

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

2014

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

For	calend	dar year 2014 or tax year beginning , a	and ending				
	ne of for				A Emple	oyer Identification number	
M	יוייי כי	CHELKNAUS FAMILY FOUNDATION I	NC		45	-3820378	
		d street (or P O box number if mail is not delivered to street address)		om/suite		none number (see instructions)	<u> </u>
		OX 351				4-782-2707	
City	or town	, state or province, country, and ZIP or foreign postal code			C If exer	nption application is pending, o	theck here
	ALE					opprounds is periority, t	
G	heck	all that apply Initial return Initial retur	n of a former public cha	arity	D 1. Fo	reign organizations, check her	e ▶ <u></u>
		Final return Amended	return		1	reign organizations meeting th	
		Address change Name cha	nge		85	% test, check here and attach	computation
н	heck '	type of organization X Section 501(c)(3) exempt private	foundation			ate foundation status was term	inated under
	Section	n 4947(a)(1) nonexempt chantable trust Other taxable	e private foundation		sectio	n 507(b)(1)(A) check here	▶ ∐
1 F	air mai	rket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month ter	_ i i
eı	nd of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check he	ere 🕨 📙
	ie 16)	▶ \$ 254,158 (Part I, column (d) must t	e on cash basis)		<u> </u>		1 (4) 5
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for chantable purposes
	Ι.				·		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	325,000				
	2	Check ► if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
Revenue	5a	Gross rents Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
en/	b	Gross sales price for all assets on line 6a					
è	7	Capital gain net income (from Part IV, line 2)			0		
11.	8	Net short-term capital gain			1	0	
	9	Income modifications			IC 1 6	2015	
	10a	Gross sales less returns and allowances			Ju 1 Z	2013	
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)				P -	
	11	Other income (attach schedule)				Control to a	
	12	Total. Add lines 1 through 11	325,000		0	0	
	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages					
eï	15	Pension plans, employee benefits					
Exp	16a	Legal fees (attach schedule)					
	b	Accounting fees (attach schedule) Stmt 1	996				996
Administrative	С	Other professional fees (attach schedule)		ļ			
	17	Interest					
Z:S	18	Taxes (attach schedule) (see instructions)		<u> </u>			
	19	Depreciation (attach schedule) and depletion		 			
	20	Occupancy					
≥ું	21	Travel, conferences, and meetings					
2 E	22	Printing and publications Other expenses (att sch.) Stmt 2 Stmt 3	1 450				30
ල වූ	23	Cardy Composition (and Comp	1,450	-			30
Specating and	24	Total operating and administrative expenses.	2 446	1	o	0	1,026
S S		Add lines 13 through 23	2,446 99,039			· · · · · · · · · · · · · · · · · · ·	99,039
7 o	25	Contributions, gifts, grants paid	101,485		0	-	
	26	Total expenses and disbursements. Add lines 24 and 25	101,465	 		<u> </u>	100,003
	27	Subtract line 26 from line 12	223,515	1			
	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	223,313		0		†
	b	Adjusted net income (if negative, enter -0-)		 		0	

	17	Accounts payable and accrued expenses	L		
Liabilities	18	Grants payable	_		
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons	L		
iab	21	Mortgages and other notes payable (attach schedule)			
긔	22	Other liabilities (describe ▶) [
╛	23	Total liabilities (add lines 17 through 22)		0	0
or Fund Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	▶ 🗓		
	24	Unrestricted		30,643	254,158
	25	Temporarily restricted			
	26	Permanently restricted			
Func		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	L		
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ASS	29	Retained earnings, accumulated income, endowment, or other funds	L		
Net /	30	Total net assets or fund balances (see instructions)		30,643	254,158
Ž	31	Total liabilities and net assets/fund balances (see			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with

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

3 | 4 | 254,158 | 5 | 6 | 254,158

254,158

30,643

Form 990-PF (2014)

30,643 223,515

instructions)

4 Add lines 1, 2, and 3

2 Enter amount from Part I, line 27a

end-of-year figure reported on prior year's return)

