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Form. 990-PF

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0052

Open to Public Inspection

		ndar year 2012 or tax year beginning	, 2012	, and endir	ng		, 20
N	ame of	foundation				identification number	
_H	ELEN	W POFFENBARGER AND PERRY S POFFENBARGER F	OU		55-0694	1974	
N	umber	and street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions	s)
1	200	Laidley Tower			(304)34	11-3924	
С	ity or to	own_state, and ZIP code				ion application is pending	ı, check here
C	harl	eston, WV 25301					,,
G	Check	all that apply initial return initial return	of a former public ch	arity	D 1 Foreig	n organizations, check he	ere
		Final return Amended re	•	,			
		Address change Name change				n organizations meeting t	
Η (Check	type of organization X Section 501(c)(3) exempt pro-				here and attach computa	
	_		taxable private found	ation		foundati on s tatus was ter 07(b)(1)(A) , c heck here	
1 1		arket value of all assets at J Accounting method	X Cash	Accrual	1		_
(end of	year (from Part II, col (c), Other (specify)	<u> </u>	, 100,00.	1	ndation is in a 60-month to ction 50 7(b)/(1) (B), check	
		(Part I, column (d) must b	e on cash basis)		under see	Alon Sor(D)(1)(D), check	note P
	art l	<u> </u>	e on dash basis)				(d) Dishursamente
نستنا		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions))	books	ır	come	m come	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		 		_6	(12211 20010 01y)
	2	Check ► X if the foundation is not required to attach Sch B .				5/5 5/5 5 - 7	,
	3	Interest on savings and temporary cash investments	<u></u>	5	5	<u> </u>	
	4	Dividends and interest from securities	68,56	_	68,561		
	5a	Gross rents		1	00,501		
Revenue	b	Net rental income or (loss)				- Se	<u> </u>
	6a	Net gain or (loss) from sale of assets not on line 10. STM139	(3,75	01		<u>\$1</u>	
	b	Gross sales price for all assets on line 6a 92,153	(3,75	<u> </u>			
٧e	7	Capital gain net income (from Part IV, line 2)					
Re	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances				····· ···· ··· · · · · · · · · · · · ·	
•	b	Less Cost of goods sold	······			57 Se	
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	F 00	<u> </u>			
	12		5,83	-	5,835		
	13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	70,64	2	74,401		
(A)	14			 			
se	15						
en	16a	Legal fees (attach schodule)					
Ξ×Ξ	b	·	7 401	=	7 40 5		
and Administrative Expenses	c	_	1,425		1,425		
aţ;	17	Interest	16,454	±1	16,454		
stra	18		7 021		1 025		· · · · · · · · · · · · · · · · · · ·
<u>Ξ</u>	19	Taxes (attach schedule) (see instructions) . STM110 Depreciation (attach schedule) and depletion	1,035	<u> </u>	1,035		
ᄪ	20						
Ž	21	Travel, conferences, and meetings					
JUE	22			-			
	23	Other expenses (attach schedule) STM103	26		26		
Operating	24	-	306	<u> </u>	306		
era	24	Total operating and administrative expenses.		_			_
ď	25	Add lines 13 through 23	19,246		19,246		0
_	25	Contributions, gifts, grants paid	80,500	 			80,500
	26	Total expenses and disbursements Add lines 24 and 25	99,746	5	19,246		80,500
ļ	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements .	(29,104	<u>{ </u>)			
	b	Net investment income (if negative, enter -0-)			55,155		
- 1	С	Adjusted net income (if negative, enter -0-)		1	1	اه	

