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

OMB No 1545-0052 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Fore	alend	ar year 2013 or tax year beginning ,	and ending				
Nar	e of four	ndation			A Empl	oyer identification number	
			7370		4.5	2020270	
		CHELKNAUS FAMILY FOUNDATION		2	<del>,                                     </del>	-3820378	
		street (or PO box number if mail is not delivered to street address)	'	Room/suite		hone number (see instruction $4-782-2707$	ліз)
		state or province, country, and ZIP or foreign postal code		" '			. $\Box$
	ALEI	05405			C If exe	mption application is pendin	g, check here
GC	heck a	all that apply Initial return Initial ret	urn of a former public	charity	D 1. Fo	oreign organizations, check	here ►
		Final return Amended	d return		2. Fo	oreign organizations meeting	the
		Address change Name ch	ange		85	5% test, check here and atta	ch computation
	book t	ype of organization: X Section 501(c)(3) exempt prival	te foundation		F If nov	ate foundation status was te	erminated under
			ole private foundation			on 507(b)(1)(A), check here	<b>&gt;</b>
		ket value of all assets at J Accounting method:		crual	F If the	foundation is in a 60-month	termination
		ear (from Part II, col. (c),  Other (specify)				section 507(b)(1)(B), check	_ [ ]
	e 16) <b>i</b>		t be on cash basis.)				
	irt I		(a) Revenue and	(5.) 11-1		(2) Advisted	(d) Disbursements
***********		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net in		(c) Adjusted net income	for charitable purposes
			<del></del>	n - 3			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	200,000	* * * * * * * * * * * * * * * * * * * *	##0#\C\\$\\$\## *\\$\\$\\$\\$\\$\\$		
*I07	2	Check  if the foundation is <b>not</b> required to attach Sch B		Tarib Wa	<u> </u>	- 1988 District Vindian	
77	3	Interest on savings and temporary cash investments		+			
0	4	Dividends and interest from securities		+			
-1	5a	Gross rents		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
딕 j	b	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	3888 P	775.00			
SCAININEL JUL Revenue	6a b	Gross sales price for all assets on line 6a		1.660		/\\	
	7	Capital gain net income (from Part IV, line 2)	8575 O.A. W. L.	17 - 187 - 183 M. Continuent 1990	0	(A) (A)	
	8	Net short-term capital gain		32			0
2	9	Income modifications	**************************************		/cV	180/11	ACCEPTANCE.
3	10a	Gross sales less returns and allowances		16	X//	0.00	
ัก	ь	Less: Cost of goods sold		1	/	N / ( /	
	С	Gross profit or (loss) (attach schedule)			10V	/2	
	11	Other income (attach schedule)		9		O Company	\$Q7:\$b7:\$\$/1.\$k
	12	Total. Add lines 1 through 11	200,00	0 \	- \ <u>\</u> 0	37	0 7 7 7 7
<u> </u>	13	Compensation of officers, directors, trustees, etc	(	0	\		
penses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits		<b></b>			
	16a	Legal fees (attach schedule)		<u> </u>			<u> </u>
and Administrative Ex	b	Accounting fees (attach schedule) Stmt 1	95	5			955
Ę	С	Other professional fees (attach schedule)		+			
itra	17	Interest		+	<del></del>		
nis	18	Taxes (attach schedule) (see instructions)		+		<del> </del>	
Ē	19	Depreciation (attach schedule) and depletion		+			
Ad	20	Occupancy		+	-		<del>   </del>
ğ	21	Travel, conferences, and meetings	<del></del>	<del> </del>		<del>                                     </del>	+
ā	22 23	Printing and publications Other expenses (att. sch.) Stmt 2 Stmt 3	1,45	0		<del> </del>	30
ing	23	Total operating and administrative expenses.	2,43		<del>-</del>	1	+
rati		Add lines 13 through 23	2,40	5	0		0 985
Operating	25	Contributions, gifts, grants paid	184,00	1800 8 1		BAR MAR	184,000
ō	26	Total expenses and disbursements. Add lines 24 and 25	186,40		0		0 184,985
	27	Subtract line 26 from line 12:			200		A Single Marchia
	a	Excess of revenue over expenses and disbursements	13,59	And the second second second second second			
	b	Net investment income (if negative, enter -0-)			0	E March 1986	
	c	Adjusted net income (if negative, enter -0-)			Fig. v		0

For Paperwork Reduction Act Notice, see instructions.

