · · · · ·	00.600	Today prior to 2000		79,023
•	- ·				13,023
2	Undistributed income, if any, as of the end of 2010 Enter amount for 2009 only				
a	Total for awar woord				
b	Total for prior years,,				
3	Excess distributions carryover, if any, to 2010				
a	From 2005 • • • • • • • •				
þ	From 2006 · · · · · · · ·				
С	From 2007 · · · · · · · ·				
d	From 2008 • • • • • • • • • • • • • • • • • •				
е	From 2009 · · · · · · 47,141				
f	Total of lines 3a through e	47,141			
4	Qualifying distributions for 2010 from Part XII,		,		
	line 4 > \$ 62,436	!	*		
а	Applied to 2009, but not more than line 2a · · ·				
b	Applied to undistributed income of prior years			,	
	(Election required - see page 26 of the instructions)	·		٠.	
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions) • • •				
d	Applied to 2010 distributable amount · · · · ·		<i>***</i> *********************************	· '�	62,43
е	Remaining amount distributed out of corpus • • •				
5	Excess distributions carryover applied to 2010 •	16,587		*	16,58
	(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:		,	, ", ", ", ",	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5 -	30,554			
b	Prior years' undistributed income Subtract	,			
	line 4b from line 2b • • • • • • • • • • • • • • • • • •			š 5	
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			, %	
	been issued, or on which the section 4942(a)				*
	tax has been previously assessed · · · · · ·				
d	Subtract line 6c from line 6b Taxable	*		į.	, ,
	amount - see page 27 of the instructions · · · ·				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page		,		
	27 of the instructions • • • • • • • • • • • • • • • • • • •		,		
f	Undistributed income for 2010 Subtract lines	· · · · · · · · · · · · · · · · · · ·			
	4d and 5 from line 1. This amount must be	*	ì	*	
	distributed in 2011				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				*
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · · · · ·				
8	Excess distributions carryover from 2005 not		-		*
	applied on line 5 or line 7 (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · · · · ·				
9	Excess distributions carryover to 2011.				
J	Subtract lines 7 and 8 from line 6a · · · · · ·	30,554			
10	Analysis of line 9	·			
а	Excess from 2006 · · · · ·				
a b	Excess from 2007 · · · ·	1			
-	Excess from 2008 · · · ·	1			
d	Excess from 2009 30,554	1			1
u	Excess from 2010	†			1

Part	XIV Private Operating Foun	dations (see page	27 of the instructions	and Part VII-A, question	on 9)	
1a	If the foundation has received a ruling of	or determination letter	that it is a private ope	ratıng	1	·-···
ıa	foundation, and the ruling is effective for					
					1042(1)(3) or 1 4	1042(1)(5)
ь	Check box to indicate whether the foun		rating foundation desc		4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	····	(e) Total
	investment return from Part X for	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	each year listed					
b	85% of line 2a • • • • • • • • •					
С	Qualifying distributions from Part XII,					
•	line 4 for each year listed · · · ·					
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
е	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets - · · · ·					<u> </u>
	(2) Value of assets qualifying under					
L	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					
С	"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 · · ·					
	· ·			-		
F= .	(4) Gross investment income · · ·			<u> </u>	A5 000	
Part					55,000 or more i	n assets at
	any time during the yea		t the instructions	5.)		
1	Information Regarding Foundation		and then 20/ of the tes	al aantebutana saasuu	ad by the foundation	
а	List any managers of the foundation w before the close of any tax year (but or	no nave contributed m	uted more than \$5.00	al contributions received)) (See section 507(d)	(2))	
	before the close of any tax year (but of	my ir arey mave commis		o) (000 000 00. (u)	ν-/ /	
b	List any managers of the foundation w	ho own 10% or more of	of the stock of a corpo	ration (or an equally la	rge portion of the	
	ownership of a partnership or other en	tity) of which the found	lation has a 10% or gr	eater interest		
2	Information Regarding Contribution	, Grant, Gift, Loan. S	cholarship, etc., Pro	grams:		
	Check here ▶ ☐ If the foundation on				does not accept	
	unsolicited requests for funds. If the fo	•	•	•	•	
	organizations under other conditions, o			20 of the manachema,	to marriadalo oi	
	The name, address, and telephone nu			ould be addressed		
а	990APP	iniber of the person to	whom applications sh	ould be addressed		
	990APP					
	The form of the board of the first	المراجع المستشهر المساور والمساور والمساور والمساور والمساور والمساور والمساور والمساور والمساور والمساور	rmotion and materials	thou should resture		
b	The form in which applications should	be submitted and into	imation and materials	they should include		
С	Any submission deadlines					
d	Any restrictions or limitations on award	ds, such as by geograp	phical areas, charitable	e fields, kinds of institu	tions, or other	
	factors					

Page 11

Part XV Supplementary Information (continued)