Page 2

[D:	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	fyear
	413, 11.	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	41,916	15,593	15,593
	3	Accounts receivable >			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions) STM156	143,318	137,298	137,298
	7	Other notes and loans receivable (attach schedule)		·····	
		Less allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule) STM137	1,327,023	1,328,848	1,757,058
	1	Investments - corporate bonds (attach schedule)	1,321,1023	1,520,010	
	11	· · · · · · · · · · · · · · · · · · ·			
	''				
	12	Less accumulated depreciation (attach schedule) Investments - mortgage loans			
	13				
	14	· · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equipment basis ▶			
	4.5	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the	1 510 055	1 401 720	1 000 040
	47	instructions Also, see page 1, item l)	1,512,257	1,481,739	1,909,949
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
Liabilities	19	Deferred revenue			
ig	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>:</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0	00	
s		Foundations that follow SFAS 117, check here All X and complete lines 24 through 26 and lines 30 and 31		,	
alance	24	Unrestricted	1,512,257	1,481,739	
<u>a</u> r	25	Temporarily restricted			
$\mathbf{\alpha}$	26	Permanently restricted			
Fund	1	Foundations that do not follow SFAS 117, check here			
Fu		and complete lines 27 through 31		ı	
ō	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds			,
ĕ	30	Total net assets or fund balances (see instructions)	1,512,257	1,481,739	
Net	31	Total liabilities and net assets/fund balances (see	1,312,237	1,101,100	
_	•	instructions)	1,512,257	1,481,739	
Pa	ırt III	······································		1,101,732	
		net assets or fund balances at beginning of year - Part II, column (a), line			
				1	1,512,257
		amount from Part I, line 27a		· -	(29,104)
		Increases not included in line 2 (itemize) ➤ STM115		3	(1,414)
		ines 1, 2, and 3			1,481,739
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		1,481,739
EEA					Form 990-PF (2012)

Part IV Capital Gains an	d Losses for Tax on Investm			
(a) List and describe t 2-story brick wareho	he kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
1a				
b			· · · · · · · · · · · · · · · · · · ·	
С				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		in or (loss) (f) minus (g)
a				
b				
c				
d			···	
e Complete of females	(1)	. (
Complete only for assets showin	ng gain in column (h) and owned by th	e foundation on 12/31/69	(I) Gains (C	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (I) over col (J), if any		it less than -0-) or from col. (h))
а				
b				
С				
d				· · · · · · · · · · · · · · · · · · ·
е				
2 Capital gain net income or (net o	anital inss)	nter in Part I, line 7 -0- in Part I, line 7	2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	· · · · · · · · · · · · · · · · · · ·		······································
- ·	, column (c) (see instructions) If (loss	` '		
D (1)		~ .	3	
	er Section 4940(e) for Reduc	ed Tax on Net Investme	nt Income	
if section 4940(d)(2) applies, leave the was the foundation liable for the sec	tion 4942 tax on the distributable amo	ount of any year in the base peri	ŕ	Yes X No
	lify under section 4940(e) Do not cor			
	each column for each year, see the in	nstructions before making any er	ntries	
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as		(d) ribution ratio divided by col (c))
2011	70,000	1,869,4	50 0.	037444
2010	62,436	1,600,7	58 0.	039004
2009	134,554	1,545,5	12 0.	087061
2008	133,218	2,018,1		066011
2007	75,675	2,149,5	79 0.	035205
2 Total of line 1, column (d).			2 0.	264725
-	5-year base period - divide the total on has been in existence if less than 5 ye	• • •	. 3 0.	052945
	2000 Oxioterioo ii leaa tilaii o ye		-	
4 Enter the net value of noncharita	ble-use assets for 2012 from Part X, I	ine 5	- 4	1,953,872
5 Multiply line 4 by line 3			. 5	103,448
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b).....		. 6	552
7 Add lines 5 and 6				104,000
			- 7	
8 Enter qualifying distributions from If line 8 is equal to or greater than Part VI instructions	n Part XII, line 4	1b, and complete that part using	. 8 a 1% tax rate See	80,500 the

