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Form 990-PF

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

OMB No 1545 0052 2011

Department of the Treasury Internal Revenue Service

BAAYFor Paperwork Reduction Act Notice, see instructions.

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011, or tax year beginning , 2011, and ending Name of foundation Α Employer identification number STELLA FULLER SETTLEMENT, INC. 55-6000847 Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) PO BOX 97 (304) 634-9470City or town State ZIP code C If exemption application is pending, check here HUNTINGTON WV 25706-0097 Initial Return of a former public charity G Check all that apply Initial return D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation н Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Accounting method X Cash Fair market value of all assets at end of year (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) ▶ \$ 715,416. Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see instructions)) 2,199. Contributions, gifts, grants, etc, received (att sch) 2 Ck ► X if the foundn is not req to att Sch B Interest on savings and temporary 170 170 cash investments 19,835 19,835 Dividends and interest from securities 5a Gross rents b Net rental income 3,284 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all EVENU 762,977 Capital gain net income (from Part IV, line 2) 3,284. Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) INVESTMENT INCOME -12 -12 12 Total. Add lines 1 through 11 277 25,476. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) ADM-N-STRAT-VE 3,021 b Accounting fees (attach sch) L-16b Stmt Ó 3,021 O c Other prof fees (attach sch) 9 2012 S 17 Interest 145 362 Taxes (attach schedule)(see instrs) See Line 18 Stmt 362. Depreciation (attach OGDEN. sch) and depletion Occupancy 20 Travel, conferences, and meetings 21 EXPENSES Printing and publications 23 Other expenses (attach schedule) See Line 23 Stmt 1,016. 1,016. 24 Total operating and administrative <u>4</u>,399 expenses. Add lines 13 through 23 4,399. 18,000 Contributions, gifts, grants paid 18,000. Total expenses and disbursements. Add lines 24 and 25 22,399 22,399. Subtract line 26 from line 12: Excess of revenue over expenses 3,077 and disbursements 23,277. Net investment income (if negative, enter 0) C Adjusted net income (if negative, enter 0)

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TEEA0301

12/02/11

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30

6 711,782.

(Ba		e the kind(s) of property sold (e.g., i		(b) How acc	quired	(C) Date acquired	(d) Date sold
	2-story brick warehouse, or common stock, 200 shares MLC Company) P - Purch D - Dona				(month, day, year)	(month, day, year)	
1:	FEDL HOME LOAN MTG	CORP NOTE		P		01/08/10	01/18/11
	FEDL HOME LOAN MTG	CORP NOTE		P		01/25/10	01/18/11
	FEDL HOME LOAN MTG	CORP NOTE		P		01/19/10	01/18/11
	d FEDL HOME LOAN MTG	CORP NOTE		P		02/24/09	03/15/11
	e See Columns (a) thru (d)		,				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) m	inus (g)
	a 25,000.			,008.			
	20,000.			0,009.			<u>-9.</u>
	25,000.			009.	-		-9. -3.
	d 15,000. e See Columns (e) thru (h)			6,003. 1,664.			3,313.
		ng gain in column (h) and owned b	· ,	1,004.		40.040.1	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar			l) Gains (Colu ain minus column (k an -0-) or Losses (fr), but not less
	3						-8.
	<u> </u>						-9. -9.
	C						-3.
	s See Columns (i) thru (l)					·	3,313.
	Capital gain net income or (net	If gain, also	o enter in Part I, line 7 ter -0- in Part I, line 7		2		3,284.
3	Net short-term capital gain or (loss) as defined in sections 1222(5)		}			3,204.
<u></u>	ın Part I, line 8	8, column (c) (see instructions) If			3		3,410.
Pai	Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investme	nt Inco	me		
	es,' the foundation does not qual	tion 4942 tax on the distributable an ify under section 4940(e). Do not con n each column for each year, see th	mplete this part		es	Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(colu	(d) Distribution imn (b) divided	
	2010	8,838.	659	792.			0.013395
	2009	89,125.		,863.			0.176184
	2008	100,144.	506	,550.			0.197698
	2007	122,350.		,492.			0.239671
	2006	106,573.	522	,130.			0.204112
2	Total of line 1, column (d)				2		0.831060
3	Average distribution ratio for the number of years the foundation	e 5-year base period – divide the to has been in existence if less than !	otal on line 2 by 5, or by the 5 years		3		0.166212
4	Enter the net value of noncharit	table-use assets for 2011 from Part	X, line 5		4		699,389.
5	Multiply line 4 by line 3				5		116,247.
6	Enter 1% of net investment inco						
		ome (1% of Part I, line 27b)			6		233.
7	Add lines 5 and 6	ome (1% of Part I, line 27b)			7		
7	Add lines 5 and 6				7		116,480.
7 8	Enter qualifying distributions fro		line 1b, and complete that p	part using	7	tax rate. See the	116,480. 22,399.