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W	Part I	Balance Sheets Attached schedules and amounts in the description columns of the description columns of the description columns of the description columns of the description of the description columns of the description of	mn	Beginning of year		of year
×.	<u> </u>	should be for end-of-year amounts only (See instruction	s)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ı	1	Cash – non-interest-bearing		11,365	26,380	26,380
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
- [		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
١		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
1	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
1		instructions)				
	7	Other notes and loans receivable (att. schedule)				
- 1		Less: allowance for doubtful accounts ▶	0			
g	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		5,683	4,263	4,263
As	10a	investments – U S. and state government obligations (attach schedule)				
- 1	ь	Investments – corporate stock (attach schedule)				
- 1	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis		*		
١		Less accumulated depreciation (attach sch.)				
١	12	Investments – mortgage loans				
ĺ	13	Investments – other (attach schedule)		_		
-	14	Land, buildings, and equipment basis		With Car 14		
- [		Less accumulated depreciation (attach sch.)				
1	15	Other assets (describe	)			
- 1	16	Total assets (to be completed by all filers – see the				
ļ		instructions. Also, see page 1, item I)		17,048	30,643	30,643
T	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				A 10 10 10 10 10 10 10 10 10 10 10 10 10
뎶	21	Mortgages and other notes payable (attach schedule)				
긔	22	Other liabilities (describe ▶	)			
	23	Total liabilities (add lines 17 through 22)		0	0	
T		Foundations that follow SFAS 117, check here	► X			
ces		and complete lines 24 through 26 and lines 30 and 31.				
힏	24	Unrestricted		17,048	30,643	
ala	25	Temporarily restricted				
9	26	Permanently restricted				
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here	▶ [	· <del>- ·</del>		
띡		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds		Ĺ	<u>i</u>	
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
t-	30	Total net assets or fund balances (see instructions)		17,048	30,643	
Ž	31	Total liabilities and net assets/fund balances (see				
$\perp$		instructions)		17,048	30,643	
$b_{s}$	Part I	II쵴 Analysis of Changes in Net Assets or Fund Balar	nces			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), li	ne 30 (mu	ıst agree with		
	end-	of-year figure reported on pnor year's return)			1	17,048
2		r amount from Part I, line 27a			2	13,595
3	Othe	r increases not included in line 2 (itemize) ▶			3	
4	Add	lines 1, 2, and 3			4	30,643
5	Decr	eases not included in line 2 (itemize) ▶			5	
6	<u>Tota</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II	, column (	(b), line 30	6	30,643
		— — — — · · · · · · · ·		- <del></del>		5 QQA-DE (2042