Pat	t VII-B	Statements Regarding Activities	s for \	Which Forn	n 4720	May Be	Requi	red (co	ntınued)			
5a	During th	ie year did the foundation pay or incur any	amount	to								
	(1) Carr	y on propaganda, or otherwise attempt to in	fluence	legislation (sec	ction 49	45(e))?		Yes	X No			
	(2) Influe	ence the outcome of any specific public ele	ction (se	e section 4955	5), or to	carry on,						
	direc	tly or indirectly, any voter registration drive	·					Yes	X No			
	(3) Prov	ide a grant to an individual for travel, study,	or other	sımılar purpos	ses?			Yes	X No			
	(4) Prov	ide a grant to an organization other than a d	charitabl	e, etc , organiz	ation de	escribed in		_				
	secti	on 509(a)(1), (2), or (3), or section 4940(d)(2)? (see	instructions)				Yes	X No			
	(5) Prov	ide for any purpose other than religious, ch	aritable,	scientific, litera	ary, or e	ducational						
	purp	oses, or for the prevention of cruelty to child	lren or a	ınımals?				Yes	X No			
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the tra	nsaction	ns fail to qualify	under t	he exception	ns descr	ibed in				
										5b		
	Organiza	tions relying on a current notice regarding of	disaster	assistance che	eck here				•			
С	If the ans	swer is "Yes" to question 5a(4), does the for	ındatıon	claım exempti	on from	the tax						
	because	it maintained expenditure responsibility for	the gran	nt?				Yes	No			
	If "Yes," a	attach the statement required by Regulation	is sectio	n 53 4945-5(d)							
6a	Did the fo	oundation, during the year, receive any fund	is, direc	tly or indirectly	, to pay	premiums						
	on a pers	sonal benefit contract?						Yes	X No			
b	Did the fo	oundation, during the year, pay premiums, o	directly o	or indirectly, on	a perso	nal benefit c	ontract?	,		6b		Χ
		o 6b, file Form 8870							_			
7a	At any tin	ne during the tax year, was the foundation a	a party to	o a prohibited t	ax shelt	er transactio	n?.	Yes	X No			
		the foundation receive any proceeds or ha								7b		
Par	t VIII	Information About Officers, Dire	ctors,	Trustees,	Found	ation Mar	nagers	, Highi	ly Paid	Employ	yees	,
		and Contractors						·····				
1 L	st all offi	cers, directors, trustees, foundation mar										
		(a) Name and address		le, and average irs per week		ompensation not paid,		Contributi oyee bene		(e) Expe		
				ed to position		nter -0-)			npensation		IIIOWali	
	ard Le		Advis	or						:		
		ey Tower, WV 25301		1		0			0			0
	ard Hi		Trust	ee								
		ty Building, WV 25301		1		0			0			0
		nbarger	Trust	ee								
213	Hale S	treet, WV 25301		1		0			0_			0
		tion of five highest-paid employees (other	er than t	those included	d on line	1 - see ins	truction	s) If nor	ne, enter			
	NONE."			Τ		ſ	· - ·- · · · ·			·		
	(a) Nama a	and address of analysis and a second a second and a second a second and a second a second and a second and a second and a	000	(b) Title, and a					ributions to se benefit	(e) Exper	nse acc	count.
	(a) Name a	and address of each employee paid more than \$50	,000	hours per w devoted to po		(c) Comper	sation	plans an	d deferred ensation	other a		
IONE								Compe				
IONE	•											
_												
						`						
		•										
		£-4b		L	·							

HELEN W POFFENBARGER AND PERRY S POFFENBARGER FOUN

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Page 6

Form 990-PF (2012)

Form 990-PF (2012) HELEN W POFFENBARGER AND PERRY S POFF Part VIII Information About Officers, Directors, Trustees, Fou		694974
and Contractors (continued)		, ,
3 Five highest-paid independent contractors for professional services (see ii	nstructions) If none, enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant sorganizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 Supports students in financial need who elect a		
non-college degree education path such as vocational		
or technical training.		80,500
2		
3		
4		
•		
Part IX-B Summary of Program-Related Investments (see instr	ructions)	· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1	On mico I dilu 2	Amount

Form 990-PF (2012)

