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# Form **990-PF**

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For	cale	ndar year 2011 or tax year beginning		, and ending	_	
Na	ame c	of foundation			A Employer identificatio	n number
_	_	JUNE OBLINGER SHOTT FO			87-0786480	)
		and street (or PO box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
		BOX 1559			304-324-32	
		town, state, and ZIP code JEFIELD, WV 24701			C if exemption application is	pending, check here
		k all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s check here
-		Final return	X Amended return	or public onancy	J. Torongir organization	o, oncon noro
		Address change .	Name change		Foreign organizations m 2, check here and attach c	eeting the 85% test,
Н	Chec	k type of organization: X Section 501(c)(3) e.			E If private foundation sta	
	_] s		Other taxable private founda	ation	under section 507(b)(1	
1 F	air m	arket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	F If the foundation is in a	
			ther (specify)		under section 507(b)(1	
	<u>\$</u>	4,792,353. (Part I, colu	mn (d) must be on cash l	basis.)		
P	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,794,452.		N/A	
	2	Check The foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	116,912.	106,170.		STATEMENT 1
	58	Gross rents				
	t	Net rental income or (loss)	40 04 5			
ā	6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<10,815.	>		
Revenue	_t	assets on line 6a 99,633.				
Bè	7	Capital gain net income (from Part IV, line 2)		0.		····
	8 9	Net short-term capital gain				
	10a	Income modifications Gross sales less returns			Rhair	
	1	Land allowances  Less Cost of goods sold			10 DENETH	AL AL
		•			19 800	1
	11	Other income	188.	0.	1 J 96P 11 9 2	STATEMENT 2
_	12	Total. Add lines 1 through 11	1,900,737.	106,170.	36	(13 / O/
	13	Compensation of officers, directors, trustees, etc.	0.	0.	OGDEN, I	-18/ 0.
	14	Other employee salaries and wages			210,	7 -
ģ	15	Pension plans, employee benefits				7
nse	16a	Legal fees	2 100	2 100	<u> </u>	
× Se		Accounting fees STMT 3 Other professional fees STMT 4	2,100. 23,032.	2,100. 23,032.		0.
(Qu	17	Interest	23,034.	43,034.		0.
	18	Taxes STMT 5	3,226.	3,201.		0.
鬆	19	Depreciation and depletion	3,200	3/2021	<del></del>	
醰	20	Occupancy				
<b>₽</b>	21	Travel, conferences, and meetings	313.	0.		0.
5	22	Printing and publications .				
, P	23	Other expenses STMT 6	5,002.	2.		0.
Fat	24	Total operating and administrative				
8103 g g 735 MINNEYS Expenses	0-	expenses. Add lines 13 through 23	33,673.	28,335.		0.
30	25	Contributions, gifts, grants paid	95,100.		· · · · · · · · · · · · · · · · · · ·	95,100.
ڪي	26	Total expenses and disbursements. Add lines 24 and 25	128,773.	28,335.		05 100
	27	<del> </del>		40,333.		95,100.
		Excess of revenue over expenses and disbursements	1,771,964.			
		Net investment income (if negative, enter -0-)		77,835.	<del></del>	
		Adjusted net income (if negative, enter -0-)			N/A	
1235 12-0	01 2-11	LHA For Paperwork Reduction Act Notice, see i	nstructions.			Form <b>990-PF</b> (2011)