, (a) List and desc	and Losses for Tax on Investm cribe the kind(s) of property sold (e.g., real estate,	ent Income	(b) How acquired P – Purchase	(c) Date ac		(d) Date sold
	arehouse, or common stock, 200 shs MLC Co )		D – Donation	(mo , day	', yr ) 	(mo , day, yr )
1a N/A	·	-				
<u>b</u>		<del>. – –</del>				
<u>c</u>						
<u>d</u>						
<u>e</u>	(f) Depreciation allowed	(n) Cost or	r other basis		(b) Gar	or (loss)
(e) Gross sales pnce	(or allowable)		ense of sale			ninus (g)
a						
b						
С						
d						
e		<u> </u>				
Complete only for assets shown	ng gain in column (h) and owned by the f	oundation on 12/31/6	69			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	col (		less than -0-) or om col (h))
	85 0) 1231105	Over con	(), ii diiy	_	•	- · · · · · · · · · · · · · · · · · · ·
<u>a</u>						
<u>b</u>						
<u>c</u>						· · · · · · · · · · · · · · · · · · ·
e						
	If gain, also enter in	Part I, line 7				
2 Capital gain net income or (net o	capital loss) If (loss), enter -0- in			2		
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5) and (	6)				
if gain, also enter in Part I, line 8	3, column (c) (see instructions). If (loss),	enter -0- in				
Part I, line 8				3		
	nder Section 4940(e) for Redu			me		
(For optional use by domestic private	e foundations subject to the section 494	D(a) tax on net invest	tment income.)			
If section 4940(d)(2) applies, leave to	his part blank.					N/A
Was the foundation liable for the sec	ction 4942 tax on the distributable amou	nt of any year in the l	base period?			Yes No
If "Yes," the foundation does not qua	alify under section 4940(e) Do not comp	lete this part				
1 Enter the appropriate amount in	each column for each year; see the inst	ructions before make	ng any entries			<del></del>
(a) Base penod years	(b)		(c)		Dist	(d) Inbution ratio
Calendar year (or tax year beginning ii	n) Adjusted qualifying distribution	s Net value	e of nonchantable-use asse	s		divided by col (c))
2012					<del></del>	
2011						
2010						
2009						
2008			<del></del>	<del></del>	<del></del>	<del></del>
2 Total of line 1, column (d)				2		
	5-year base period – divide the total on	line 2 by 5, or by the	<b>1</b>			<del></del>
<del>-</del>	has been in existence if less than 5 year			3		
·	•					
4 Enter the net value of noncharita	able-use assets for 2013 from Part X, lin	e 5		4		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7	<u> </u>	<del></del> .
C. Catananalifana distabilitare for	m Dort VII line 4					
8 Enter qualifying distributions from	m Part XII, line 4 an line 7, check the box in Part VI, line 1	h and complete that	nart using a 10/ toy	8 See the		
Part VI instructions	an into 1, Greek the DOX III Fait VI, line 11	o, and complete that	partusing a 170 tax i	aic. See ille	7	
T GIT TI HOU GOUDING		•	<del></del>			- 000 PE

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV

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-PF** (2013)

X

8b

g

Stmt

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

at any time during the year?

If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013)

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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3b