2

3

EEA

All other program-related investments. See instructions

Total Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1,801,903 а 1a Average of monthly cash balances . . 1b 44,425 Fair market value of all other assets (see instructions) . С 1c 137,298 1d 1,983,626 Reduction claimed for blockage or other factors reported on lines 1a and 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 3 1,983,626 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 29,754 4 5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4 1,953,872 6 6 97,694 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here | | | and do not complete this part) 1 97,694 Tax on investment income for 2012 from Part VI, line 5 . . 1,103 2a 2a Income tax for 2012 (This does not include the tax from Part VI) ь 2b Add lines 2a and 2b 1,103 С 2c 3 Distributable amount before adjustments Subtract line 2c from line 1 . . . 3 96,591 4 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 . . . 5 96,591 6 6 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 7 96,591 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 80,500 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 . . . Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) За 3b b 4 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4. 80,500 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) . . 5 80,500 Adjusted qualifying distributions Subtract line 5 from line 4 6 6

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

Form 990-PF (2012)

1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7		······	Ž.	96,591
2	Undistributed income, if any, as of the end of 2012	•••••••••••••••••••••••••••••••••••••••			50,55
а	Enter amount for 2011 only		1	₹.	
b	Total for prior years	· · · · · · · · · · · · · · · · · · ·		á á	
3	Excess distributions carryover, if any, to 2012			verd () () (a) is shown in Prophysical to the	-
а	From 2007		-		
b	From 2008		1	igh By	
c	From 2009	1	}	205 205	
d	From 2010		1		
e	From 2011	1	1	Ž	
f	Total of lines 3a through e	0 067	‡	er e	
4		8,067			
4	Qualifying distributions for 2012 from Part XII,		j		
_	ine 4 • \$ 80,500		1	ŠI.	,
a	Applied to 2011, but not more than line 2a				
D	Applied to undistributed income of prior years		ŀ	The second secon	
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election		1	5 8 966 77 15	
	required - see instructions)			417	
ď	Applied to 2012 distributable amount			<u> </u>	80,500
	Remaining amount distributed out of corpus .	`		<u> </u>	
5	Excess distributions carryover applied to 2012	8,067		<u> </u>	8,067
	(If an amount appears in column (d), the same		4	ŝ	
	amount must be shown in column (a))		†		
6	Enter the net total of each column as		1	Objects of fine	
	indicated below.		1	Ž.	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5.			<u>.</u> .	
b	Prior years' undistributed income Subtract		+	e egya	
	line 4b from line 2b			<u> </u>	
С	Enter the amount of prior years' undistributed		F	į	,
	income for which a notice of deficiency has		-	Â	
	been issued, or on which the section 4942(a)		Į.	in our family	
	tax has been previously assessed			ģ.	
d	Subtract line 6c from line 6b Taxable			÷	
	amount - see instructions		Ì		
е	Undistributed income for 2011 Subtract line		-		
	4a from line 2a Taxable amount - see		1		
	instructions		1		
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1. This amount must be		1	•	
	distributed in 2013		1	:	8,024
7	Amounts treated as distributions out of corpus			3	•
	to satisfy requirements imposed by section		Ì	Š.	
	170(b)(1)(F) or 4942(g)(3) (see instructions)		1	Ş.	
8	Excess distributions carryover from 2007 not	·			
	applied on line 5 or line 7 (see instructions)		•	į.	
9	Excess distributions carryover to 2013.	···	<u></u>	;	
	Subtract lines 7 and 8 from line 6a		1	A CONTRACTOR OF THE CONTRACTOR	
0	Analysis of line 9		·····	•	
	Excess from 2008		Ę	ė į	
	Excess from 2009		ţ	\$ **	
	Excess from 2010		‡	÷	İ
	F		į.	s ²	
	Excess from 2012		-	¥	
-	LAGOSS BUILZUIZ . , ,	1		-	l