<u>Fc</u>	orm 99	00-PF (2011) THE JUNE OBLINGER SHOTT			0786480 Page 2
F	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
_	T.		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 2	Cash - non-interest-bearing Savings and temporary cash investments	725,724.	436,444.	436,444.
	1	Accounts receivable	145,144.	420,444.	430,444.
	١	Less: allowance for doubtful accounts			
	4	Pledges receivable	·····		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		<u></u>	
	7	Other notes and loans receivable			
	ł	Less: allowance for doubtful accounts ▶			
ध्र	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	<del></del>		
•	IVa	Investments - U.S. and state government obligations	4 0 6 7 0 4 4		
	1	Investments - corporate stock STMT 8	1,967,814.		3,137,154.
	1	Investments - corporate bonds STMT 9	0.	1,088,306.	1,213,755.
	11	Investments - land, buildings, and equipment basis			
	40	Less accumulated depreciation			<del></del>
	1	Investments - mortgage loans Investments - other STMT 10	350,000.	4,705.	5,000.
	13	Land, buildings, and equipment: basis	330,000.	4,705.	3,000.
	'*	Less accumulated depreciation			
	15	Other assets (describe >			
		7	·		
	16	Total assets (to be completed by all filers)	3,043,538.	4,815,502.	4,792,353.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es S	19	Deferred revenue			
Ě	1	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	1	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		TALL AUGUS (Add been 47 Abourth 00)	0	_	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.	0.	
	1	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
auc		Temporarily restricted			
Ba		Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
딘		and complete lines 27 through 31.			
S.	27	Capital stock, trust principal, or current funds	3,043,538.	4,815,502.	
šě		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž	1	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	3,043,538.	4,815,502.	
	l		2 042 520	4 045 500	
_		Total liabilities and net assets/fund balances	3,043,538.	4,815,502.	<del></del>
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		agree with end-of-year figure reported on prior year's return)		. 1	3,043,538.
		amount from Part I, line 27a		2	1,771,964.
		increases not included in line 2 (itemize)		3	0.
		nes 1, 2, and 3		4	4,815,502.
		ases not included in line 2 (itemize)		5	0.
h	Lotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b). Jine 30	ואו	4.815.502.

	and Losses for Tax on I					<del></del>	
(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e.garehouse; or common stock, 200 sh	g., real estate, is. MLC Co.)	(1	) How acqui P - Purchas D - Donation	red e n	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 50,000 FHLB CO	NS BD 6/30/11 2.	. 3%	-	P		06/13/11	09/30/11
b 1,500 SH ISHAR				P		04/12/11	10/11/11
c 12 SH TAZEWELL		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	-	D		04/07/08	05/06/11
d COIN COLLECTIO				D		VARIOUS	04/15/11
e CAPITAL GAINS				<del></del>			-, -,,
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense			·	(h) Gain or (loss (e) plus (f) minus (	
a 50,000.			50,000				0.
b 44,264.			59,338				<15,074.
c 300.			300				0.
d 1,010.			1,010				0.
e 4,259.							4,259.
	ng gain in column (h) and owned by	the foundation on 12	31/69		(I)	Gains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j),				(k), but not less that Losses (from col. (	1 -0-) <b>or</b>
a				1			0.
b							<15,074.
c							0.
d							0.
e							4,259.
2 Capital gain net income or (net ca	If gain, also ente	er in Part I, line 7 )- in Part I. line 7	)	2			<10,815.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a		)				•
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).			) 3		N/A	
Part V Qualification U	nder Section 4940(e) for	r Reduced Tax	on Net Ir	vestmer	nt Inc		·
(For optional use by domestic private		•					N/A
(1 of optional asc by defineshe private	o logituditorio subjest to tilo sestion	10 To(a) tax on not not		,			-17
If section 4940(d)(2) applies, leave the	his part blank.						
Was the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any year in th	e hase perion	1?			Yes No
If "Yes," the foundation does not qual			10 Buoo por 100	•			
	each column for each year; see instr		any entries.				
(a)	(b)			c)		Diatrib	(d)
Base periód years Calendar year (or tax year beginnii	والمراجعة والمراجعة والمحادية والمحادية والمحادية والمحادية والمحادية والمحادية والمحادثة والمحادثة والمحادثة	stributions Net v	alue of nonc		assets	(col. (b) divi	ùtión ratio ded by col. (c))
2010			· <del> </del>				
2009							
2008							
2007							
2006				<del> </del>			
	,						
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5, or by th	e number of	years			
the foundation has been in exister	nce if less than 5 years					3	
4 Enter the net value of noncharitab	le-use assets for 2011 from Part X.	line 5				4	
	10 000 00000 101 2011 1101111 01111						
5 Multiply line 4 by line 3						<del></del>	
6 Enter 1% of net investment incom	S Enter 1% of net investment income (1% of Part I, line 27b)						<del></del>
7 Add lines 5 and 6						7	
8 Enter qualifying distributions from	n Part XII, line 4					8	
	line 7, check the box in Part VI, line	e 1b, and complete tha	t part using a	1% tax rate.		· · · · · · · · · · · · · · · · · · ·	·
123521 12-02-11	·	- · · · · · · · · · · · · · · · · · · ·				Fo	rm <b>990-PF</b> (2011)

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480 Page 3

	orm 990-PF (2011) THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>-0786</u>	480		Page 4
		- 500 1	nstrt	ICTIO	ns)
1	1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  b Domestic foundations that meet the section 4940(e) requirements in Part V, check here			<b>1</b> F	
	of Part I, line 27b	<del> </del>		<u> </u>	<u>557.</u>
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	}			^
3				1 [	<u>0.</u> 557.
4	A CALLED AND A CAL	<del> </del>		1,0	0.
5		<del>                                     </del>		1 5	57.
6		<del>                                     </del>		<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,707.				
	b Exempt foreign organizations - tax withheld at source				
	c Tax paid with application for extension of time to file (Form 8868)				
	d Backup withholding erroneously withheld				
	7 Total credits and payments. Add lines 6a through 6d O.R. OVERPAYMENT <150. 7			1.5	<u>57.</u>
8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax				
P	art VII-A Statements Regarding Activities				
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?	[	1a		X
ı	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	Į	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	ĺ			
	distributed by the foundation in connection with the activities.				
	c Did the foundation file Form 1120-POL for this year?	Į.	1c		X
(	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.				
6	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers. ► \$0.				l
2	! Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		X
	If "Yes," attach a detailed description of the activities.		1	ŀ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
4 -	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	3		X
		/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	′↑ ⊦	4D 5		X
•	If "Yes," attach the statement required by General Instruction T.	F	<del>-  </del>		
6		]			
	By language in the governing instrument, or	1	l		ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	İ			
	remain in the governing instrument?	i	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	ŀ	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.	ſ			
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)			- 1	
	WV				
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			- 1	
	of each state as required by General Instruction G? If "No," attach explanation	L	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	Γ			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV.	L	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Form	990-	<b>PF</b> (2	2011)

	n 990-PF (2011) THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-078	<u>6480</u>	<u> </u>	Page 5
$\overline{}$	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	<u> </u>	X
13		_13_	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► FRANK WILKINSON Telephone no. ► 304-3		<u>214</u>	
	Located at ► 500 FEDERAL STREET, BLUEFIELD, WV ZIP+4 ►2	<u>4701</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	i
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
De	country	ļ		L
Pè	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	· · · · ·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		-	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
		1 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No			
			İ	
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	,		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
G	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			37
0	before the first day of the tax year beginning in 2011?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		<u> </u>
2	defined in section 4942(j)(3) or 4942(j)(5)):			
•	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	}		
a	before 2011? X Yes No			
	If "Yes," list the years ▶ 2010 ,, ,,			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	$\mathbf{x}$	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20		
٠	The providence of cookies. To let (a/L) and borning approved to any of the yours motion in East the yours here.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ł	
-	during the year?			
Ь	If "Yes," did it have excess business holdings in 2011 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,		- 1	
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	- 1	X
		m <b>990</b> -	PF (2	
	. •	-	,-	/

Part VII-B   Statements Regarding Activities for Whic			87-07864	<u>180 Page €</u>
<del></del>	ii Fullii 4/20 Way be	nequired (conti	nuea)	<del></del>
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (see</li></ul>	Man 40.45(-\\0	١	, <del>,</del>	
	` ''		es X No	
(2) Influence the outcome of any specific public election (see section 4955 any voter registration drive?	o, or to carry on, directly or indi		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpo			es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	••	T	es LALINO	
	ation described in section		es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es LAL NO	
(5) Provide for any purpose other than religious, charitable, scientific, literature of scientific and purpose of scientific scientific and purpose of scientific scientific and scientific	ary, or educational purposes, or		es X No	
the prevention of cruelty to children or animals?	under the eventure described		es LALINO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify		iii negulations	NT / N	F.
section 53.4945 or in a current notice regarding disaster assistance (see in:	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance chec		ninad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		. —	D 1	
expenditure responsibility for the grant?		7/A LY	es L No	
If "Yes," attach the statement required by Regulations section 53.4				
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on		चि.,	
a personal benefit contract?	a naranasi kanasis aantu ni	Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		-	6b X
If "Yes" to 6b, file Form 8870.	ou abaltar transaction O		<del> </del>	
7a At any time during the tax year, was the foundation a party to a prohibited to		Y	es X No	<del>_                                    </del>
b If "Yes," did the foundation receive any proceeds or have any net income att		nagara Highl		7b
Part VIII Information About Officers, Directors, Tru Paid Employees, and Contractors	stees, roundation wa	anagers, riigni	У	
1 List all officers, directors, trustees, foundation managers and the	eir compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRANK W. WILKINSON	CHAIRMAN	enter -0-)	COMPENSABOR	anowances
BLUEFIELD, VA 24605	CHAINMA	1		
DDOLLI I I I I I I I I I I I I I I I I I I	0.00	0.	0.	0.
BYRON K. SATTERFIELD	VICE-CHAIRMAN	<del></del>	-	<u></u>
BLUEFIELD, WV 24701				
DEGEL TRUE / WY BITTOI	0.00	0.	0.	0.
MARK OBLINGER		RETARY	<u>.</u>	
BLUEFIELD, VA 24605				
21021 1222 Y 111 21003	0.00	0.	0.	0.
GARY D. CORNWELL	TREASURER		- 0.	
BLUEFIELD, VA 24605				
DUCHE LUMP   VII HIVO	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those				
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE		<del></del>	Components	<u> </u>
				ı
	-	<del>                                     </del>		
				ı
			h <del>-</del>	
	<del>                                     </del>			
Total number of other employees paid over \$50,000				0

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	0786480 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter		
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	al information such as the ced, etc.	Expenses
1 N/A		
2		
3	· · · · · · · · · · · · · · · · · · ·	
4		
	i	······································
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on life	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u>_,,,</u> , , ▶ [	0.

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

Form **990-PF** (2011)

6

95,100

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

### 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				223,977.
2 Undistributed income, if any, as of the end of 2011		<del></del>		243,311
a Enter amount for 2010 only			99,666.	
b Total for prior years:			33,000.	
b rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
<b>b</b> From 2007				
c From 2008	1			
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from			<del></del>	
Part XII, line 4: ▶\$ 95,100.				
a Applied to 2010, but not more than line 2a			95,100.	
<b>b</b> Applied to undistributed income of prior			337200	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		<del></del>		0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u></u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line		-		
4a from line 2a. Taxable amount - see instr.			4,566.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012		·		223,977.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	1		į	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	_			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:	j	1		
a Excess from 2007			j	
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				5 000 DE (0044)

Part XIV Private Operating F	E OBLINGER Oundations (see ins	SHOTT FOUN	DATION, INC.		86480 Page 1
1 a If the foundation has received a ruling of		<del></del>	<del></del>	N/A	
foundation, and the ruling is effective for					
<b>b</b> Check box to indicate whether the found	•	•	un enetion	4942(j)(3) or 49	140(-)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig touridation described	Prior 3 years	4342(J)(3) OI [ 49	42(j)(5)
income from Part I or the minimum	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(a) Total
investment return from Part X for	(4)2011	(6) 2010	(6) 2003	(4) 2000	(e) Total
				ļ	
each year listed					
<b>b</b> 85% of line 2a			<del></del>		
c Qualifying distributions from Part XII,					
line 4 for each year listed			<del></del>		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		· · · · · · · · · · · · · · · · · · ·	<del></del>		
e Qualifying distributions made directly	İ				
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					<del></del>
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 Infor	mation (Complet	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during the	ie year-see instri	uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation who	have contributed more th	han 2% of the total con	tributions received by the f	foundation before the clos	e of any tax
year (but only if they have contributed m	ore than \$5,000). (See se	ction 507(d)(2).)			
NONE					
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large portion	n of the ownership of a pai	rtnership or
other entity) of which the foundation has	a 10% or greater interest	•			
NONE	<del></del>				
2 Information Regarding Contribution					
Check here 🕨 📖 if the foundation on					
the foundation makes gifts, grants, etc. (s	see instructions) to individ	duals or organizations u	inder other conditions, coi	mplete items 2a, b, c, and	d
a The name, address, and telephone numb	er of the person to whom	applications should be	addressed:		
SEE STATEMENT 11				· · · · · · · · · · · · · · · · · · ·	
<b>b</b> The form in which applications should be	submitted and information	on and materials they si	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields,	kınds of institutions, or ot	her factors:	<del></del>

Total			<u>▶ 3b</u>	0.
	<u> </u>	,		
				·
j				
NONE				
NO.115				
b Approved for future payment				
h. Annound for future payment	1	l		

123811 12-02-11

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

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		uded by section 512, 513, or 514	(e)		
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
	code		2006		TOTAL TITLE OF THE		
a			<del> </del>				
b	·						
<u> </u>					<del></del>		
d	·	<del></del>			<u> </u>		
e	·	····					
g Fees and contracts from government agencies					· - · -		
2 Membership dues and assessments					<del></del>		
3 Interest on savings and temporary cash							
investments			2.4	116 010			
4 Dividends and interest from securities	<del>                                     </del>		14	116,912.			
5 Net rental income or (loss) from real estate:	<del> </del>						
a Debt-financed property	ļ						
<b>b</b> Not debt-financed property	<b></b>						
6 Net rental income or (loss) from personal							
property							
7 Other investment income	ļ						
8 Gain or (loss) from sales of assets other	1 1						
than inventory			18	<10,815.	>		
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory					-		
11 Other revenue:							
a 2007 OMEGA DRILLING							
b PROGRAM 2 LP	211110	188.			· · · · · · · · · · · · · · · · · · ·		
C					<del></del>		
d							
e					<del></del>		
12 Subtotal. Add columns (b), (d), and (e)		188.		106,097.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	106,285.		
(See worksheet in line 13 instructions to verify calculations.)	<del> </del>	· · · · · · · · ·					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	emp	t Purposes			
Line No. Explain below how each activity for which inco	me is reported in	n column (a) of Part Y\/I-A	contrib	nuted importantly to the accom	inhehment of		
the foundation's exempt purposes (other than			COTTO	rated importantly to the accom	ipiisiii idii di		
(				· · · · · · · · · · · · · · · · · · ·			
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	<del></del>						

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations X 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship

Sign Here	and belief,		reparer (other than taxpayer) is based on all inform $9-4-13$			May the IRS discuss this return with the preparer shown below (see instr )?  X Yes N
	Signatur	e of officer or trustee	Date	Title		<b></b>
Paid		nt/Type preparer's name  ARY D. CORNWELL	Preparer's signature	Date	Check X if self- employed	PTIN P01312078
Prepa Use O	nly				Firm's EIN ► 54	1-0504608
	Fir	m's address ► PO BOX 1697 BLUEFIELD,	7 WV 24701		Phone no. 30	04.325.8157

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No 1545-0047

2011

Employer identification number

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

#### THE JUNE OBLINGER SHOTT FOUNDATION, INC.

(c) No. Name, address, and ZIP + 4    ESTATE OF JUNE OBLINGER SHOTT   PO BOX 1559   S 195,120.   (d) Total contributions   Type of contribution   Type of contri	Part i	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
PO BOX 1559   S 1,134,868.   Nonceas   Complete Part II of there is a nonceash contribution.		• •	1	• •
No. Name, address, and ZIP + 4    Total contributions   Type of contribution	1	PO BOX 1559	_ _ \$ <u>1,134,868.</u> _	Payroll
PO BOX 1559 BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (b) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (c) (d) Type of contribution  (e) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (b) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions  Ferson Payroll Complete Part II if there is a noncash contribution.  (c) (d) Type of contribution.  Ferson Payroll Noncash Complete Part II if there is a noncash contribution.  (d) Type of contribution.  (e) No. Name, address, and ZIP + 4  (c) Total contributions  Ferson Payroll Noncash Complete Part II if there is a noncash contribution.  (a) No. Name, address, and ZIP + 4  (c) Total contributions  Ferson Payroll Noncash Complete Part II if there is a noncash contribution.  (b) No. Name, address, and ZIP + 4  (complete Part II if there is a noncash contribution.  (c) (d) Type of contribution.  Person Payroll Noncash Complete Part II if there is a noncash contribution.  Person Payroll Noncash Complete Part II if there is a noncash contribution.  Person Payroll II there is a noncash contribution.		, , ,	```	1
No. Name, address, and ZIP + 4    Total contributions   Type of contribution	2	PO BOX 1559	\$195,120. 	Payroll Noncash X (Complete Part II if there
BLUEFIELD, WV 24701  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (b) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT BLUEFIELD, WV 24701  (c) Total contributions  (d) Type of contribution  (e) Total contributions  (f) Type of contribution  (g) Total contributions  (h) Total contributions  (h) Total contributions  (h) Total contributions  (h) Type of contribution  (h) Type of contribution  (h) Type of contribution  (h) Type of contribution  (h) Type of contribution  (h) Type of contribution  (h) No. Name, address, and ZIP + 4  (h) Total contributions  (h) No. Name, address, and ZIP + 4  (h) Total contributions  (h) Type of contribution  (h) No. Name, address, and ZIP + 4  (h) Total contributions  (h) Type of contribution		· , ,		, , ,
No. Name, address, and ZIP + 4    ESTATE OF JUNE OBLINGER SHOTT   PO BOX 1559   \$ 208,518.   Complete Part II if there is a noncash contribution.	3	PO BOX 1559	\$\$ <u>89,680.</u>	Payroll Noncash X (Complete Part II if there
4 ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (b) Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT BLUEFIELD, WV 24701  (b) Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701  ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 SETATE OF JUNE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER SHOTT SETATE OBLINGER		• •		, , ,
No. Name, address, and ZIP + 4  Total contributions  Type of contribution  Person Payroll Noncash X  (Complete Part II if there is a noncash contribution)  A possible of the payroll Noncash Description of the payroll	4	ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559	\$208,518.	Person Payroll Noncash X (Complete Part II if there
PO BOX 1559  BLUEFIELD, WV 24701  (a) No. Name, address, and ZIP + 4  ESTATE OF JUNE OBLINGER SHOTT  Po BOX 1559  BLUEFIELD, WV 24701  STOTAL contributions  Payroll  (c) Total contributions  Payroll  Type of contribution  Person Payroll Payroll  Payroll Payroll In there is a noncash contribution.)				
No. Name, address, and ZIP + 4  Total contributions  Type of contribution  Person Payroll Noncash X  (Complete Part II of there is a noncash contribution.)	5	PO BOX 1559	- \$\$ 71,143.	Payroll Noncash X (Complete Part II if there
PO BOX 1559  \$ 87,368.  BLUEFIELD, WV 24701  Payroll Noncash X (Complete Part II if there is a noncash contribution.)				
	6	PO BOX 1559		Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Employer identification number

## THE JUNE OBLINGER SHOTT FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701	\$1,745.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ESTATE OF JUNE OBLINGER SHOTT  PO BOX 1559  BLUEFIELD, WV 24701	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ESTATE OF JUNE OBLINGER SHOTT PO BOX 1559 BLUEFIELD, WV 24701	s	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
23452 01-23	-12	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2011)

# THE JUNE OBLINGER SHOTT FOUNDATION, INC.

art II	Noncash Property (see instructions). Use duplicate copies of Part II if	addıtı	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	2,000 SHARES ISHARES BARCLAYS	+-		
<u>2</u>	AGGREGATE BOND FUND			
		\$_	210,940.	03/10/11
(a) No.	(b)		(c)	(d)
rom art I	Description of noncash property given		FMV (or estimate) (see instructions)	Date received
3	1,000 SHARES IBOXX INVESTMENT GRADE CORP BOND			
		\$_	108,485.	03/10/11
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
4	2,300 SHARES BARCLAYS 7-10 YEAR TREASURY BOND FUND			
		\$_	214,682.	03/10/11
(a) No. rom art I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
5	7,380 SHARES NUVEEN INVESTMENT QUALITY MUNI FUND			
		\$_	98,781.	03/10/11
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
6	7,473.417 SHARES FIDELITY ADVISOR MUNI INC FUND T			
		\$_	92,446.	03/29/11
(a) No. rom art I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
7	248.463 SHARES MFS MUNI INC FUND A			
		\$	1,769.	03/29/11

Employer identification number

#### THE JUNE OBLINGER SHOTT FOUNDATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	COIN COLLECTION		
		\\$1,010.	03/10/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	2007 OMEGA DRILLING PROGRAM 2 LP		
		\$\$.	03/10/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
į		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		   \$	
122452 01-23	. 10		00 990-F7 or 990-PF) (2011)

ame of orga	Inization		Employer identification number						
Part III	NE OBLINGER SHOTT FOUNT  Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	idual contributions to section 501 e following line entry. For organizat	87-0786480 (c)(7), (8), or (10) organizations that total more than \$1,000 for the user (Sets)						
	Use duplicate copies of Part III if additiona		of the year. (chief dissinormation once.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how grft is held						
	Transferee's name, address, an	(e) Transfer of g	ift Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	(e) Transfer of gift								
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee						
1									

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480

Part XV | Supplementary Information

3' Grants and Contributions Paid During the		- <del></del> -		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
GRAHAM HIGH SCHOOL EDUCATIONAL	NONE	PUBLIC	CHARITABLE -	
FOUNDATION BLUEFIELD, VA			ATHLETICS.	5,000
COMMUNITY FOUNDATION OF THE	NONE	PUBLIC	CHARITABLE - ASSIST	
VIRGINIAS, INC.			WITH TRAILS AT CITY	
BLUEFIELD, WV			PARK, REPLACE HANDICAP	
			ACCESSIBLE PICNIC	22 840
CITY OF BLUEFIELD PARKS AND	NONE	PUBLIC	TABLES AND ASSIST WITH CHARITABLE - PROVIDE	23,840
RECREATION			90 YOUTH FOOTBALL	
BLUEFIELD, WV			HELMETS FOR THE CITY	
			MIDGET FOOTBALL	
	<del> </del>		PROGRAM.	11,160
CITY OF BLUEFIELD	NONE	PUBLIC	CHARITABLE - REPLACE	
BLUEFIELD, WV		İ	RAILING ON PEDESTRIAN	
		<del>                                     </del>	BRIDGES AT CITY PARK,	9,000
		<u> </u>	<del> </del>	
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			<del>                                     </del>	
		[		
Total from continuation sheets			•	49,000

Part X	V S	upp	lementary	/ Inf	formation	on Nu	OBLING	EK SH	OTT FO	UNDA'	rion, inc	87-07	786480
3a Gran	nts and	Con	tributions Pa	aid C	During the	Year Co	ontinuation	of Purpose	of Grant o	r Contrib	ution	<del></del>	
NAME	OF F	REC	CIPIENT		СОММ	JNITY	FOUNI	ATION	OF TH	E_VI	RGINIAS,	INC.	
<u>CHARI</u>	<u>TABI</u>	ĿΕ	- ASSI	ST	WITH	TRAI	LS AT	CITY	PARK,	REPL <i>I</i>	CE HANDI	CAP	
ACCES	SIBI	ĿΕ	PICNIC	T	ABLES	AND	ASSIST	WITH	LANDS	CAPE	IMPROVEM	ENTS A	T CITY
PLAYG	ROUN	īD.				·· ·							
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FORM 990-PF DIVIDENI	OS AND I	NTER	EST	FROM	SEC	URITIES		STATEMENT	1
SOURCE	G	ROSS	AMO	UNT		PITAL GAINS DIVIDENDS		COLUMN (A)	)
FIRST CENTURY BANK TRUST ACCO	דאטכ		121,	171.		4,259.	_	116,91	12.
TOTAL TO FM 990-PF, PART I, I	LN 4		121,	171.		4,259.	· —	116,91	L2.
FORM 990-PF	ОТН	ER I	NCOM	E		**************************************		STATEMENT	2
DESCRIPTION		:	REV	A) ENUE BOOKS	3	(B) NET INVEST MENT INCOM		(C) ADJUSTEI NET INCOM	
2007 OMEGA DRILLING PROGRAM 2	LP			1	.88.		0.		
TOTAL TO FORM 990-PF, PART I,	LINE 1	1		1	.88.		0.		
FORM 990-PF	ACCO	UNTI	NG F	EES				STATEMENT	3
DESCRIPTION	(A) EXPENS PER BO	ES		(B) INVE T INC				(D) CHARITAE PURPOSE	
ACCOUNTING FEES	2,	100.		2,	100	,		-	0.
ro FORM 990-PF, PG 1, LN 16B	2,	100.		2,	100.			-	0.
FORM 990-PF C	THER PR	OFES	SION	AL FE	ES		Ş	STATEMENT	4
DESCRIPTION	(A) EXPENS PER BO			(B) INVE T INC		(C) ADJUSTE NET INCO		(D) CHARITAE PURPOSE	
TRUST FEES	23,	032.		23,	032.			-	0.
TO FORM 990-PF, PG 1, LN 16C	23,	032.		23,	032.		_	<del></del>	0.

TAX	ES	S'	STATEMENT 5		
(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
			0.		
3,226.	3,201.		0.		
OTHER E	XPENSES	S'	FATEMENT 6		
(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES		
	2.		0.		
5,002.	2.		0.		
	(A) EXPENSES PER BOOKS  3,201. 25.  3,226.  OTHER E  (A) EXPENSES PER BOOKS  2.	EXPENSES NET INVEST- PER BOOKS MENT INCOME  3,201. 3,201. 25. 0.  3,226. 3,201.  OTHER EXPENSES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  2. 2. 2. 5,000. 0.	(A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME  3,201. 3,201. 25. 0.  3,226. 3,201.  OTHER EXPENSES STANDARD STANDARD NET INCOME  (A) (B) (C) ADJUSTED NET INVEST- PER BOOKS MENT INCOME NET INCOME  2. 2. 2. 5,000. 0.		

FORM 990-PF IS BEING AMENDED TO REDUCE THE AMOUNT OF QUALIFYING DISTRIBUTIONS BY \$5,000 FOR A CONTRIBUTION THAT HAS BEEN DETERMINED TO BE NONQUALIFYING.

FORM 990-PF	CORPORATE STOC	rk	STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES FIXED INCOME - PREFERRED STOCK		2,997,706. 288,341.	2,861,714. 275,440.
TOTAL TO FORM 990-PF, PART II, I	LINE 10B	3,286,047.	3,137,154.
FORM 990-PF	CORPORATE BOND	os	STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME - BONDS		1,088,306.	1,213,755.
FOTAL TO FORM 990-PF, PART II, I	LINE 10C	1,088,306.	1,213,755.
FORM 990-PF C	OTHER INVESTMEN	TS	STATEMENT 10
DESCRIPTION	VALUATIO METHOD	N BOOK VALUE	FAIR MARKET VALUE
	COST	4,705.	5,000.
COTAL TO FORM 990-PF, PART II, I	LINE 13	4,705.	5,000.

FORM 990-PF

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

STATEMENT

11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FRANK W. WILKINSON PO BOX 1559 BLUEFIELD, WV 24701

TELEPHONE NUMBER

304-324-3214

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED APPLICATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOCUS OF THE FOUNDATION IS TO SUPPORT ORGANIZATIONS THAT POSITIVELY IMPACT CHILDREN AND ATHLETICS IN THE AREAS OF SOUTHERN WEST VIRGINIA AND SOUTHWEST VIRGINIA.

# June Bulinger Short Forestution, line.

# **GRANT APPLICATION**

The June Oblinger Shott Foundation will consider applications only from organizations which are exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. The focus of the Foundation is children and athletics. Administrative budgets are not considered. Operational expenses and capital improvements will be considered so long as they are consistent with our focus.

# June Oldinger Short Foundation, inc.

<u>Mission Statement</u>: It is the mission of the Foundation to support those qualifying projects and programs that will have a positive impact on the children and athletic programs/facilities in Southern West Virginia and Southwest Virginia.

### **APPLICATION FOR GRANT**

1	Legal Name of Organization  Address		
(	City S Telephone	State	Zip Code
F	Person to receive communi	ications regardi	ng this application:
•	Name & Title		<del></del>
	142/10 6 1100		
(	Objectives of Organization: (Mission statement or action)		pursued, answer in
(	Objectives of Organization: (Mission statement or acti	ivities actually <sub>i</sub>	
(	Objectives of Organization: (Mission statement or action) (provided.)	ivities actually (	

## -- June Oblinger Shott Foundation, Inc. --

- 7. Please submit the following in support of your application:
  - (a) Grant proposal briefly describing specific project or program.
  - (b) Detailed budget for project or program.
  - (c) Description of qualifications of personnel assigned to project or program if it requires special talents or skills.
  - (d) Financial statements for latest fiscal year, audited or unaudited. (*Pro Forma statements/operating statements.*)
  - (e) List of principal officers and directors.
  - (f) Copy of Internal Revenue Service determination that applicant is an exempt organization under Section 501(c)(3), of the Internal Revenue Code (name of applying organizations must be identical with that of exemption letter). MUST BE 501(c)(3) TO BE ELIGIBLE.
  - (g) Secondary education requests must receive approval from school improvement council and school administration.
- 8. The undersigned executive officer hereby certifies that: (a) the information set forth in this application and supporting documents is correct to the best of his or her information and belief; (b) the Internal Revenue Service determination referred to in 7(f) above has not been revoked, cancelled or modified, and (c) no funds received pursuant to this application will be used for prohibited activities.

	Applicant Organization
	Ву:
Dated:	Signature of Executive Officer
	Print Name and Title

Return application and supporting documents and direct inquiries to:

June Oblinger Shott Foundation, Inc.

ATT: Frank W. Wilkinson

P. O. Box 1559 Bluefield, WV 24701

Telephone: (304) 324-3214

02/10