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	structi	ons)		
1	a Exempt operating foundations described in section 4940(d)(2), check here	_			
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1			466.
	check here ► and enter 1% of Part I, line 27b				
1	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (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			466.
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			466.
6	Credits/Payments.	7.		-	
	a 2011 estimated tax pmts and 2010 overpayment credited to 2011 6a 363.	_	·` .		
1	Exempt foreign organizations — tax withheld at source 6b		-		
,	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
	d Backup withholding erroneously withheld 6d	1			
7	Total credits and payments Add lines 6a through 6d	7			363.
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			103.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0.
11	· · · · · · · · · · · · · · · · · · ·	11			
Pa	t VII-A Statements Regarding Activities				
				Yes	No
1 6	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a		X
	Did it spend more than \$100 during the year (other directly or indirectly) for neither a new con-				
,	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1ь	Ì	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	chod			
	or distributed by the foundation in connection with the activities.	sneu			1
	Did the foundation file Form 1120-POL for this year?		1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \$ (2) On foundation managers				1
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
_	foundation managers \$				v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> X</u>
	If 'Yes,' attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				١,,
_	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?		4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		4b		 ,,-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If 'Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that confl	lict			
_	with the state law remain in the governing instrument?		6	Х	├
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	_ X	<u> </u>
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			-	
	WV - West Virginia				
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		0.	v	
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	42(j)(5) _		J
	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)?	art XIV	/ 9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name	nes	, ,		J.
BAA	and addresses		10 Form 99	U-DE	<u> X</u> (2011)
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Part VII B: Statements Regarding Activit	ies for Which Form	n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	r any amount to		_ =		
(1) Carry on propaganda, or otherwise attempt	•	•	Yes X	No	
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ition drive?			No	
(3) Provide a grant to an individual for travel,			Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described ictions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to c a current notice regard	qualify under the except ling disaster assistance	ions	5b	
Organizations relying on a current notice rega	rding disaster assistanc	e check here	▶ ∐		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		Yes	No	
If 'Yes,' attach the statement required by Regu					
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	No 6b	x
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirect	lly, off a personal belief	it contract?	0.5	 ^
7a At any time during the tax year, was the found	lation a party to a prohi	bited tax shelter transac	ction? Yes X	No	
b If 'Yes,' did the foundation receive any procee	ds or have any net inco	me attributable to the tr	ansaction?	7 b	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manage	gers, Highly Paid E	Employees	,
and Contractors					
1 List all officers, directors, trustees, foundation				(-) [
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
JAMES MORGAN					
535 13TH AVENUE	PRESIDENT				
HUNTINGTON WV 25701	1.00	0.	0.		0.
CAROLYN AGEE	GD GT (TD D D C				
160 WOODLAND DRIVE HUNTINGTON WV 25705	SECT/TREAS	0.	0.		0.
	1.00				
ROBERT_AGEE 61 N. BRADLEY FOSTER DRIVE	BOARD MEMBER		•		
HUNTINGTON WV 25701	1.00	0.	0.		0.
See Information about Officers, Directors, Trustees, Etc	1.00				
		0.	0.		0.
2 Compensation of five highest-paid employee					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, wances
NONE					
0	-				
<u> </u>					
0					
0	_				
0					···
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	•		None
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	STELLA FULLER SETTLEMENT, INC.	55-60	
Part VIII Inform and Co	nation About Officers, Directors, Trustees, For contractors (continued)	undation Managers, Highly Paid I	Employees,
3 Five highest-pai	d independent contractors for professional services (see	instructions). If none, enter 'NONE.'	
	d address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		-	
		-	
		-	
		-	
Total number of others	s receiving over \$50,000 for professional services		None
Panta A Summ	ary of Direct Charitable Activities		
List the foundation's four lar organizations and other bene	gest direct charitable activities during the tax year. Include relevant statis ficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
	PPORT TO CHARITIES TO BENEFIT LOW IND & ELDERLY INDIVIDUALS.	NCOME,	
2			22,399.
3			
4			
PantilX_B. Summ	ary of Program-Related Investments (see inst	ructions)	
Describe the two large	est program-related investments made by the foundation of	furing the tax year on lines 1 and 2	Amount
1			
2			
All other program-rela	ted investments. See instructions		
Total. Add lines 1 throu	ugh 3		
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Minimum Investment Return (All domestic foundations must complete the see instructions.)	nis part. Foreign f	oundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purp	oses.	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purp a Average monthly fair market value of securities		574,924.
b Average of monthly cash balances	1b	<u>135,11</u> 6.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	710,040.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	710,040.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	10,651.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line	4 5	699,389.
6 Minimum investment return. Enter 5% of line 5	6	34,969.
Partix Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) partial and certain foreign organizations check here ► and do not complete t		oundations
1 Minimum investment return from Part X, line 6	1	34,969.
2a Tax on investment income for 2011 from Part VI, line 5	466.	
b Income tax for 2011 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	466.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	34,503.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	34,503.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	34,503.
Rant XIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:	1 mg	
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1 a	22,399.
b Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purp		
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII,	, line 4 4	22,399.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	me 5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	22,399.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				34,503.
2 Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only			0.	
b Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2011				
a From 2006 80,968.				
b From 2007 122, 595.				
c From 2008 50,002.				
d From 2009 66,135.			}	
e From 2010 0.				
f Total of lines 3a through e	319,700.			
4 Qualifying distributions for 2011 from Part				
XII, line 4 • \$ 22,399.	• •			
a Applied to 2010, but not more than line 2a	~ .			
 b Applied to undistributed income of prior years (Election required – see instructions) 				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2011 distributable amount				22,399.
e Remaining amount distributed out of corpus	0.			····
5 Excess distributions carryover applied to 2011	12,104.			12,104.
(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:	307,596.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	307,390.			·
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011 Subtract lines		•		
4d and 5 from line 1. This amount must be distributed in 2012.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	68,864.			
9 Excess distributions carryover to 2012.	ļ			
Subtract lines 7 and 8 from line 6a	238,732.			
10 Analysis of line 9				
a Excess from 2007 122,595.				
b Excess from 2008 50,002.				
c Excess from 2009 66,135.				
d Excess from 2010 0.			,	
e Excess from 2011 0.				Form 900 PF (2011)