4a

X No

N/A

	n 990-PF (2013) MUTSCHELKNAUS I					tinued)			Р	age 6
5a	During the year did the foundation pay or incu	r any amount to.							基型	
	(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	(section 4	945(e))?		Yes 🛚 🗓	No			
	(2) Influence the outcome of any specific public	lic election (see section	4955); or t	o carry on,					Y.K	
	directly or indirectly, any voter registration	drive?				Yes X				
	(3) Provide a grant to an individual for travel,	study, or other similar pu	urposes?			Yes 🔀	No			100
	(4) Provide a grant to an organization other th	an a charitable, etc., orç	ganization	described in	_					8.9
	section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see instructio	ns)			Yes X	No			1
	(5) Provide for any purpose other than religiou	us, chantable, scientific,	literary, or	educational		_				
	purposes, or for the prevention of cruelty t	o children or animals?				Yes X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to q	ualify unde	er the exceptions d	escribed in				<i>A</i>	
	Regulations section 53 4945 or in a current no	itice regarding disaster a	assistance	(see instructions)?	•	]	N/W	5b	. 2	S ~#% S
	Organizations relying on a current notice regard	rding disaster assistance	e check he	re		1	▶∐∣			
С	If the answer is "Yes" to question 5a(4), does		emption fro	m the tax						3.
	because it maintained expenditure responsibil	•			N/A	Yes	No			
	If "Yes," attach the statement required by Reg			_						F gra
6a	Did the foundation, during the year, receive ar	ly funds, directly or indire	ectly, to pa	y premiums	רז	. 9				
	on a personal benefit contract?					Yes X	No			v
b	Did the foundation, during the year, pay premi	ums, directly or indirectly	y, on a per	sonai benetit contr	act?			6b	87 S	<b>X</b> ∴‰.
	If "Yes" to 6b, file Form 8870.			elter transportion?		Yes X	N.		$\hat{Q}_{ij}$	
/a ⊾	At any time during the tax year, was the found If "Yes," did the foundation receive any procee						No N/A	7b	Meric	و منطقه المنطقة
SID.	art VIII Information About Officer									L
	and Contractors					- uiu Li				
1	List all officers, directors, trustees, foundation	on managers and their	compens	ation (see instruc	tions).	<del></del>				
	(a) Name and address			(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contrib employed plans and compen	e benefit deferred		oense ao rallowa	
CI	LARENCE W MUTCHELKNAUS, SR	SALEM		PRESIDENT						
PC	BOX 351	WV 26426		1.00		<u> </u>	0			0
M	ARY F MUTCHELKNAJS	Salem		SECRETARY				ļ		
P	D BOX 351	WV 26426		1.00		<u> </u>	0			0
	LARENCE W MUTSCHELKNAUS, JR.	SALEM		TREASURER						
	D BOX 351	WV 26426		1.00		<u> </u>	0	<del> </del>		0
	SUZANNE OSBORNE D BOX 351	SALEM WV 26426		DIRECTOR 1.00		,	0			0
2			ncluded o					<u> </u>		
	(a) Name and address of each employee paid mo	re than \$50,000		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contrib employee plans and compen	e benefit deferred		pense a r allowa	
N	DNE					 				

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

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Rart VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid E	mployees,
, and Contractors (continued)		·
3 Five highest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE."	·
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		J
	<del></del>	
Total number of others recovers over \$50,000 for professional converse		
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX B Summary of Program-Related Investments (see instr	ructions)	
Part IX-B Summary of Program-Related Investments (see instruments of the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	uctions)	
1 N/A		Amount
AT / E		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

	SSP-PF (2013) MOIDCHILLIGHTOD IMMILII TOURDMITTON INC #3 3020370		Page C
E.P.	Minimum Investment Return (All domestic foundations must complete this part. Fo	reign founda	tions,
	see instructions.)	ing come.	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes:		_
а	Average monthly fair market value of securities	1a	0
þ	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0 2 2	_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	rt 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	Mınimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	_ 7	0
e b	WINE Qualifying Dietributions (aggingtructions)		
EF	Qualifying Distributions (see instructions)		_
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	184,985
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		- -
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	229	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	184,985
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	184,985
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for	undation	
	qualifies for the section 4940(e) reduction of tax in those years.		

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Pa	art XIII Undistributed Income (see instructions	)			
	· ·	(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7				0
2	Undistributed income, if any, as of the end of 2013:				
а	•		964-1888/1884 1,711	(1) Jan 3 10 20 20 20 4 7 1	
b	· · · — · — · —				
3	Excess distributions carryover, if any, to 2013				
a	From 2008				
b	From 2009				
C	From 2010				
d					
e	From 2012  Total of lines 3a through e				
, I		A 2 6 60 3 4 1 AZ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4	Qualifying distributions for 2013 from Part XII, line 4. > \$ 184,985				
2	Applied to 2012, but not more than line 2a				
	Applied to undistributed income of prior years			W 9	
~	(Election required – see instructions)				
c	Treated as distributions out of corpus (Election	***************************************	18.88 (A. 249) (A. 1	- 3 (15) (10)	
·	required – see instructions)				
d	Applied to 2013 distributable amount	\$ 1 T			, , , , , , , , , , , , , , , , , , ,
е	Remaining amount distributed out of corpus	184,985			
5	Excess distributions carryover applied to 2013				
	(If an amount appears in column (d), the same	100			
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	Man - Man arman a			
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	184,985			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			Name .	
С	Enter the amount of prior years' undistributed	3.3			
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
u	Subtract line 6c from line 6b. Taxable amount – see instructions				
۵	Undistributed income for 2012 Subtract line			<u> </u>	
·	4a from line 2a. Taxable amount – see				
	Instructions				
f	Undistributed income for 2013. Subtract lines		Togar Late State	1.5 1. <b>3 1</b> 8 1 14 31	220,000 1.10 300,000 1
	4d and 5 from line 1. This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.	4			
_	Subtract lines 7 and 8 from line 6a	184,985			
0	Analysis of line 9:				
a	Excess from 2009				
b	Excess from 2010				
ч С	Excess from 2011 Excess from 2012				
d e	Excess from 2013 184,985				
_		■ 6 N/S 4 N/S 4 N/S 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T C . COLON TO C . WE I	1 mars 1 m m m m m m m m m m m m m m m m m m