	XIV Private Operating Found	iations (see inst	ructions and Part	VII-A, question s	')	
а	If the foundation has received a ruling or	determination letter t	that it is a private ope	rating		
	foundation, and the ruling is effective for				>	
b	Check box to indicate whether the found				4942(J)(3) or	4942(j)(5)
a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
	income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Tota
	investment return from Part X for each year listed	(a) 2012	(0) 2011	(0) 2010	(d) 2009	
ь	85% of line 2a					-
•	65% Of life 2a			ļ		
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
ì	"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					
	·					
С	"Support" alternative test - enter					1
	(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)					
			·	<u> </u>	 	
	(3) Largest amount of support from an exempt organization					
_	(4) Gross investment income .			<u> </u>	<u> </u>	
rt	XV Supplementary Informati	•	•	e foundation had	d \$5,000 or more	in assets at
_	any time during the year	 see instruction 	ns.)	,, , <u></u>		· · · · · · · · · · · · · · · · · · ·
	Information Regarding Foundation Ma	nagers				
	List any managers of the foundation who	have contributed m	ore than 2% of the to	tal contributions recei	ved by the foundation	
	before the close of any tax year (but onl	y if they have contribi	uted more than \$5,00	0) (See section 507(d)(2))	
	List any managers of the foundation who	2 Own 10% or more o	of the stock of a corne	ration (or an equally l	arge portion of the	
,	ownership of a partnership or other entit				arge portion of the	
	emicromp or a parametemp of ourier office	y) or willow the loans	addit flas a 1070 of gr	cate: interest		
						
	Information Regarding Contribution, C	Grant, Gift, Loan, Sch	holarship, etc., Prog	rams		
	Check here ▶ ☐ If the foundation only		•	_	·	
	unsolicited requests for funds. If the four		grants, etc. (see instru	ctions) to individuals	or organizations under	•
	other conditions, complete items 2a, b, c	, and d				
	The name, address, and telephone num	ber or e-mail of the p	erson to whom applic	ations should be add	ressed	
	990APP					
,	The form in which applications should be	submitted and inform	mation and materials	they should include		
	Any submission deadlines					
	Any submission deadlines					

974 Page 11

Part XV | Supplementary Information (continued)

3 Grants and Contribution	ns P	aid During the	Year or Approved	for Future Pa	ayment	
Recipier			If recipient is an individual show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (ho	me c	or business)	or substantial contributor	recipient		
a Paid during the year						
Daymark					GED Lab	
1592 Washington Stree	t Ea	st			İ	
Charleston	WV	25311	n/a	Paid		5,000
Riverside High School					school supplies,	
1 Warrior Way					transportation	
Charleston	wv	25315	n/a	Paid		2,500
Capital Resorce Agenc	Y				Cool Mining	
12404 MacCorkle Ave			,		safety training	70.000
Charleston	WV	25315	n/a	Paid	and schooling	10,000
					i	
WV State University					Nursing	
PO Box 1000		05450 4000	,		Scholarships	25 000
Institute	wv	25112-1000	n/a	Paid		25,000
					N	
University of Charles					Nursing	
2300 MacCorkle Ave SE		25224			Scholarships	35 000
Charleston	WV	25304	n/a	Paid		25,000
gh						
Chandler Academy					school supplies and incentives	
308 Elizabeth Street		05344		_ , ,	and incentives	5 000
Charleston	wv	25311	n/a	Paid		5,000
Garnett Career Center					School and Studen	
Dickinson Street					supplies etc.	
Charleston	wv	25311	n/a	Paid	suppites etc.	8,000
CHALLESCON	** *	23311	11/4	FAIG		0,000
				!		
Total					▶ 3a	80,500
b Approved for future paymen	t					·
2 · · · · · · · · · · · · · · · · · · ·	•					
Total						