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Part XIV Private Operating Foundation					N/A
la If the foundation has received a ruling or consequence is effective for 2011, enter the date of the	ruling			▶ [
b Check box to indicate whether the foundation		rating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1.0010	Prior 3 years	4 12 0000	
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed			-		<u></u>
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter·					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the o	organization ha	d \$5,000 or more	e in
		Structions.)			
Information Regarding Foundation Manag a List any managers of the foundation who h close of any tax year (but only if they have NONE	ave contributed mo	ore than 2% of the to than \$5,000) (See s	ital contributions rec ection 507(d)(2).)	ceived by the founda	tion before the
b List any managers of the foundation who o	wn 10% or more o	f the stock of a corpo	oration (or an equal	ly large portion of the	e ownership of
a partnership or other entity) of which the f	oundation has a 10)% or greater interes	st	,g. p	, , , , , ,
2 Information Regarding Contribution, Gran Check here □ If the foundation only m requests for funds If the foundation makes complete items 2a, b, c, and d	akes contributions	to preselected chari	table organizations		
a The name, address, and telephone number BOARD OF DIRECTORS, STELLA	•		ould be addressed.		
PO BOX 97	TODDBK ODI	indiani, inc.			
HUNTINGTON	WV 2570	6-0097 (304	4) 523-6120		
b The form in which applications should be s VARIOUS	ubmitted and inform	mation and materials	they should includ	е	
c Any submission deadlines. N/A					
d Any restrictions or limitations on awards, so NONE	uch as by geograpi	nical areas, charitabl	e fields, kinds of in	stitutions, or other fa	actors
	 -	· · · · · · · · · · · · · · · · · · ·			