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution reapient Name and address (home or business) or substantial contributor a Paid during the year FORT NEW SALEM 223 E MAIN ST NONE BUILDING RESTORATION SALEM WV 26426 10,000 SALEM VOLUNTEER FIRE DEPT. 60 MILL ST NONE SALEM WV 26426 GENERAL FUND 5,000 BIG ISAAC UM CHURCH 1810 SALEM FORK RD NONE GENERAL FUND 1,500 SALEM WV 26426 WVU CHILDREN'S HOSPITAL 1 MEDICAL CENTER DR. NONE MORGANTOWN WV 26506 GENERAL FUND 2,000 HORIZONS CHURCH RT 25 MOUNT CLARE RD NONE GENERAL FUND LOST CREEK WV 26385 150,000 SALEM LITTLE LEAGUE NONE W. MAIN STREET SALEM WV 26426 GENERAL FUND 500 HAITIAN CHRISTIAN OUTREACH NONE PO BOX 1052 GENERAL FUND MAHOMET IL 61853 2,000 REYNOLDSVILLE CHRISTIAN CHURCH PO BOX 360 NONE REYNOLDSVILLE WV 26422 GENERAL FUND 1,000 PRESBYTERY OF FLORIDA 9451 ELIDA ROAD NONE GENERAL FUND SPRING HILL FL 34608 5,000 BREAD OF LIFE FOOD PANTRY 183 EAST MAIN ST NONE SALEM WV 26426 GENERAL FUND 7,000 Total ▶ 3a 184,000 **b** Approved for future payment N/A **Total** ▶ 3b