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by se	ection 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue	code				
a					
b					
c					
			-		
e					
g Fees and contracts from government agencies		<u> </u>			
2 Membership dues and assessments	·				
3 Interest on savings and temporary cash investments .					
4 Dividends and interest from securities					68,56
5 Net rental income or (loss) from real estate			`		,
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property		·			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a <u>Interest on loan</u>					5,83
b Non dividend distrib			-		
c Bad Check Fees		 	01		
d	1				
			1 1		
е					74 40
e				13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	· · · · · ·				
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations (b) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accompliance is report	shment of Exerted in column (e) of	empt Purpos	es_ atributed importantly to	74,40
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations (b) Part XVI-B Relationship of Activities to the	Accompliance is report	shment of Exerted in column (e) of	empt Purpos	es_ atributed importantly to	74,40
e 12 Subtotal Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations (b) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accompliance is report	shment of Exerted in column (e) of	empt Purpos	es_ atributed importantly to	74,40
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the	e organ	ızatıon dıre	ectly or indirectly en	gage in any of	f the following with	any other	organization	describ	eď			Yes	No
	in sect	tion 501	(c) of the	Code (other than se	ection 501(c)(3	B) organizations) or	in section	527, relating	g to polit	ıcal				
		zations		`	` ` ` ` ` `	, ,		•	•					
_	•											1		1
а				rting foundation to a		• =								
	(1) Ca	ash										1a(1)		X
	(2) Ot	ther ass	ets									1a(2)		X
ь		transac											****	
D														
	(1) Sa	ales of a	ssets to a	noncharitable exen	npt organizatio	on						1b(1)		X
	(2) Pu	ırchase	s of assets	s from a noncharitat	ole exempt org	ganization						1b(2)		X
	(3) Re	ental of	facilities, e	quipment, or other	assets							1b(3)		Х
												 4		
				angements								F		X
	(5) Lo	ans or	oan guara	intees								1b(5)		X
	(6) Pe	erformar	nce of serv	rices or membership	o or fundraisin	g solicitations						1b(6)		X
С				ipment, mailing lists		-								Х
		_	•	-										- 21
d	If the a	answer	to any of th	ne above is "Yes," c	complete the to	ollowing schedule	Joiumn (b) should alw	ays show	w the 1	air mari	ket		
	value o	of the g	oods, othe	er assets, or service:	s given by the	reporting foundation	on If the fo	oundation re	ceived le	ess the	ın fair m	narket		
	value i	in anv ti	ansaction	or sharing arranger	ment, show in	column (d) the value	ue of the c	oods, other	assets.	or sen	vices re	ceived		
(6) 1	$\overline{}$						7							
(d) L	ne no (i) Amou	nt involved	(c) Name of no	ncharitable exen	npt organization	(d) Des	cription of tran	isiers, tra	nsactio	ns, and s	snaring arra	angerne	31118
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	la tha f	· · · · · · · · · · · · ·												
2a			•	or indirectly affiliate								_	F=3	
	describ	bed in s	ection 501	(c) of the Code (oth	ner than sectio	n 501(c)(3)) or in s	ection 527	·?				Yes	s X	No
b	If "Yes	," comp	lete the fol	llowing schedule										
			me of organ		(b)	Type of organization		Ι	/c\ De	scriptic	n of relat	fionebin		
		(a) Iva	ille of organ	iiZatiOi1	(0)	Type of organization			(0) 00	scriptio	TI OI TEIA	tionamp		
				 	<u> </u>			 						
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]						
					 			 						
								 						
		_												
	Unde	er pen a ltie	s of penun, i	declare that have examinaration of preparer (other the	ned this return, incl	uding accompanying sch	edules and s	tatements, and t	o the best of	of my kn	owiedge a	ind belief, it is	s true,	
Sig	corre	ect, a n o co	pplete Decla	aration of preparer (other th	nan taxpayer) is ba	ised on all information of	which prepare	er has any know	edge					
		M	nx	- 1-1 l	اگرا براید	- /a . / /m	•					IRS discuss		
Hei	re 🖊 🔀	John !	of∉enb	arger	-y U	104/13	Trustee	e				preparer sho		
		gnature	of officer or tru	ustee	D	ate	Title				(see inst)' X	Yes	No
		Pnn	Type prepar	er's name	Preparer s	signature		Date		Chart	Π,	PTIN		—
Pai	d		1	$\sim 1/1/1/1$		_		1		Check	ıf			
		Joh	n Rowal	May Ka	12 John R	owan		05-23-20	13	self-em	ployed	P00249	799	
Pre	pare	r Firm	's name	Rowan & As	sociates (CPAs PLLC			Firm's Elf	N >				
	-		s address			fice Center			Phone no					
JOI	e Onl	y ' ""	200.633			TTOE CENTER	———		1. 130116 110		7.00	1100		
			/	Dunbar WV	∠5064					304	-766-			
EΑ			/									Form 990)-PF (2	2012)