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year ASSISTANCE TO NEW BAPTIST CHURCH 610 28TH STREET NEEDY INDIVIDUALS HUNTINGTON WV 25702 AND FAMILIES. 3,000. THE SALVATION ARMY ASSISTANCE TO PO BOX 938 NEEDY INDIVIDUALS HUNTINGTON WV 25712 AND FAMILIES. 5,000. CRIDLIN FOOD & CLOTHING PANTRY ASSISTANCE TO 520 11TH STREET NEEDY INDIVIDUALS 7,000. WV 25701 AND FAMILIES. HUNTINGTON ASSISTANCE TO CRICKETS KIDS, INC. 2310 ADAMS AVENUE NEEDY INDIVIDUALS HUNTINGTON WV 25704 AND FAMILIES. 3,000. 3 a 18,000. Total **b** Approved for future payment 3 b **Total**

Part XVI-A Analysis of Income-Producing Activities

Enter ares	s amounts unless otherwise indicated.	Unrelate	d business income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
		<u> </u>		Code		
a		 		 -		···
		 		+		
d				+	-	
				 		
f		 		 		
a Fees	and contracts from government agencies			 		
-	bership dues and assessments	l — — — †		 		
	st on savings and temporary cash investments	·		14	170.	
	lends and interest from securities			14	19,835.	
	rental income or (loss) from real estate			11		
	-financed property					
	debt-financed property					
	ental income or (loss) from personal property					
	r investment income	 		14	-12.	
	or (loss) from sales of assets other than inventory	<u> </u>		18	3,284.	
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					
	r revenue.					
а						
b				1	-	
е		1				
e	otal, Add columns (b), (d), and (e)				23,277.	
e	otal. Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e)				23,277.	
e	otal. Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculatio	ns)				23,277.
e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation		chmont of Evomr	at Purpose	13	
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e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accompli			13 _ es	23,277.
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e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accompli			13 _ es	23,277.
e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accompli			13 _ es	23,277.
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e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accompli			13 _ es	23,277.
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e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accompli			13 _ es	23,277.
e	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accompli			13 _ es	23,277.

Form 990-PF (2011) STELLA FULLER SETTLEMENT, INC. 55-6000847 Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			T = T		
de	d the organization directly or indirect scribed in section 501(c) of the Cod lating to political organizations?	tly engage in any of the following with any other organization e (other than section 501(c)(3) organizations) or in section 527,		Yes	No
a Tr	ansfers from the reporting foundatio	n to a noncharitable exempt organization of			
(1)	Cash		1 a (1)		<u>x</u>
(2)	Other assets		1 a (2)		Х
b Of	her transactions [.]			_	
(1)	Sales of assets to a noncharitable	exempt organization	1 b (1)		X
(2)	Purchases of assets from a nonch	aritable exempt organization	1 b (2)		X
(3)	Rental of facilities, equipment, or	other assets	1 b (3)		_X
(4)	Reimbursement arrangements		1b(4)		X
(5)	Loans or loan guarantees		1 b (5)		X
(6)	Performance of services or memb	ership or fundraising solicitations	1 b (6)		X
c St	arıng of facılıtıes, equipment, mailir	ng lists, other assets, or paid employees	1c		X
the	e goods, other assets, or services or	es,' complete the following schedule. Column (b) should always show the fair moven by the reporting foundation. If the foundation received less than fair market at, show in column (d) the value of the goods, other assets, or services received	t value in	of	
(a) Line	no (b) Amount involved (c) N	ame of noncharitable exempt organization (d) Description of transfers, transactions, and	sharing arrano	gement	:s
				_	
	_	<u></u>			
				_	
	the foundation directly or indirectly a scribed in section 501(c) of the Code Yes,' complete the following schedu	affiliated with, or related to, one or more tax-exempt organizations e (other than section 501(c)(3)) or in section 527?	Yes	X	No
	(a) Name of organization	(b) Type of organization (c) Description of rela	ationship		
				_	
	<u></u>				
12	Inder penalties of perjury, I declare that I have persent and complete. Declaration of preparer (examined this return, including accompanying schedules and statements, and to the best of my knowledg other than taxpayer) is based on all information of which preparer has any knowledge	e and belief, it	is true,	
Sign Here	> XXXVIVIORX	Du 11/15/12 President	May the IR this return preparer st	S discu with the	uss e elow
	Signature of officer or trustee	Date Title	- (see instru- X y	res [ĺ No
	Print/Type preparer's name	Preparer's signature Date Check If	PTIN	1	
Paid	DANIEL J. WARE, CP		P010597	760	
		D HALL PLLC Firm's EIN > 55-0			
Prepar	·	OX 819			
Use Or	HUNTING) 525-7	202	
BAA			Form 990		2011
-			1 01111 330	-i - (4	_011)

Form 990-PF, Page 1, Part I, Line 18 Line`18 Stmt

`Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc_	Charity Disb
PAYROLL TAXES	127.			127.
EXCISE TAX	235.			235.