Ent	ter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue					_ · _ · _ · _ · _
	a			<del>                                     </del>		
	b		<del> </del>		<del></del>	
	c			<b></b> -		
	d	<del></del>		<del> </del>		<del></del>
	e			<b></b>		<u> </u>
	To a and contracts from accomment agencies	<del></del>		<b></b>	<u> </u>	<u> </u>
2	g Fees and contracts from government agencies					<del></del>
	Membership dues and assessments  Interest on savings and temporary cash investments			<u> </u>		
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:	State DE WAR		- Sec. 339	18. 19. 14. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	Salara Carlo
3		2000 CACO	The Part of The Pa	aidh ~ 1 11 15,44		2007 (2, 200) 5m3 - 1875 - 47 0 104 108
	a Debt-financed property  b Not debt-financed property					
6	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than invento	·n/				
	Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
	Gross profit or (loss) from sales of inventory	<del></del>				
	Other revenue: a	<del>  -</del>				<del>-</del> -
••	b		·			
	с					
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	e					Į.
12	Subtotal. Add columns (b), (d), and (e)		0	F-1,446.55	0	0
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)		0	r was	0	0
13	Total. Add line 12, columns (b), (d), and (e)		0	kni.		
13 (Se		ns.)			13 _	
13 (Se	Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation	ns.) to the Accomplishm	nent of Exempt P	u <b>rpose</b> A contrib	13	0
13 (Se	Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for whi	ns.) to the Accomplishm	nent of Exempt P	u <b>rpose</b> A contrib	13	0
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Form 990	)-PF (201	3) MUTSCHELF	<u> Maus f</u>	'AMILY FOU	<u> MDATION</u>	INC 45-3	820378			Pa	ge 1:
Part >	(VIII	Information Regarization	arding Tra					h Noncha	ritable	,	
1 Did	the orga	nization directly or ind	rectly engag	e in any of the follo	owing with any o	ther organization of	lescribed			Yes	No
		11(c) of the Code (other								210	
	anization				•		•				
-		om the reporting found	ation to a no	nchantable evemn	t organization o	f			2	-	*
		an the reporting lound	audii to a no	nonantable exemp	it organization o	•			1a(1)	- Sicologia	X
	Cash										X
(2)	Other as	sets							1a(2)	3689675	
	ner transa								1995714"-Y-		7.22
(1)	Sales of	assets to a nonchanta	able exempt	organızation					1b(1)	ļ	X
(2)	Purchas	es of assets from a no	oncharitable e	exempt organization	on				1b(2)		X
(3)	Rental o	f facilities, equipment,	or other ass	ets					1b(3)		X
• •		sement arrangements							1b(4)		X
٠,		r loan guarantees							1b(5)		X
		ance of services or me	embershin or	fundraising solicit	ations				1b(6)		х
									1c		х
		acilities, equipment, m				mn (h) chould alum	we chow the fa	ır markat			
		r to any of the above i									
		goods, other assets, o									
val	ue in any	transaction or sharing	arrangemer	nt, show in column	(d) the value of	the goods, other a	ssets, or servi	ces received.			
(a) Lu	ne no	(b) Amount involved	(c) Name	of noncharitable exemp	ot organization	(d) Descrip	tion of transfers, tra	nsactions, and sh	anng arrangeme	ents	
N/A						<u></u>					
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		ation directly or indired					ions			-	a .
de	scnbed in	section 501(c) of the	Code (other	than section 501(c	c)(3)) or in section	on 527?			Ŭ Y	es 🔏	No
b_lf "	Yes," cor	nplete the following so	hedule.			· -					
	(1	a) Name of organization		(b) Type of o	rganization _	<u></u>	(c) Descrip	tion of relationship			
N/.	À				==						
		···-									
				i	·						
		<del></del>	· <del></del>								
	Under ner	naities of perjury, I declare th	nat I have exami	l ned this return, including	g accompanying sch	edules and statements.	and to the best of	mv knowledge ar	d belief, it is tru	A.	
	correct, a	nd complete Declaration of	preparer (other t	than taxpayer) is based	on all information of	which preparer has any	knowledge				
					_			,	IRS discuss this i preparer shown b		
Sign					11 -				ructions)?		No
Here		$\mathcal{I}$	1 0	-1-10	$V$ . $\overline{}$	B/. /		Ŀ			
		Vous W	Mhi	Schol	Prou	<u> </u>		IDENT			
	Signa	ature of officer or trustee			Date	· '= <u>7</u>	Title				
	Print/Tv	pe preparer's name			Preparer's signatu	ire			Date	C	$\Box$
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Paid	T.A DO	NNA L ORSBURN	•		LADONNA I	ORSBITRN			7/,/14	33,1-31	
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	Firm's a	address PO BO	эж 310					Firm's EIN ▶	<u> </u>	027	٠.

304-457-4574

Phone no

Philippi, WV 26416-0310

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

MUTSCHELKNAUS FAMILY FOUNDATION INC

Employer identification number

45-3820378

Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	<b>▼</b> 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 converted. Only a section 501(c)(7), instructions.	overed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.					
Special Rules						
under sections 509(a)(	organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1					
during the year, total co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ontributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, s, or the prevention of cruelty to children or animals Complete Parts I, II, and III.					
duning the year, contrib not total to more than \$ year for an exclusively	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, outions for use exclusively for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> strong because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or					
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t 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 its certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

MUTSCHELKNAUS FAMILY FOUNDATION INC

Employer identification number

45-3820378

Part I	Contributors (see inst	eded.			
(a) No.	Name, ad	(b) dress, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	CLARENCE W MUTS PO BOX 351 SALEM		SR. 26426	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	Name ad	(b) dress, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 2	MARY MUTSCHELKI PO BOX 351 SALEM	IAUS	26426	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	Name ad	(b) dress, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No.	manie, au	aroas, and Eli 1 4		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, ad	(b) dress, and ZIP + 4		(c) Total contributions	(d) Type of contribution
				\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, ad	(b) Idress, and ZIP + 4		(c) Total contributions	(d) Type of contribution
				\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, ad	(b) Idress, and ZIP + 4		(c) Total contributions	(d) Type of contribution
				\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

45-3820378

### **Federal Statements**

### Statement 5 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount
CLARENCE W MUTSCHELKNAUS, SR. MARY MUTSCHELKNAUS	\$	100,000 100,000
Total	\$	200,000

### · ` 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Internal Revenue Service						
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						<b>▶</b> X
• If you are filing for an Additional (Not Automatic) 3-Mont				-	0	
Do not complete Part II unless you have already been grante	d an automatic	3-month extension on a previ	ously filed For	n 886	8.	
Electronic filing (e-file). You can electronically file Form 8868						
a corporation required to file Form 990-T), or an additional (not						
8868 to request an extension of time to file any of the forms lis					n	
Return for Transfers Associated With Certain Personal Benefit					<b>.</b>	
instructions). For more details on the electronic filing of this for				lonpro	fits	
Partil Automatic 3-Month Extension of Ti						
A corporation required to file Form 990-T and requesting an au Part I only	tomatic o-mont	reatension – theta this box a	ina compiete			▶ □
All other corporations (including 1120-C filers), partnerships, R	EMICs, and trus	sts must use Form 7004 to rea	Juest an extens	sion o	f time	
to file income tax returns.			,			
		E	nter filer's ide	ntifyir	ng number, s	ee instructions
					ition number (	
print						
MUTSCHELKNAUS FAMILY FOUNDATION INC 45-38				320378		
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions  Social security number (SSN)					nber (SSN)	
City, town or post office, state, and ZIP code. I	For a foreign add	dress see instructions	<del></del>		<del></del>	<del></del>
	WV 26426					
		·				
Enter the Return code for the return that this application is for (	file a separate a	application for each return)		_		04
Application		Application				Return
Is For	Code	Is For				Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07	
Form 990-BL						08
Form 4720 (Individual) 03 Form 4720 (other than individual)						09
Form 990-PF 04 Form 5227					10	
Form 990-T (sec 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870				<del></del>	11	
Form 990-T (trust other than above)		7 01111 0070	<del></del>			
<ul> <li>The books are in the care of ►</li> </ul>						
Telephone No. ▶ FAX No ▶						
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> </ul>						▶ []
If this is for a Group Return, enter the organization's four d	-		. If this i	S		
for the whole group, check this box		check this box	and attach			
<ul> <li>a list with the names and EINs of all members the extension is</li> <li>1 I request an automatic 3-month (6 months for a corporation)</li> </ul>		ilo Form 990 T) extension of t	ımo	-	····	
until <b>08/15/14</b> , to file the exempt organization						
for the organization's return for.		ga <u>-</u> a	0.1.0.1.0.0.1.1.0			
► X calendar year 2013 or						
▶ ☐ tax year beginning , and endir	ng	<u> </u>				
2 If the tax year entered in line 1 is for less than 12 months	s, check reason	Initial return Fig	nal return			
Change in accounting period			<del></del>			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						•
nonrefundable credits. See instructions.  3a \$					0	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0	
estimated tax payments made Include any prior year overpayment allowed as a credit.  3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See instructions  3c \$						0
Caution. If you are going to make an electronic funds withdrawal (direct		m 8868, see Form 8453-EO and F	orm 8879-EO for			