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize)

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income			
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a N/A					
b					
С					
d					
е					
(e) Gross sales pnce	(f) Depredation allowed (or allowable)		r other basis		ain or (loss) (f) minus (g)
_a					
b					
С					
d			 		
Complete only for constant above	and a seliment (b) and award by the form	detion on 12/21/60			
Complete only for assets showing	g gain in column (h) and owned by the four			1	ol (h) gain minus ot less than -0-) or
(i) F M V as of 12/31/69	(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any		**		(from col (h))
а					
b					
С				<u> </u>	
<u>d</u>		<u>. </u>		 	
<u>e</u>					
2 Capital gain net income or (net ca	apital loss) If gain, also enter in I If (loss), enter -0- in I			2	
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)			, [
If gain, also enter in Part I, line 8,	column (c) (see instructions) If (loss), ent	ter -0- in			
Part I, line 8				3	
Part V Qualification U	nder Section 4940(e) for Reduc	<u>ed Tax on Net I</u>	nvestment Inco	me	
(For optional use by domestic private	foundations subject to the section 4940(a)) tax on net investme	ent income)		
If section 4940(d)(2) applies, leave the	ıs part blank				
10/ac the foundation hable for the cost	ion 4042 toy on the distributable amount o	f any year in the has	a nariad?		Yes X No
	ion 4942 tax on the distributable amount of under section 4940(e) Do not complete		e penou /		res [22] 140
			ony ontrop		
1 Enter the appropriate amount in e	each column for each year, see the instruc	tions before making			(d)
Base penod years Calendar year (or tax year beginning in			(c) ne of nonchantable-use asse		Distribution ratio b) divided by col (c))
2013	184	, 985			
2012					
2011			<u> </u>		
2010					
2009					
2 Total of line 1, column (d)				2	
_	5-year base period – divide the total on line	e 2 by 5, or by the			
number of years the foundation h	as been in existence if less than 5 years			3	
					AE 117
4 Enter the net value of nonchantal	ble-use assets for 2014 from Part X, line 5	i		4	45,117
5 Multiply line 4 by line 3				5	
0 5 4 40/ 25 24 22 24 27 27	(48/ of Dod Line 27h)			6	
6 Enter 1% of net investment incom	1e (1% of Part I, line 27b)			-	
7 Add lines 5 and 6				7	0
. And lines o did o				 - 	
8 Enter qualifying distributions from	Part XII. line 4			8	100,065
	n line 7, check the box in Part VI, line 1b, a	and complete that pa	rt using a 1% tax rate	<u> </u>	
Part VI instructions			. 3		
					50m 990-PF (2014)

	990-PF (2014) MUTSCHELKNAUS FAMILY FOUNDATION INC 45-3820378				Pa	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	ł				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here ▶ X and enter 1% of Part I, line 27b					
С	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-)	2				0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11				
_Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	<u>No</u>
	participate or intervene in any political campaign?			<u>1a</u>		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				J	7.5
	Instructions for the definition)?			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities				1	v
C	Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation > \$ (2) On foundation managers > \$	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers \$			_		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			3		x
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4a		$\frac{\mathbf{x}}{\mathbf{x}}$
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_	•,	5		x
,	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	N	I/A	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7	Х	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WV					
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			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 year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses Stmt 4	4		10	X	
			F	om 99	O-PF	(2014)

	990-PF (2014) MUTSCHELKNAUS FAMILY FOUNDATION INC 45-3820378	<u> </u>			Pa	age 5
Pa	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			1	' l	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		<u> </u>
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>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	>		_13_	X	
	Website address NONE					_
14		none no 🕨	304-7	82-	270	7
	PO BOX 351					
	Located at ► SALEM WV	ZIP+4 ▶	26426)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here		1		ı	▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the year	▶ [15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			1	ŀ	
	"Yes," enter the name of the foreign country ▶			L		
Pa	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.			<u> </u>	Yes	<u>No</u>
1a	During the year did the foundation (either directly or indirectly)	<u>.</u>	(==)			
	(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	<u> </u>	(T)		1	
	disqualified person?	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No	i	ĺ	
	(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			
	(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			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		N/A	.		
	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					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N/A			
•	were not corrected before the first day of the tax year beginning in 2014?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	Yes	X No			
	6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ▶ 20 , 20 , 20 , 20		21 140			
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not 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)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			2.0		
·	► 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
Ju	at any time during the year?	Yes	X No		ļ	
ь	If "Yes," did it have excess business holdings in 2014 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				l	
	foundation had excess business holdings in 2014)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
-	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?)		4b	Ì	x
			·	QC	n_PE	

	1990-PF (2014) MUTSCHELKNAUS			082U3/8		-	Pa	age b
		Activities for Which Form	4/20 Way Be Re	equired (conti	nued)		Г	
эa	During the year did the foundation pay or incui		45(-)\3	<u> </u>	v 🖼 [[
	(1) Carry on propaganda, or otherwise attemp	· · · · · · · · · · · · · · · · · · ·		لـا	Yes X No			
	(2) Influence the outcome of any specific publication and the state of		carry on,		Yes 🗓 No	ļ	į	
	directly or indirectly, any voter registration			—		- 1		
	(3) Provide a grant to an individual for travel,		accepted in		Yes 🔀 No			
	(4) Provide a grant to an organization other th	ian a chantable, etc., organization o	escribed in		Yes X No	ľ	ľ	
	section 4945(d)(4)(A)? (see instructions)	us charitable colentific literacy or o	ducational		Yes 🔼 No			
	(5) Provide for any purpose other than religion	•	educational		Yes 🗓 No	ļ	i	
h	purposes, or for the prevention of cruelty t		the exceptions dose		Tes A NO	l	ľ	
b	If any answer is "Yes" to 5a(1)–(5), did any of Regulations section 53 4945 or in a current no			Jibeu III	N/A	5b		
	Organizations relying on a current notice regain	·				30		
С	If the answer is "Yes" to question 5a(4), does	-				- 1	Ì	
·	because it maintained expenditure responsibil	•	T LITE LEAX	N/A 🗌	Yes No	1		
	If "Yes," attach the statement required by Reg	•		14/11	ies [iio			
6a	Did the foundation, during the year, receive an		nremiums					
Ja	on a personal benefit contract?	iy ianas, ancony or maneony, to pay	promuna		Yes 🗓 No			
b	Did the foundation, during the year, pay premi	ums directly or indirectly on a ners	onal henefit contract			6ь	1	x
	If "Yes" to 6b, file Form 8870	uns, directly of indirectly, on a pers	onal benefit contract	•	1	- 00	-	
7a	At any time during the tax year, was the found	ation a party to a prohibited tay she	ter transaction?	<u> </u>	Yes X No			
	If "Yes," did the foundation receive any proceed	•			N/A	7b		
		rs, Directors, Trustees, Fo						
	and Contractors	, 2,,		.go.o,g, .	p.o,o.	-0,		
1 L	ist all officers, directors, trustees, foundati	on managers and their compens	ation (see instructi	ons).				
				[(d) Contributions to			
	(a) Name and addres	s	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense ac	
	• •		devoted to position	enter -0-)	plans and deferred compensation	otner	allowar	ices
CL	ARENCE W MUTCHELKNAUS, SR	SALEM	PRESIDENT					
	BOX 351	WV 26426	1.00	l o	0	ĺ		0
	RY F MUTCHELKNAJS	SALEM	SECRETARY				-	
PO	BOX 351	WV 26426	1.00	l	0			0
	ARENCE W MUTSCHELKNAUS, JR.	SALEM	TREASURER					
PO	BOX 351	WV 26426	1.00	l	0			0
Н	SUZANNE OSBORNE	SALEM	DIRECTOR					
PO	BOX 351	WV 26426	1.00		0			0
2	Compensation of five highest-paid employ	rees (other than those included o	n line 1 – see instr	uctions). If none,	enter			
	"NONE."							
			(b) Title, and average		(d) Contributions to	_		
	(a) Name and address of each employee paid mo	ore than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense ac allowar	
			devoted to position		compensation			
NO	NE			}				
						<u> </u>		
			1					
_				Ì				
		<u> </u>	_			ļ		
								_
	_ : · 			1				
			<u> </u>	<u> </u>				
ota	number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·				•		0
					F	om 99	0-PF	(2014)