	Federal Supporti	ng Statements	2012 PG 01
Name(s) as shown on return			FEIN
HELEN W POF	FENBARGER AND PERRY S POF	FENBARGER FOUN	55-0694974
Other adjustmen	Form 990PF, Part Other Increases Its to basis- Broker		Statement #115 <u>4</u>)
Total		(1,41	<u>4</u>)
137			_

Form 990PF, Part II, Line 10(b) Statement #137

Investments: Corporate Stock Schedule

PG 01

Category	BOY	Book Value	EOY FMV
See Attached	1,327,023	1,328,848	1,757,058
Totals	1,327,023	1,328,848	1,757,058

\$**T**M139

Form 990PF, Part I, Line 6(a)
Gain(Loss) from Sale of Other Assets Schedule

PG 01 Statement #139

Name	724 SH BLACKROCK GLOBAL OPP EQ
Date Acquired	VARI-OU
How Acquired	PURCHASED
Date Sold	2012-11
Purchaser	STOCK EXCHANGE
Gross Sales	\$ 8,731
Basis	\$ 15,916
Accumulated Depreciation	\$
Sales Expense	\$
Total Net	\$ (7,185)
Name	8062 SH FIRST TRUST PORTFOLIOS
Date Acquired	2011-06
How Acquired	PURCHASED
Date Sold	2012-07
Purchaser	STOCK EXCHANGE
Gross Sales	\$ 83,422
Basis	\$ 79,997
Accumulated Depreciation	\$
Sales Expense	\$
Total Net	\$ 3,425
1	

Federal Supporting Statements 2012 PG 01 Name(s) as shown on return HELEN W POFFENBARGER AND PERRY S POFFENBARGER FOUN 55-0694974

Form 990PF, Part II, Line 6

Statement #156

Receivables Due From Officers, Directors, Trustees, and Others

Borrower's name

Daniel & Helen Jordan

Original amount

\$ 180,000

Balance due

\$0

2005-09

Date of note Maturity date

Repayment terms

2025-10

240 pmt of \$1,187.92

Interest rate

Security

Residential real est

Purpose

home purchase

Lender consideration FMV of consideration

Travel Advances

_					-	
		Federal St	Federal Supporting Statements	nents	2012 PG 01	-
Name(s) as shown on return HELEN W POFFENBARGER AND PERRY S POFFENBARGER FOUN	POFFENBARGER FOUN				Your Social Security Number 55-0694974	
	Form 990Pi	Form 990PF, Part I, Line 23 -	– Other Expenses Schedule	nle	Statement #103	
Description Foreign tax withheld or paid	Revenue and expenses 306	Net 1nvestment 306	Adjusted net income	Charitable purpose 0		
Totals	306	306	0	0		
	Form 990	Form 990PF, Part I, Line 11	I, Line 11 - Other Income Schedule	ıle	PG 01 ' Statement #106	
Description Interest on Mortgage receivabl	Revenue and expenses 5,835	Net Investment 5,835	Adjusted net income			
Totals	5,835	5,835	0			
	Form 990PF,	Part I, Line 16(b) -	Form 990PF, Part 1, Line 16(b) - Accounting Fees Schedule	edule	PG 01 Statement #108	
Description Accounting and tax prep	Revenue and expenses 1,425	Net Investment 1,425	Adjusted net income 0	Charitable purpose		
Totals	1, 425	1,425	0	0		