Total _____362. ____362.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
INSURANCE	621.			621.
LICENSES	25.			25.
MISCELLANEOUS	370.			370.

Total _____1,016. ____1,016.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a)	(b)	(c)	(d)
List and describe the kind(s) of property sold	How acquired	Date acquired	Date sold
(e.g , real estate, 2-story brick warehouse, or	P - Purchase	(month,	(month,
common stock, 200 shares MLC Company)	D - Donation	day, year)	day, year)
TEDL HOME TONY MEG CODD NOTE	D	03/00/00	02/15/11
FEDL HOME LOAN MTG CORP NOTE	P	03/09/09	03/15/11
FEDL HOME LOAN MTG CORP NOTE	P	03/11/10	03/15/11
STATE BANK OF INDIA	P	12/15/10	03/23/11
FEDL FARM CREDIT BANK	P	02/18/11	05/11/11
FEDL HOME LOAN BANK BOND	<u>P</u>	05/24/10	06/09/11
FEDL HOME LOAN BANK BOND	P	05/25/10	06/09/11
FEDL HOME LOAN MTG CORP	P	06/03/10	06/15/11
FEDL HOME LOAN MTG CORP	P P	06/18/10	06/15/11
FEDL HOME LOAN BANK BOND	P	04/01/11	06/30/11
FEDL HOME LOAN MTG CORP NOTE	P	06/28/10	07/15/11
FEDL HOME LOAN BANK BOND	P P P	02/18/11	08/15/11
FEDL FARM CREDIT BANK BOND	P	06/16/11	08/19/11
FEDL HOME LOAN MTG CORP NOTE	P	09/27/10	09/15/11
FEDL HOME LOAN BANK BOND	P	02/22/11	09/21/11
FEDL HOME LOAN BANK BOND	P	07/01/11	09/30/11
FEDL HOME LOAN MTG CORP NOTE	P	07/12/11	10/13/11
FEDL HOME LOAN MTG CORP NOTE	P	07/02/10	10/17/11
FEDL HOME LOAN MTG CORP NOTE	P	07/02/10	10/17/11
FEDL HOME LOAN MTG CORP_NOTE	P	07/09/10	10/17/11
FEDL HOME LOAN MTG CORP NOTE	P	07/14/10	10/17/11
FEDL HOME LOAN MTG CORP NOTE	P	07/16/10	10/17/11
FEDL HOME LOAN MTG CORP NOTE	P	08/03/10	11/15/11
FEDL FARM CREDIT BANK BOND	P	03/18/11	12/05/11
FEDL FARM CREDIT BANK BOND	<u>P</u>	01/11/10	12/14/11

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e)	(f)	(g)	(h)
Gross sales	Depreciation allowed	Cost or other basis	Gain or (loss)
price	(or allowable)	plus expense of sale	(e) plus (f) minus (g)
25,000.		25,008.	
35,000.		35,009.	-9.
85,000.		85,009.	-9.
25,000.		25,009.	-9.
25,000.		25,009.	
20,000.		20,009.	-9.
35,000.		35,009.	-9.
25,000.		25,009.	-9.
25,000.		25,009.	-9.
16,000.		16,009.	<u>-9.</u>
26,629.		25,009.	1,620.
25,000.		25,009.	-9.
5,000.		5,009.	-9.
30,000.		28,959.	1,041.
25,000.		24,884.	116.
25,000.		25,009.	-9.
25,000.		25,009.	-9.
25,000.		25,009.	-9.
25,000.		25,009.	-9.
25,000.		25,009.	-9.
25,000.		25,009.	-9.
50,000.		50,009.	-9.
25,348.		24,634.	714.
25,000.		25,008.	-8.
Total		674,664.	3,313.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (I)

Complete only for asset by the foundation on 12	(I) Gains (column (h)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (ı), ıf any	gain minus column (k), but not less than -0-) or losses (from column (h))
			<u>-9.</u> -9.
			-9. -9.
			-9.
			<u> </u>
			-9. 1,041.
			116.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (l)

Continued

mplete only for asset the foundation on 12	(I) Gains (column (h)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))
			-9. -9. -9.
			-9. -9.
Total			3,313.