Form 990-PF (2014) MUTSCHELKNAU	S FAMILY FOUNDATION IN	IC 45-3820378	Page 7
	cers, Directors, Trustees, Founda		
and Contractors (conti	nued)		
3 Five highest-paid independent contract	ors for professional services (see instruct	tions). 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	or professional services		<u> </u>
			
Part IX-A Summary of Direct C	haritable Activities		
List the foundation's four largest direct chantable activities duri		as the number of	5
organizations and other beneficiaries served, conferences con	vened, research papers produced, etc		Expenses
1 N/A			
2			
3			
4			
Part IX-B Summary of Program	n-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by			Amount
1 N/A			
2			
All other program-related investments See instructions			
3			

Total. Add lines 1 through 3

orn	1 990-PF (2014) MUTSCHELKNAUS FAMILY FOUNDATION INC 45-3820378		Page 8
	art, X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foun	dations,
	see instructions)	т Т	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes	.	0
а	Average monthly fair market value of securities	1a	45,804
b	Average of monthly cash balances	1b	45,804
С	Fair market value of all other assets (see instructions)	1c	45 004
d	Total (add lines 1a, b, and c)	1d	45,804
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 1	•
2	Acquisition indebtedness applicable to line 1 assets	2	45.004
3	Subtract line 2 from line 1d	3	45,804
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	687
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	45,117
6	Minimum investment return. Enter 5% of line 5	6	2,256
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	ounda	ations
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1_	2,256
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (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	2,256
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,256
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	2,256
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	100,065
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		
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	100,065
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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2014)

100,065

Adjusted qualifying distributions. Subtract line 5 from line 4

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

<u>_Pa</u>	rt XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI	,	Corpus	Years pnor to 2013	2013	2014
	line 7					2,256
2	Undistributed income, if any, as of the end	of 2014		· -		
а	Enter amount for 2013 only					
b	Total for prior years 20 , 20	20				
3	Excess distributions carryover, if any, to 20					
	From 2009					
b	From 2010					
c	From 2011					
	•					
đ	From 2012	104 005				
_	From 2013	184,985	104 005			1
f	Total of lines 3a through e		184,985			
4	Qualifying distributions for 2014 from Part	XII,				
	line 4 ▶ \$100,065					
	Applied to 2013, but not more than line 2a					
b	Applied to undistributed income of prior ye	ars				
	(Election required – see instructions)	<u> </u>				
С	Treated as distributions out of corpus (Elec	ction				
	required – see instructions)	_				
d	Applied to 2014 distributable amount					2,256
е	Remaining amount distributed out of corpu	s	97,809		· · · · · · · · · · · · · · · · · · ·	
5	Excess distributions carryover applied to 2	014				
	(If an amount appears in column (d), the s	ame				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	282,794			
	Prior years' undistributed income Subtract	T				
	line 4b from line 2b					
c	Enter the amount of prior years' undistribut	ed				
	income for which a notice of deficiency has	1				
	been issued, or on which the section 4942					
	tax has been previously assessed	(4)				
a	Subtract line 6c from line 6b Taxable					
u						
	amount – see instructions	-		· ·		
е	Undistributed income for 2013 Subtract lin	e				
	4a from line 2a Taxable amount – see					
_	instructions	}				
f	Undistributed income for 2014 Subtract lin					
	4d and 5 from line 1. This amount must be					
	distributed in 2015					0
7	Amounts treated as distributions out of cor					
	to satisfy requirements imposed by section	1				
	170(b)(1)(F) or 4942(g)(3) (Election may b	e				
	required—see instructions)					
8	Excess distributions carryover from 2009 r	iot	ļ			
	applied on line 5 or line 7 (see instructions) [
9	Excess distributions carryover to 2015					
	Subtract lines 7 and 8 from line 6a		282,794			
10	Analysis of line 9					
а	Excess from 2010					
b	Excess from 2011		1			
c	Excess from 2012					
d	Excess from 2013	184,985				
_	Excess from 2014	97,809				
<u>e</u>	LACC 33 U 1 4 U 14	3,,003				

	art XIV Private Operating Four	ndations (see ir	nstructions and Pa	rt VII-A, question 9	9)	
	If the foundation has received a ruling or de					
	foundation, and the ruling is effective for 20	14, enter the date of	f the ruling	•		
b	Check box to indicate whether the foundation			ed in section	4942(j)(3) or 49	(42 _(j) (5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		Jal Tatal
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a		- 			
c	Qualifying distributions from Part XII,	<u></u>		† · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
·	line 4 for each year listed					
	Amounts included in line 2c not used directly					
d	·					
	for active conduct of exempt activities			 	 	
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter				1	
	(1) Value of all assets					
	(2) Value of assets qualifying under				1	
	section 4942(j)(3)(B)(i)			 		
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
	(1) Total support other than gross					1
	investment income (interest,					
	dividends, rents, payments on			i		
	secunties loans (section			:		
	512(a)(5)), or royalties)	<u></u>	·- -			_
	(2) Support from general public					İ
	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 art XV Supplementary Inform	ation (Complet	to this part only if	the foundation h	ad \$5 000 or mor	o in assats at
				the foundation in	iau \$5,000 Or 11101	e iii assets at
_	any time during the ye		ctions.)			
1	Information Regarding Foundation Man		on them 20% of the total a	antributions reserved b	u the foundation	
а	List any managers of the foundation who h					
	before the close of any tax year (but only if	they have contribute	ed more than \$5,000) (See section 507(a)(2))	
_	See Statement 5					
þ	List any managers of the foundation who o				portion of the	
	ownership of a partnership or other entity)	of which the foundat	tion has a 10% or great	er interest		
	N/A					
		4 000 1 0	halambin ata Brazz	ams:		
2	Information Regarding Contribution, Gr					
2	Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only	makes contributions	to preselected chantal	le organizations and de		
2	Information Regarding Contribution, Gr	makes contributions	to preselected chantal			
2	Information Regarding Contribution, Gr Check here ► if the foundation only	makes contributions ation makes gifts, gr	to preselected chantal			
2 a	Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only unsolicited requests for funds If the foundation	makes contributions ation makes gifts, gr and d	to preselected charitat ants, etc (see instruction	ons) to individuals or or	ganizations under	
	Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a	makes contributions ation makes gifts, gr and d	to preselected charitat ants, etc (see instruction	ons) to individuals or or	ganizations under	
	Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a The name, address, and telephone numbe	makes contributions ation makes gifts, gr and d	to preselected charitat ants, etc (see instruction	ons) to individuals or or	ganizations under	
	Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a The name, address, and telephone number N/A	makes contributions ation makes gifts, gr and d r or e-mail address	to preselected chantat ants, etc (see instruction of the person to whom	ons) to individuals or or applications should be	ganizations under	
a b	Information Regarding Contribution, Gr Check here	makes contributions ation makes gifts, gr and d r or e-mail address	to preselected chantat ants, etc (see instruction of the person to whom	ons) to individuals or or applications should be	ganizations under	
a	Information Regarding Contribution, Gr Check here ▶ ☐ If the foundation only unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, a The name, address, and telephone number N/A The form in which applications should be s N/A	makes contributions ation makes gifts, gr and d r or e-mail address	to preselected chantat ants, etc (see instruction of the person to whom	ons) to individuals or or applications should be	ganizations under	
a	Information Regarding Contribution, Gr Check here	makes contributions ation makes gifts, gr and d r or e-mail address	to preselected chantat ants, etc (see instruction of the person to whom	ons) to individuals or or applications should be	ganizations under	
a b	Information Regarding Contribution, Gr Check here	makes contributions ation makes gifts, grand der or e-mail address aubmitted and inform	to preselected chantals ants, etc. (see instruction of the person to whom leation and materials the	ons) to individuals or or applications should be applications should be a yeshould include	ganizations under addressed	
a b c	Information Regarding Contribution, Gr Check here	makes contributions ation makes gifts, grand der or e-mail address aubmitted and inform	to preselected chantals ants, etc. (see instruction of the person to whom leation and materials the	ons) to individuals or or applications should be applications should be a yeshould include	ganizations under addressed	

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution reapient Name and address (home or business) or substantial contributor a Paid during the year BIG ISAAC UM CHURCH 11008 MEATHOUSE FORK ROAD NONE SALEM WV 26426 GENERAL FUND 1,750 HORIZONS CHURCH NONE RT 25 MOUNT CLARE RD MISSIONS / CAMBODIA FUND 62,000 LOST CREEK WV 26385 FOUNDATION FOR CHILDREN NONE 301 WEST MAIN CHILDREN FOUNDATION CLARKSBURG WV 26301 6,500 HEALTH ACCESS, INC. 489 WASHINGTON AVE NONE WV NEIGHBORHOOD INVEST PROG 20,000 CLARKSBURG WV 26301 PEOPLES HOSPICE 327 MEDICAL PARK NONE GENERAL FUND 1,000 BRIDGEPORT WV 26330 NORTH CENTRAL REGIONAL JAIL NONE 1 LOIS LANE BOOKS AND CHRISTMAS FUND 1,289 GREENWOOD WV 26415 FAMILY LIFE FELLOWSHIP CHURCH PO BOX 247 NONE GENERAL FUND 500 ENTERPRISE WV 26568 PLEASANT VALLEY CHURCH ROUTE 15 NONE GENERAL FUND 1,000 SALEM WV 26426 NBRTF FOUNDATION, INC. NONE PO BOX 206 B&O RAIL ROAD STATION RENOVATION 5,000 **CAIRO WV 26377** 99,039 \triangleright 3a Total Approved for future payment N/A 3b Total

Part XVI-A	Analysis of Income-Producing A	ctivities				
Enter gross am	ounts unless otherwise indicated	Unrelate (a) Business code	d business income (b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
 Program se 	rvice revenue			ļ		(See insudatoris)
						
				 		
c				_	· ·	
d				<u> </u>		
e						
f						
g Fees a	nd contracts from government agencies	Ĺ	<u> </u>			
2 Membershi	p dues and assessments					
3 Interest on	savings and temporary cash investments					
4 Dividends a	ind interest from securities					
5 Net rental in	ncome or (loss) from real estate					
a Debt-fir	nanced property					
b Not del	ot-financed property					
6 Net rental ii	ncome or (loss) from personal property					
7 Other inves						
8 Gain or (los	s) from sales of assets other than inventory					- · · ·
	or (loss) from special events			1		
	t or (loss) from sales of inventory					
	nue a			<u> </u>		
b						
			· · · · · · · · · · · · · · · · · · ·	1		
ď	·····	_				
e		_		-	· · · · · · · · · · · · · · · · · · ·	
	dd columns (b), (d), and (e)	_ 		ol .	0	
		L		<u> </u>	13	
	line 12, columns (b), (d), and (e)				13	
Part XVI-E	In line 13 instructions to verify calculations) Relationship of Activities to the	Accomplishme	ent of Evernt D	urnoco		
Line No.	Explain below how each activity for which incom					
Ellie No. ▼	accomplishment of the foundation's exempt pur					:)
N/A		P (011101 111211	, p			
				-		
	<u> </u>	··· ·		-		
	·					
	<u> </u>					
		· 				· ·
						
					·	
						
						· · ·
						
						
			 			

Par		Information Regariza		insfers To and	Transaction	ns and Relationships Wit	h Noncharitable			
1 [in any of the follow	ving with any othe	er organization described		Ye	es	No.
						on 527, relating to political				
	rganization					on the first of th				
	•	om the reporting founda	ation to a non	charitable exempt	organization of					
	1) Cash	and roporting rounds			- gamaanan -		(-	a(1)	1	X
	2) Other as	sets						a(2)	 -	X
	Other transa						ľ	/ 	_	
		assets to a nonchantal	hle evemnt o	rnanization			1.	b(1)		X
		es of assets from a nor			•			b(2)	+	$\frac{1}{x}$
		f facilities, equipment, of					r	b(3)	-	$\frac{\ddot{x}}{x}$
	-	rsement arrangements	ui ulilei asse	:13				b(4)	$\overline{}$	$\frac{\ddot{x}}{x}$
	-	•						b(5)		$\frac{x}{x}$
	•	r loan guarantees ance of services or me		finadeologia	hana		Г	b(6)	_	$\frac{\mathbf{x}}{\mathbf{x}}$
							<u> </u>	1c		$\frac{x}{x}$
	•	icilities, equipment, ma	•	· · ·	· ·	(b) should always show the form	market market	10 1		-
				_		(b) should always show the fair is foundation received less than fa				
						e goods, other assets, or service				
	Line no	(b) Amount involved	1	e of nonchantable exemp			transactions, and sharing arrar			
N/A	Cirie 110	(b) Amount involved	(C) Naii	e or nona tantable exemp	or organization	(a) Description of Bartalets,	transactions, and sharing arrai	genens		
N/ A										—
				-						—
							···			—
			 							
			<u> </u>							
			<u> </u>							
										
										
			ļ ——							
			ļ							
			ļ							
		· · · · · · · · · · · · · · · · · · ·								
_										
			Ļ							
			<u></u>							
c	described in f "Yes," com	ation directly or indirect section 501(c) of the C iplete the following sch	code (other th	nan section 501(c)(3)) or in section	527?		Yes	X	No
NT.	/A	a) Name of organization		(b) Type of o	organizadon	(c) Descr	nption of relationship			
14	<u> </u>									
										—
				· -						—
										—
	Linder nen	allies of negroy 1 declare tha	t I have examine	ed this return, including	accompanying sched	Iules and statements, and to the best of m	v knowledge and belief it is t			—
Sign Here	correct, an	d complete Declaration of pi				nich preparer has any knowledge	May the IRS discus with the preparer st (see instructions)?	s this return	_	No
	Signa	ture of officer or trustee			Date	Title				
Paid		pe preparer's name			Preparer's signatur		Date /		eck [f-emple	ıf oyed
Prepar	er —	INA L ORSBURN	Johns	on s Acco	LADONNA L	PLLC	D00	8288	20	
Use Oı	nly Firm's na			OII & ASSC	ciates,	ENTIC	FF (
	Firm's a		эж 310	R7 06416	.0210			7785		
		PUILI	.ppi, W	V 26416-	.0310			<u>-457-</u>		
							Fo	տ 990-	· ۲۲	2014)

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.

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

OMB No 1545-0047

MITTECHELKNIAIIC	E'AMTT.V	FOINDATION	TNC

Employer identification number

MUTSCHELKNAU	S FAMILY FOUNDATION INC	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 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 four	ndation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule :	and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contri- or property) from any one contributor. Complete Parts I and II. See instru- contributions.	
Special Rules		
regulations under s	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	990 or 990-EZ), Part II, line ons of the greater of (1)
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious,	
. •	onal purposes, or for the prevention of cruelty to children or animals Com	
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposes	
contributions totale	ed more than \$1,000 If this box is checked, enter here the total contribution	ons that were received
0 ,	an exclusively religious, charitable, etc., purpose Do not complete any o	
	lies to this organization because it received nonexclusively religious, chai more during the year	ntable, etc., contributions * \$
990-EZ, or 990-PF), but it r	hat is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2, of its Form 990, or check the box on , to certify that it does not meet the filing requirements of Schedule B (For	line H of its Form 990-EZ or on its

Name of organization

MUTSCHELKNAUS FAMILY FOUNDATION INC

Employer identification number 45-3820378

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	
1	CLARENCE W MUTSCH PO BOX 351 SALEM	WV 2		s 162,500	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.		(b) ss, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
2	MARY MUTSCHELKNAU PO BOX 351 SALEM		6426	s 162,500	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.		(b) ss, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
				\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.		(b) ss, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
				\$	Person Payroli Noncash (Complete Part II for noncash contributions)	
(a) No.		(b) ss, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
				\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.		(b) ss, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
				\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Federal Statements

45-3820378

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	\$ 162,500 162,500
Total	\$ 325,000

(Rev January 2014)

Department of the Treasury

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

ntemal Revenue S	ervice					
If you are f	filing for an Automatic 3-Month Extension, complete	-				► X
•	filing for an Additional (Not Automatic) 3-Month Exte					
o not compi	ete Part II unless you have already been granted an a	utomatic 3-ii	nonth extension on a previous	siy illed Form 6666	•	
	ng (e-file). You can electronically file Form 8868 if you					
•	required to file Form 990-T), or an additional (not autom	•		•	orm	
•	st an extension of time to file any of the forms listed in F nsfers Associated With Certain Personal Benefit Contra					
	for more details on the electronic filing of this form, visit			·	ts	
Part I	Automatic 3-Month Extension of Time.				-	
A corporation r	required to file Form 990-T and requesting an automatic	c 6-month ex	dension - check this box and	complete		
Part I only						▶ 🗌
-	rations (including 1120-C filers), partnerships, REMICs	, and trusts r	must use Form 7004 to reque	st an extension of	ime	
o file income t	ax retums				:6.:b.	:
Tuma or	Name of everyther are other filer, and untri	intions		Enter filer's ident Employer identifi		
Type or print	Name of exempt organization or other filer, see instru	JCIIONS		Employer identifi	Callon Humber	(114) 01
Ji iii C	MUTSCHELKNAUS FAMILY FOUN	DATION	INC	45-38203	78	
File by the	Number, street, and room or suite no. If a P O. box, s	see instruction	ons	Social security n	umber (SSN)	
due date for	City, town or post office, state, and ZIP code. For a fe	oreign addre	ss, see instructions			
iling your etum See		-				
nstructions	SALEM WV	26426				
Enter the Retu	rn code for the return that this application is for (file a s	eparate appl	lication for each return)			04
Application		Return	Application			Return
Is For		Code	Is For	- 		Code
	Form 990-EZ	01	Form 990-T (corporation)	··		07
Form 990-B		02	Form 1041-A			08
Form 4720 (03 04	Form 4720 (other than indi	viduai)		10
Form 990-P	(sec 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870	· · · · · · · · · · · · · · · · · · ·		12
	CLARENCE W MUTSCHELKN	AUS, SR	' ' 			
	PO BOX 351					
The books a	are in the care of SALEM				WV	26426
	No ▶ 304-782-2707	FAX No				. —
-	nization does not have an office or place of business in			م ماط		
	r a Group Return, enter the organization's four digit Group, check this box Toup, check this box Tourney If it is for part of the company is the company in the company in the company is the company in the company in the company is the company in the company is the company in the company in the company is the company in the comp		_	If this is and attach		
_	names and EINs of all members the extension is for	are group, o	ICON (IIIO DOX	and attach		
	t an automatic 3-month (6 months for a corporation red	uired to file	Form 990-T) extension of time	e		
	8/15/15 , to file the exempt organization return					
for the o	rganization's return for					
► X	calendar year 2014 or					
. \Box						
_	tax year beginning and ending		П			
	cyear entered in line 1 is for less than 12 months, chec hange in accounting period	k reason	Initial return I Fi	nal return		
	oplication is for Forms 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any			
	ndable credits See instructions			38	a \$	
	oplication is for Forms 990-PF, 990-T, 4720, or 6069, et	nter any refu	ndable credits and			
estimate	ed tax payments made. Include any prior year overpayn	nent allowed	as a credit	31	b \$	
	e due. Subtract line 3b from line 3a Include your paym		form, if required, by using	1		,
EFTPS	(Electronic Federal Tax Payment System) See instruct	ions		3	c \$	