Recipie	ent		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (h	nome or	business)	or substantial contributor	recipient			
a Paid during the year					l i		
Daymark					Repairs for		
1598C Washington Ave					education teachin		
Charleston	WV	25311	N/A	Paid	purposes.	19,000	
Pam Reed					certification		
405 Fayette Pike				1	course to teach		
Montgomery	WV	25136	N/A	Paid	students.	561	
University of Charle	ston				establish annual		
2300 MacCorkle Ave S	E				designated		
Charleston	WV	25304	N/A	Paid	scholarship fund.	14,000	
Garnet Career Center					Rosetta Stone		
422 Dickinson Street					language program		
Charleston	WV	25301	N/A	Paid	to help learning.	6,000	
Carver Career Center					Help with		
4799 Midland Drive					transportation of		
Charleston	WV	25301	n/A	Paid	students to class	3,000	
East Academy High Sc	hool				Fund incentive		
1500 Greenbrier Stre					program for		
Charleston	WV	25311	N/A	Paid	students	2,000	
WV State University	Founda	tion			Funding for		
200 Erickson Alumni					students enroll		
Institute	WV	25112	N/A	Paid	in Nursing class	14,000	
RESA					Education CD's		
501 22nd Street					and computer		
Dunbar	WV	25064	N/A	Paid	programs for ed.	3,875	
Tatal		• • • • • •			3a	62,436	
b Approved for future payment					Ja	02,400	
Total · · · · · · · · ·				1	3b		

Part XVI-A Analysis of Income-Producing Analysis of Income-Producing Analysis of Income-Producing		ed business income	Excluded by sec	tion 512, 513, or 514	(e)
•					Related or exempt
•	(a)	(b)	(c)	(d)	function income (See page 28 of
1 Program service revenue	Business code	Amount	Exclusion code	Amount	the instructions)
a		· · ·			
b					
c			 		
d					
e			1		
			 		
g Fees and contracts from government agencies • •	<u> </u>				
			+		
2 Membership dues and assessments · · · · · · · ·	-				<u> </u>
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities · · · · · · ·	•				58,992
5 Net rental income or (loss) from real estate		ļ			
a Debt-financed property	_				
b Not debt-financed property · · · · · · · · · · ·					
6 Net rental income or (loss) from personal property • •					
7 Other investment income · · · · · · · · · · · · · · · · · · ·	•				
8 Gain or (loss) from sales of assets other than inventory	•				
9 Net income or (loss) from special events · · · · ·	•				
10 Gross profit or (loss) from sales of inventory · · · ·	•				
11 Other revenue a Interest on loan					8,286
b Non dividend distrib			<u> </u>		490
c Bad Check Fees			01	30	
d					
е					·
12 Subtotal Add columns (b), (d), and (e)		 	+	30	67,773
13 Total. Add line 12, columns (b), (d), and (e)				• • • • 13	67,803
(See worksheet in line 13 instructions on page 29 to verify of					•
Part XVI-B Relationship of Activities to the			empt Purpos	96	
Explain below how each activity for which in	ncome is rep	orted in column (e)	of Part XVI-A con	tributed importantly to	the
Line No. accomplishment of the foundation's exemp					
instructions)		• •	•		
					
		_			
				<u> </u>	
			 		

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

		L	Duilbat WV 2	-500/-	FFA	<u></u>	Form 990-PF (2010)
Use	Only	Firm's address	Dunbar WV 2		••	Phone no 304-766-:	1120
Prep		Firm's name	<u></u>	sociates CPAS PLLC	r	Firm's EIN	
	0 P C P	John Rowa	$\overline{}$	John Royar	own	_5/18/1/ self-employed	
Paid		Print/Type prepa	1	Preparer's signature)		1 1118
	Signa	ature of officer or tr		Propagat Signatura	Date	2-4-	PTIN
Here		n Poffenb	7	- Office	Data	Trustee	
Sign	1.		$/$ \vee NV	1V 1/1/1/0/	Y		
Cia-	belief, it i	maities of perjury, s true, correct, and	i declare triat i pave exami i complete Declaration of	red uits return, including accompan preparer (other than texpayer ar fidu	ying scriedules and ciary) is based on a	statements, and to the best of my knowledge Il information of which preparer has any know	/ledge
	Lucari		I dealers that I have	and thus solven updated a	una nahadulaa sad	statements, and to the best of my knowledge	and
	(6	a) Name of organi	zation	(b) Type of organizat	ion	(c) Description of relations	ship
b If	"Yes," c	omplete the fo	llowing schedule				
d	escribed	ın section 501	(c) of the Code (other	er than section 501(c)(3)) or	in section 527?	• • • • • • • • • • • • • • • • • • • •	Yes X No
				d with, or related to, one or			
	1						
	+			·-········		·····	
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	1						
(a) Line r	o (b) A	mount involved	(c) Name of none	chantable exempt organization	(d) Desc	enption of transfers, transactions, and shanng	аггапдетептв
va	lue in ar	y transaction	or sharing arrangem	ent, show in column (d) the	value of the god	ods, other assets, or services recei	ved
		-		-		ndation received less than fair mar	
		•				should always show the fair market	
	-						1c X
) Perfor	mance of serv	ices or membership	or fundraising solicitations			1b(6) X
(5) Loans	or loan guarar	ntees • • • • • •				1b(5) X
(4) Reimb	ursement arra	ngements · · · ·				1b(4) X
(3) Rental	of facilities, ed	quipment, or other as	ssets · · · · · · · · ·			1b(3) X
							1b(2) X
			noncharitable exemp	ot organization • • • • •			1b(1) X
•	ther trans						
(1	, Casii) Other:	assets					1a(2) X
							1a(1) X
	ganizatio		ting foundation to a r	noncharitable exempt organi	zation of		
			ode (other than sect	tion 501(c)(3) organizations)	or in section 52	27, relating to political	2 单级
				age in any of the following w	•	_	Yes No



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