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person X Business SARA BLETHEN				
902 13TH AVENUE	BOARD MEMBER			
HUNTINGTON WV 25701	1.00	0.	0.	0.
Person X Business				
ROBERT CARPENTER				
328 6TH AVENUE	BOARD MEMBER			
HUNTINGTON WV 25701	1.00	0.	0.	0.
Person X Business DAVID GLICK				
333 9TH AVENUE	BOARD MEMBER			
HUNTINGTON WV 25701	1.00	0.	0.	0.
Person X Business				
DAVID JUSTICE				
2445 3RD AVENUE	BOARD MEMBER			
HUNTINGTON WV 25703	1.00	0.	0.	0.
Person X Business				
STEVE GOLDER				
PO BOX 2688	BOARD MEMBER			
HUNTINGTON WV 25726	1.00	0.	0.	0.

-	F - 1 -	ı

0.	0.	0.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WARE & HALL, PLLC	ACCOUNTING	3,021.			3,021.
Total		3,021.			3,021.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

	End o	f Year	End o	of Year
Line 10a - Investments - US and State Government Obligations:	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
HILLIARD LYONS GOVT FUND			75,756.	75,756.
FED HOME LOAN BANK BOND			25,009.	25,254.
FEDL HOME LOAN MTG CORP NOTE			25,009.	25,046.
FEDL HOME LOAN MTG CORP NOTE			24,821.	25,268.
FEDL HOME LOAN MTG CORP NOTE			25,009.	25,062.
FEDL HOME LOAN MTG CORP NOTE			20,009.	20,001.
FEDL NATL MTG ASSN NOTE			15,009.	_ 15,039.
FEDL HOME LOAN MTG CORP NOTE			25,009.	25,030.
FEDL HOME LOAN MTG CORP NOTE			25,009.	25,138.
FEDL HOME LOAN MTG CORP NOTE			35,018.	35,020.
FEDL FARM CREDIT BANK BOND			25,009.	25,245.
FEDL NATL MTG ASSN NOTE			25,009.	25,246.
FEDL FARM CREDIT BANK BOND			15,009.	15,003.
FED HOME LOAN BANK BOND			25,009.	25,002.
FEDL NATL MTG ASSN NOTE			15,009.	15,062.
Total .			400,703.	402,172.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
GENERAL ELECTRIC	6,837.	7,164		
INTEL CORP	7,376.	7,275		
LOCKHEED MARTIN	15,570.	16,180		
MICROSOFT CORP	7,983.	7,788		
OMEGA HEALTHCARE .	5,289.	5,805		
PFIZER INC	4,917.	5,410		
PROCTOR & GAMBLE COMPANY	12,625.	13,342		
Total	60,597.	62,964		

Form 990-PF, Page 2, Part II, Line 10c

L-10c Stmt

	End of Year		
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value	
GENERAL ELECTRIC CAP CORP	15,009.	14,879	
NATIONAL RURAL UTILITIES	15,009.	15,291	
GENERAL ELECTRIC CAP CORP	15,009.	14,690.	
GENERAL ELECTRIC CAP CORP	15,009.	14,821.	
GENERAL ELECTRIC CAP CORP	15,009.	14,841.	

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of Year		
Line 13 - Investments - Other:	Book Value	Fair Market Value	
INVESTORS COMMUNITY BANK CD	25,009.	25,279.	
FIRST TRUST UNIT 2928 GLOBAL DIV SER 25	10,016.	10,158.	
FIRST TRUST UNIT 2939 DIV INCOME TR SER 9	20,021.	18,967.	
FIRST TRUST UNIT 2972 HIGH DIV EQTY SER 6	22,029.	22,758.	
FIRST TRUST UNIT 3099 AUTO QUANT ANALYSIS AQA SER 3	22,541.	22,432.	
FIRST TRUST UNIT 3132 SR LN<D DURATION PLUS CLSD END 46	10,012.	9,813.	
FIRST TRUST UNIT 3237 PFD INCM SER 46	10,012.	9,906.	
BREITBURN ENERGY UNIT LIMITED PARTNERSHIP	5,073.	5,721.	
Total	124,713.	125,034.	

■ If you are filting for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ■ Myou' are filting for an Automatic 3-Month Extension, complete only Part II (chi page 1) Part II Additional (Not Automatic) 3-Month Extension, complete only Part I (chi page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only filt the original (no copies needed). Enter filer's identifying number, see instructions	Form 886	8 (Rev 1-2012) STELLA FULLER SETTI	EMENT,	INC	55-6000847	Page 2
Part Additional (Not Automatic) 3-Month Extension, complete only Part (Lon page. 1) Part Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed). Enter file's identifying number, see instructions	If you	are filing for an Additional (Not Automatic) 3-Mon	th Extension	, complete only Part II and check this	s box	► X
Part II Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed)	Note. Onl	y complete Part II if you have already been grante	d an automai	ic 3-month extension on a previously	filed Form 8868.	
Name of exempt agrantation or other filter, see instructions						
Name of becamp of parameter or or other filter, see metructions Employer indeathication number (EIN) or STELLA FULLER SETTLEMENT, INC. Name of the parameter of Sith of Steep of	Part II	Additional (Not Automatic) 3-Month Ext	ension of	Time. Only file the original (no	o copies needed).	
STELLA FULLER SETTLEMENT, INC. X 55-6000847				Enter filer's ic	lentifying number, se	e instructions
STELLA FULLER SETTLEMENT, INC. X 55-6000847		Name of exempt organization or other filer, see instructions		E	Employer identification number	er (EIN) or
PO_BOX_97 PO_BOX_97 PO_BOX_97 PO_BOX_97 Po_BO		STELLA FULLER SETTLEMENT, INC.		\ 	x 55-6000847	
## PO BOX 97 City, tever or peot office, state, and 2IP code. For a foreign address, see instructions. City is tever or peot office, state, and 2IP code. For a foreign address, see instructions.		Number, street, and room or suite number. If a P O box, see in	structions		Social security number (SSN)	
PO BOX 97	extended					
Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Application is for Return code for the return that this application is for Return code for the return that this application is for Return code for the return code for the return code for the return that this application is for Return code for the return code for Return code for growpose. Form 990.EZ	filing the				l	
Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Separate application Separate application Separate application Separate	return See instructions	City, town or post office, state, and ZIP code. For a foreign addr	ess, see instructi	ons		
Return September Return Code Is For Code Return Return Code Return Code Return Code Return Return Code Retur		HUNTINGTON	WV 25	5706-0097		
SFOr Code Is For Code SFOr Code	Enter the	Return code for the return that this application is f	or (file a sep	arate application for each return)		04
Form 990-BL Form 990-EZ D1 Form 4720 D3 Form 4720 D3 Form 990-FF D4 Form 5227 D5 Form 6069 D6 Form 8870 D6 Form 8868 ■ The books are in care of ▶ JIM MORGAN Telephone No. ▶ (304) 523-6120 FAX No ■ If the organization does not have an office or place of business in the United States, check this box ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If the stay are nettered in line 5 is for less than 12 months, check reason: □ Initial return □ Change in accounting period Tatale in detail why you need the extension MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPILETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions B1 His application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions B2 S 363. B1 His application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions B2 S 0. Signature and Verification must be completed for Part II only. CBlance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using 8c \$ 0. Signature and Verification must be completed for Part II only. CBL Now Part II only. CBL	Application Is For	on		Application Is For		
Form 990-BL Form 990-EZ D1 Form 4720 D3 Form 4720 D3 Form 990-FF D4 Form 5227 D5 Form 6069 D6 Form 8870 D6 Form 8868 ■ The books are in care of ▶ JIM MORGAN Telephone No. ▶ (304) 523-6120 FAX No ■ If the organization does not have an office or place of business in the United States, check this box ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (6Ch) ■ If the stay are nettered in line 5 is for less than 12 months, check reason: □ Initial return □ Change in accounting period Tatale in detail why you need the extension MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPILETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions B1 His application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions B2 S 363. B1 His application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions B2 S 0. Signature and Verification must be completed for Part II only. CBlance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using 8c \$ 0. Signature and Verification must be completed for Part II only. CBL Now Part II only. CBL	Form 990		01			
Form 990-PF Form 990-F			02	Form 1041-A		08
Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in care of F JIM MORGAN Telephone No. F (304) 523-6120 FAX No F (304) 523-6120 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If the special and distinct a list with the names and ElNs of all members the extension is for Call this is for less than 12 months, check reason: O	Form 990	-EZ	01	Form 4720		09
Form 990-T (trust other than above) Form 8870 12	Form 990	-PF	04	Form 5227		10
The books are in care of ► JIM MORGAN Telephone No. ► (304) 523-6120 FAX No ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for 4 I request an additional 3-month extension of time until Nov 15 , 20 12 5 For calendar year 2011 , or other tax year beginning , 20 , and ending , 20 . 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 7 State in detail why you need the extension MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a, Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature A CPA Date N8/14/12	Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
The books are in care of ▶ JIM MORGAN Telephone No. ▶ (304) 523-6120 FAX No • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 4 I request an additional 3-month extension of time until Nov 15 , 20 12 5 For calendar year 2011 , or other tax year beginning , 20 , and ending , 20 . 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 7 State in detail why you need the extension MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8a S 363. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due, Subtract line 8b from line 8a, Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form. Title ▶ CPA Date ▶ 08/14/12	Form 990	-T (trust other than above)	06	Form 8870		12
5 For calendar year 2011 , or other tax year beginning	Telepl If the If this whole gro	organization does not have an office or place of but is for a Group Return, enter the organization's four place of the property of the control of the contro	isiness in the r digit Group	United States, check this box Exemption Number (GEN)		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title CPA Date 08/14/12	5 For6 If the7 State	calendar year <u>2011</u> , or other tax year beginning tax year entered in line 5 is for less than 12 months. Change in accounting period the extension <u>MORE</u>	ngths, check re	, 20 , and ending	, 20	
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Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature CPA Date 08/14/12	payr	ments made. Include any prior year overpayment a	5069, enter a llowed as a	ny refundable credits and estimated credit and any amount paid previousl	tax	363.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title CPA Date 08/14/12	c Bala EFT	ance due. Subtract line 8b from line 8a. Include yor PS (Electronic Federal Tax Payment System) See	ur payment w instructions	with this form, if required, by using	8c \$	0.
Signature Signature Title CPA Date 08/14/12		Signature and Verific	cation mu	st be completed for Part II on	ly.	
	Under penalt correct, and	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	edules and statements, and to the best of my kno	wledge and belief, it is true,	
	Signature	Henril Julia Title	CPA		_ Date ► 08/	14/12
				07/29/11		

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

OMB No 1545 1709

► X

request an e Associated	required to file Form 990-1), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ring of this form, visit www.irs.gov/efile and click	n Part I or Pa must be sent	art II with the exception of Form 8870, Inf to the IRS in paper format (see instruction	ormation R	eturn for Transfers
Part 1	utomatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).		
4 corporation	n required to file Form 990-T and requesting an	automatic 6-	month extension - check this box and c	omplete Pa	rt I only
All other con income tax	porations (including 1120-C filers), partnerships returns.	, REMICS, a			
	Name of exempt organization or other filer, see instructions		Enter mer s identi		er, see instructions
Type or	STELLA FULLER SETTLEMENT, INC. Number, street, and room or suite number. If a PO box, see instructions				
orint				 ∇ 55_4	5000847
ile by the				Social security number (SSN)	
tue date for iling your eturn See	PO BOX 97				
eturn See nstructions	City, town or post office, state, and ZIP code For a foreign address, see instructions				
	HUNTINGTON WV 25706-009				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	arate application for each return)		04
Application s For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
orm 990-EZ		01	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)		_ 05	Form 6069		11
form 990-T (trust other than above)		06	Form 8870		12
Telephor If the org If this is check the exter 1 I reque until 1 The ex X 2 If the to	ne No. (304) 523-6120 ganization does not have an office or place of but for a Group Return, enter the organization's four is box	digit Group check this bo ation require ganization re , and endir	E United States, check this box Exemption Number (GEN) and attach a list with the naid to file Form 990-T) extension of time eturn for the organization named above		the whole group, Ns of all members
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				3a \$	363.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b\$	363.
EFTPS	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions		3c \$	0.
ayment ins	ou are going to make an electronic fund withdra- tructions.		Form 8868, see Form 8453-EO and For		m 8868 (Rev 1-2012)