2012 PG 01	Your Social Security Number 55-0694974	Statement #109		PG 01 Statement #110	
nents		Schedule	Charitable purpose 0 0	0	Charitable purpose 0 0 0
Federal Supporting Statements		Form 990PF, Part I, Line 16(c) - Other Professional Fees Schedule	Adjusted net income 0 0	0 8 - Taxes Schedule	Adjusted net income 0
Federal Su		I, Line 16(c) - Othe	Net Investment 16,349 96	4 16,454 0 Form 990PF, Part I, Line 18 - Taxes Schedule	Net 1,035 1,035
	OFFENBARGER FOUN	form 990PF, Part	Revenue and expenses 16,349 96	16,454 Form	Revenue and expenses 1,035
	Name(s) as shown on return HELEN W POFFENBARGER AND PERRY S POFFENBARGER FOUN		Description Investment advise Fees Investment Expenses Margin Interest	Totals	Description Federal Tax estimate Totals

HEEK W PRINCES AND PRINCES FOR SOME STATE		Federal Supporting Statements	g Statements	2012 PG 01
form 990pts, Part 1, Line 22 - Subsidiary Schedule Revenue Net Adjusted Charitable and expenses investment net income purpose 26 26 0 0 0 28 26 0 0 0	Name(s) as shown on return HELEN W POFFENBARGER AND PERRY S R	OFFENBARGER FOUL		Your Social Secunity Number 55-0694974
Revenue Net Adjusted Chantable and expenses investment net income purpose purpose 26 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Line 22	ry Schedule	Subsidiary Statement
26 <u>26</u>	Description Charleston News- report pub	Net investment 26	Charitable purpose	
	Totals			

	Federal Su	apr	oorting Statemen	ts	2012 PG 01
Name(s) as shown on return					Your Social Security Number
HELEN W POFFENBARGER	AND PERRY	S	POFFENBARGER	FOUN	55-0694974

Form 990PF, Part XV, Line 2 Application Submission Information 990APP

Grant Program

Education

Applicant Name

Richard Lehman

Address

1200 Laidley Towers

Charleston WV 25301

Telephone

304-341-3954

Email Address

Form & Content

Letter describing educational and financial needs, or request from educational institution.

Submission Deadline

none

Restrictions on Award

Limited to Kanawha County, WV

990	Overflow Statement					2012 Page 1
Name(s) as shown on return					FEIN	
HELEN W POFFENBARGER	AND	PERRY	S	POFFENBARGER	FOUN	55-0694974

Tax estimates

Description		A	mount
Prior year carryfoward		\$	14
Estimate			1,000
	Total:	\$	1,014

Form 990-W

(Worksheet)

10a

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)
(Keep for your records Do not send to the Internal Revenue Service.)

2013

OMB No 1545-0976

Unrelated business taxable income expected in the tax year 1 1 2 Tax on the amount on line 1. See instructions for tax computation . . Total Add lines 2 and 3 . . Estimated tax credits (see instructions) 5 Other taxes (see instructions). . Total Add lines 6 and 7..... 8 9 9 Credit for federal tax paid on fuels (see instructions)

	not required to make estimated tax payments. Private foundations, see		
	instructions	10a	1,103
b	Enter the tax shown on the 2012 return (see instructions) Caution If		
	zero or the tax year was for less than 12 months, skip this line and		
	enter the amount from line 10a on line 10c	10b	1,103
С	2013 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization	ıs requ	ired to

Subtract line 9 from line 8 Note. If less than \$500, the organization is

				<u> </u>		
			(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11	05-15-2013	06-17-2013	09-16-2013	12-16-2013
12	Required installments Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	276	276	276	275
13	2012 Overpayment (see instructions)	13				
14	Payment due. (Subtract line 13 from line 12)	14	276	276	276	275

. Form 8868

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

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 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 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 corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print HELEN W POFFENBARGER AND PERRY S POFFENBARGER FOUN 55-0694974 File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) due date for 1200 Laidley Tower filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions Charleston, WV 25301 Enter the Return code for the return that this application is for (file a separate application for each return) 0 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 • The books are in the care of ▶ Richard Lehman 1200 Laidley Tower, WV 25301 Telephone No ► 304-341-3924 FAX No ▶ • 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 it is for part of the group, check this box a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08-15 , 20_13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 2012 or ► ☐ tax year beginning , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 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 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 | \$ 0 c Balance due Subtract line 3b from line 3a Include your payment with this form, if required, by using 0 EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions