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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

Fo <u>r</u> ca	lendar	year 2014, or t	tax year beginnir	ng		,	2014,	and en	ding		, , , , , , , , , , , , , , , , , , , ,	
Name of			DATION INC							A	Employer identification num 55-0785831	ber
Number	and stree	t (or PO box numbe	er if mail is not delivered	to street a	address)			Room/suit	te	В	Telephone number (see instru	•
		1597	, and ZIP or foreign pos	tal code					· · · · · · · · · · · · · · · · · · ·	-	(304) 255-022	8
BECK		or province, occina	, and an or rolling, pool			1	WV	25802		С	If exemption application is a	pending, check here. >
		that apply	Initial return	Ī	Initial	return of a				1	4 Corolan organizations abou	
			Final return		Amer	nded return		•	_		1 Foreign organizations, che	
			Address chan	ge	Name	e change					2 Foreign organizations meethere and attach computation	
H Ch	_	oe of organization	L. J			xempt priva					•	ا
	L_ L		nonexempt chant			Other taxa	τċ			↓E	If private foundation status under section 507(b)(1)(A),	
		value of all assets I, column (c), line 1		J Acc	, ,	method:	Пс	ash	X Accrual	_		Ц
▶ 6			,326.	(Part I.	Other (sp	(d) must be	on c	ash bas	is.)	⊣F	If the foundation is in a 60- under section 507(b)(1)(B)	
Part	Ai	nalysis of R			1	Revenue and	_		et investme	nt nt	(c) Adjusted net	
	E>	penses (The	e total of amounts and (d) may not ne	ın		ises per boo		(5) 146	income		income	(d) Disbursements for chantable
			ina (a) may not ne nounts in column		1							purposes (cash basis only)
	, ` -	e instructions).			ļ				. 300	Can a		
	1 2		nts, etc, received (atlach sch		· · · · · · · · · · · · · · · · · · ·	29 , 3. কিন্দু মুইকুট						WE KALEL TOTAL
	*	□ If the fo	rundn is not required to attac	in Scu R	3.3 .100	<u> </u>	23.	7.30	<u>12 Distribundi</u>	x		
	3	_	temporary cash investments				9.			9.		
	4 5 a	Dividends and interest for Gross rents	rom securities • • • • •		 	1,7	36.		1,7	36.		27-8-3 2 0-8-27-1
		Net rental income			- X - X - X - X - X - X - X - X - X - X	TO 28 975 18 18 18 18 18 18 18 18 18 18 18 18 18	.g*~	Year T	4800 PM	(Like):		
R	6 a	or (loss) Net gain or (loss) from s	sale of assets not on line 10		* C .85	12,7			Stmt			
E		Gross sales price for assets on line 6a	orall 10	,720.	238-50, 2			Z. (2	Selection of the control of the cont			
Ě	7	Capital gain net inci	ome (from Part IV, line	•	12.582.4	in the same of the			12,7	20.	BANGER PROGRAMME CO	
N N	8	Net short-term capit Income modification	tal gam			<u> </u>		Sec. Sec.				
		Gross sales less			4			5 - 35 ° 3.				THE RESERVE TO STATE OF THE PARTY OF THE PAR
ဖ		allowances			12.	ه رغم به ^{به ب} این معوم _م یس	· - 13 /-			4 4 4 4 4 A		With the state of the said
0	b	Less Cost of goods sold					, , , , , , , , , , , , , , , , , , ,	A BULL		を選う からず		AND THE STATE OF
<u> </u>	1		tach schedule)					1. Sec.	Mark French	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		图14公司第1882年18
)	11	•	ch schedule) · · · ·		1	24 1	4.3		24.1	4 7		
	12		VESTMENT IN		 -	34,1 77,9	<u>41.</u>		34,1 48,6			
"	13	Compensation of of	ficers, directors, trustee	es, etc · ·					10,0	<u> </u>	· · · · · · · · · · · · · · · · · · ·	274.00 adv 32.0
Ź	14		alaries and wages .									
Κ	15		oloyee benefits									
SCANNED	1	-	ichedule) · · · · · · · tach sch) · · L-16b			1 0	60					1 066
M (1 ~		ach sch)		 	1,9	60.					1,960.
N	17	Interest			<u> </u>		5.	 				5.
O I S E R A T T	18	Taxes (attach schedule)	(see instrs) See Line.	18 Stmt		3	42.					49.
R R A A T T	19	Depreciation (attach	n 			-						沙海山港 1100000000000000000000000000000000000
l i	20	Occupancy · · ·			1				_			100
N V G E	21	Travel, conferences										
A E N X D P	22	Printing and publication Other expenses (att	/	المراعا	<i>(林)</i>							
A E X P E N	23	See Line 23 St		"	" R	1.	49.					149.
N S	24	Total operating an	d administrative	3 5g	**************************************	<u>≯\</u>	10.	<u> </u>				149.
S E S	25	expenses. Add line	7./6 /	٠.٠٠.	1	2,4	<u> 56.</u>		CL DV EX P	. *.	landar at a de	2,163.
	25	Contributions, glfts, gran		///	17)				Parter.	\$1°	要機会を表している。	
	20	Add lines 24 and 25	S SS SEITE III S	DEN		2,4	56.	}				2,163.
	27	Subtract line 26 from	" "" *.		P. 7		, (-) 2 - (t.	الربا كالإنا	37. 1B	28 Jak 8		
	a	Excess of revenue and disbursement	\ \ \			75,4	85.					
	b	Net investment inc	come (if negative, enter	-0-)	27.2			1-53, 3557	48,6	06.		## 100 PER 100
			me (if negative, enter -0		1."	1379 g. 1967	ر دریم تی	i. e. 6/4				Carrie and a second
BAA F	or Pa	perwork Reduc	ction Act Notice,	see ins	truction	ns.			TEEA0301 1	2/10/14		Form 990-PF (2014)

Form **990-PF** (2014)

Parl	PHI S	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
, crist		(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	90,219.	17,259.	17,259.
	2	Savings and temporary cash investments			
	3	Accounts receivable		1	
		Less allowance for doubtful accounts			
	4	Pledges receivable			n n
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) . •	Like of Like States	26 2 20 20 20 3	
A	}	Less: allowance for doubtful accounts			, , , , , , , , , , , , , , , , , , ,
S S E	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
s	10:	a Investments — U S and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
		c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis · · · · · · · · · · · · ►			
		Less accumulated depreciation (attach schedule)			
	12	= G-G			
	13	Investments — other (attach schedule) L-13 Stmt	393,145.	543,895.	537,067.
	14	Land, buildings, and equipment: basis		and the same of the same of	
		Less accumulated depreciation (attach schedule)			
	15 16		402.264	561 154	FF4 206
<u> </u>	17	Accounts payable and accrued expenses	483,364.	561,154.	554,326.
Ţ	18	Grants payable			
A B	19	Deferred revenue			
Ī	20	Loans from officers, directors, trustees, & other disqualified persons			
Ļ	21	Mortgages and other notes payable (attach schedule)			
Ť	22	Other liabilities (describe			
Ė					
<u> </u>	23	Total liabilities (add lines 17 through 22)			
		and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	483,364.	561,154.	
EU	25	Temporarily restricted			** (\$ * * * * * * * * * * * * * * * * *
D	26	Permanently restricted			
A S S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			The state of the s
	27	Capital stock, trust principal, or current funds			
SNC	28	Pald-in or capital surplus, or land, bldg, and equipment fund			
OΕ	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30 31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions)	483,364. 483,364.	561,154. 561,154.	
Par	t - []]] .	Analysis of Changes in Net Assets or Fund Balanc		1 301,134.	1
	Tota	I net assets or fund balances at beginning of year — Part II, column (of-year figure reported on prior year's return)	(a), line 30 (must agree w	vith	102 264
2		er amount from Part I, line 27a			483,364.
3	Other	increases not included in line 2 (itemize) DIFFERENCES FR	OM K-1	3	75,485.
4	Add	lines 1, 2, and 3	Ou v - 1	- - 4	2,317.
5		eases not included in line 2 (itemize) NONDEDUCTIBLE		5	561,166.
6		I net assets or fund balances at end of year (line 4 minus line 5) – P		I -	12.
BAA	1018	TEEA0302 12			561,154. Form 990-PF (2014)
		1EEA0302 12	¢/ 10/ 14		1 OIIII 330-PF (2014)

(a) List and describe	Losses for Tax on Investment the kind(s) of property sold (e.g., real e. c; or common stock, 200 shares MLC C	state, (bompany)) How acquire P — Purchase D — Donation		(d) Date sold (month, day, year)
1a FROM K-1					
b PUBLICLY TRADED SEC	URITIES				
С					
d					
e				 	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
a 8,183.			0.		8,183.
b 4,537.			0.		4,537.
С					
d					
е					
Complete only for assets showing	ig gain in column (h) and owned by the	foundation on 12/31/69		(I) Gains (Co	lump (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (ı), ıf any		gain minus column (k than -0-) or Losses (fr), but not less
а					8,183.
b					4,537.
С					1,0011
d			-		
e					
If gain, also enter in Part I, line 8	capital loss) If gain, also er If (loss), enter iss) as defined in sections 1222(5) and is, column (c) (see instructions). If (loss),	enter -0-		3	12,720.
	r Section 4940(e) for Reduced		1	<u></u>	
	s part blank. on 4942 tax on the distributable amount y under section 4940(e). Do not comple		od?	· · · · · □Yes	X No
	each column for each year; see the ins		entries.		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution olumn (b) divided t	
2013	9,950.	449,	955.		0.022113
2012	920,218.		109.		2.081428
2011	64,267.	1,273,			0.050481
2010	57,361.	1,262,		· _ · ·	0.045448
2009	47,856.	1,159,			0.041268
2 Total of line 1, column (d)				2	2.240738
3 Average distribution ratio for the number of years the foundation	5-year base period — divide the total or has been in existence if less than 5 year	n line 2 by 5, or by the irs	:	3	0.448148
4 Enter the net value of noncharita	able-use assets for 2014 from Part X, Iır	ne 5			561,179.
5 Multiply line 4 by line 3				5	251,491.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	486.
7 Add lines 5 and 6				,	251,977.
8 Enter qualifying distributions from	n Part XII, line 4		;	3	2,163.
If here O is served to an except with a	in line 7, check the box in Part VI, line 1	h, and complete that part usi	ng a 1% ta	x rate. See the	

Form	990-PF-(2014) DARBY FAMILY FOUNDATION INC	55-(785	831		P	age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948				ıs)		-90 .
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1		·,	E			
	Date of ruling or determination letter. (attach copy of letter if necessary — see instrs)				<i>P</i> /2000000 0		
Ł	Domestic foundations that meet the section 4940(e) requirements in Part V,		1			9	72.
	check here . ► and enter 1% of Part I, line 27b		: ر‱ه در	Aller Co	sý.	<u></u>	10 1 3
C	e All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		ا ــــــ د	~ <u>;</u> , ′¢		' ' '	•
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			9	72.
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			9	72.
6	Credits/Payments:		100 m	, 3 ×			* ~
4	a 2014 estimated tax pmts and 2013 overpayment credited to 2014			() () () () () () () () () ()			
1	Exempt foreign organizations — tax withheld at source			- Q.		``	
	Tax paid with application for extension of time to file (Form 8868) 6 c	0.	3 34	3 8 7	,		, 42×, 1
•	d Backup withholding erroneously withheld			, A0	·	, , , , ,	· r
7	Total credits and payments Add lines 6a through 6d		7	l			0.
8	Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached		8				9.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	. •	9			9	81.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. •	10	L			0.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	<u>></u>	11				
Pa	rt VII-A Statements Regarding Activities						
1 :	a Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?				1 a	Yes	No X
1	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 в		х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pub or distributed by the foundation in connection with the activities.	lished			***		
	c Did the foundation file Form 1120-POL for this year?				1 c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				Ç.,		100
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of					مي))	1
•	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers * \$	п			-		, · · ·
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	• • •	• • •		1385.		X
	·						,n (
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes				3	. د مش	X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
	If 'Yes,' attach the statement required by General Instruction T				18, 1		aí n
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					70	1.54
	By language in the governing instrument, or				ľ	1 3	- 4.1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that co	nflict				\$\$, , . \$5	* ' \
	with the state law remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV				7	Х	
8	a Enter the states to which the foundation reports or with which it is registered (see instructions)	•			35	, , ,	3 * * *
	WV - West Virginia			_	, a	[÷, - ~

Form 990-PF (2014)

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

Form	990-PF (2014) DARBY FAMILY FOUNDATION INC	55-078583	31	Р	age 5
Par	t VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		. 11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per advisory privileges? If 'Yes,' attach statement (see instructions)	erson had	. 12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicable address	cation?	. 13	х	
14	Website address	e no. (304)	255	-022	8
	Located at ► P O BOX 1597 BECKLEY WV ZIP+4 ►	25802			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year			. •	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authorit bank, securities, or other financial account in a foreign country?	y over a	. 16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If enter the name of the foreign country	'Yes,'			
Par	t:VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During the year did the foundation (either directly or indirectly).				\$ ". ·
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			<u>.</u>
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes XNo			* ; (
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		5,0 m200		, -, '-
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ر د	3
				3	~~~~
	(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			5 .
	(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			~ \$°.
t	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		. 1 b		
	Organizations relying on a current notice regarding disaster assistance check here	► 🔲		y" { }	£ ()
c	EDid the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		. 1c		X
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)):				
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20		36.2	,	,
t	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) all years listed, answer 'No' and attach statement — see instructions)	to	. 2b	* * * *	
C	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		T, k		
	► 20 ,20 ,20		\$ - 186°	* 55 ,	£ .
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No	** ***********************************	* *	ţ, ,
ŀ	o 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 foundation had excess business holdings in 2014.)		. 3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		. 4 a		х
t	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 2014?		. 4 b	, , <u>, , , , , , , , , , , , , , , , , </u>	X
BAA		F	orm 99	0-PF (2014)

Form 990-PF (2014) DARBY FAMILY FOUN				785831	Page 6
Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incur a			Yes		*
(1) Carry on propaganda, or otherwise attempt	X No				
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	X No				
(3) Provide a grant to an individual for travel, str			· · · · Yes	X No	
(4) Provide a grant to an organization other that in section 4945(d)(4)(A)? (see instructions)	n a chantable, etc, organi	zation described	· · · · Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	, charitable, scientific, lite of cruelty to children or a	erary, or nımals?........	· · · · Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance			h
Organizations relying on a current notice regard					
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsit	foundation claim exemption for the grant?	tion from the	· · · · · Yes	□ No	*
If 'Yes,' attach the statement required by Regula	tions section 53 4945-5(d	d).			
6 a Did the foundation, during the year, receive any on a personal benefit contract?) I	X No	
b Did the foundation, during the year, pay premiur	ns, directly or indirectly, o	on a personal benefit con	tract?	6	p X
If 'Yes' to 6b, file Form 8870. 7 a At any time dunng the tax year, was the foundat	ion a parti ta a probibitor	d to v obolton toon on otton 2	Πvaa	[]N-	1.3376
b If 'Yes,' did the foundation receive any proceeds					
Part'VIII Information About Officers, D					
and Contractors	mectors, mustees,	roundation Manag	gers, migrily rai	u Employe	es,
1 List all officers, directors, trustees, foundation	on managers and their c	compensation (see inst	ructions)		
. Elot dii ometro, anottoro, anditoto, foundatio	(b) Title, and average	(c)Compensation	(d)Contributions to	(e) Exper	nse account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefi plans and deferre compensation	t other	allowances
LINETTE D HEYDINGER					
P 0 BOX 1597	PRESIDENT				
BECKLEY WV 25802	6.00	0.		0.	0.
ANN D GETTY					
P 0 BOX 1597	VICE PRESIDENT				
BECKLEY WV 25802	6.00	0.		0.	0.
SANDRA D SMITH					
P 0 BOX 1597	SECRETARY				
BECKLEY WV 25802	6.00	0.		0.	0.
MICHAEL W DARBY P O BOX 1597	MDE A CUDED			İ	
BECKLEY WV 25802	TREASURER 6.00	_		_	0
2 Compensation of five highest-paid employee		0.	·	0.	<u> </u>
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to		se account,
paid more than \$50,000	hours per week devoted to position	(c) componication	employee benefi plans and deferre compensation	t `other	allowances
NONE					
					
]				
Total number of other employees paid over \$50,000		· · · · · · · · · · · · · · · · · · ·		.•	None

Part	90-PF-(2014) DARBY FAMILY FOUNDATION INC VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		0785831 Page 7 id Employees,
3 F	ive highest-paid independent contractors for professional services (see instru	uctions). If none. enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		· · · · · · · · · · · · · · · · · · ·	- · · ·
Total r	umber of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	None
Part*	X-A Summary of Direct Charitable Activities		
List the forganiza	oundation's four largest direct charitable activities during the tax year Include relevant statistical infor tions and other beneficiaries served, conferences convened, research papers produced, etc	mation such as the number of	Expenses
1	NONE		
-			
, -	· · · · · · · · · · · · · · · · · · ·		<u> </u>
2 _			
_			
3			
3 -			
- - -			
3 - - 4 -			
4	N-D-1 Superior of Department o		
4	X-B: Summary of Program-Related Investments (see instruction	ons)	
4 Part	Summary of Program-Related Investments (see instruction be the two largest program-related investments made by the foundation during the		
4 Part Descri			
4 Part	be the two largest program-related investments made by the foundation during the		
Part Descri	be the two largest program-related investments made by the foundation during the		Amount
4 Part	be the two largest program-related investments made by the foundation during the		
Part Descri	be the two largest program-related investments made by the foundation during the		

None

Form 990-PF (2014)

BAA

Page 8

	see instructions.)	_	_
 1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	100,830.
	Average of monthly cash balances		55,988.
	Fair market value of all other assets (see instructions)		412,907.
	Total (add lines 1a, b, and c)	1 d	569,725.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	28.0	
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d	3	569,725.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	. 4	8,546.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	561,179.
6	Minimum investment return. Enter 5% of line 5	6	28,059.
Par	t:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g found	ations
	and certain foreign organizations check here ► and do not complete this part.)		
1		. 1	28,059.
	Tax on investment income for 2014 from Part VI, line 5		
	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	. 2 c	972.
3	Distributable amount before adjustments Subtract line 2c from line 1		27,087.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		27,087.
6	Deduction from distributable amount (see instructions)	\longrightarrow	
_7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	. 7	27 <u>,</u> 087.
Pai	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	. 1a	2,163.
	Program-related investments – total from Part IX-B		0.
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 chantable projects that satisfy the: Suitability test (prior IRS approval required)	. 3 a	
t	Cash distribution test (attach the required schedule)	. 3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	. 4	2,163.
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	2,163.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the figuralifies for the section 4940(e) reduction of tax in those years	oundatio	n
BAA			Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7 · · · · · · · · · · · · · · · · · ·				27,087.
Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only		The state of the s	0.	<u> </u>
Excess distributions carryover, if any, to 2014	# 2	. * 1 . ** *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	150 / 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a From 2009				The state of the s
b From 2010 0 .				
c From 2011 0 .		THE RESERVE TO THE PARTY OF THE		
d From 2012 832,573.				
e From 2013 0 .	Problem of the second			radio di Circ
f Total of lines 3a through e	832,573.			
Qualifying distributions for 2014 from Part				
XII, line 4. • \$ 2,163.				
a Applied to 2013, but not more than line 2a			- market to the service to the service and all the service to the	
b Applied to undistributed income of prior years (Election required — see instructions)				
			\$1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$2.49 () 1
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2014 distributable amount				2,163.
e Remaining amount distributed out of corpus	. 0 -			2,103.
Excess distributions carryover applied to 2014	24,924.	***************************************		24,924.
(If an amount appears in column (d), the same amount must be shown in column (a).)	Mary Arthur Mary Art 192			
			A Section of the section of	
Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	807,649.			
	1007,045.	N		***************************************
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of pnor years' undistributed		<u> </u>	N N N N N N N N N N N N N N N N N N N	* * *
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable	3 1 4 1 3 the 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.
amount – see instructions		0.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions	·	·	0.	* ** **
f Undistributed income for 2014. Subtract lines	18.75 X 194 1	15 35 2 4		
4d and 5 from line 1 This amount must be distributed in 2015				0.
Amounts treated as distributions out of			COLVANDANO	4128
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)				
Excess distributions carryover from 2009 not				y
applied on line 5 or line 7 (see instructions)	0.	- C	China Carlos State	
Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	807,649.			
Analysis of line 9:		A Section of the sect		60 3
a Excess from 2010 0 .				
b Excess from 2011 0 .	" 1/2 " 1/4" . " " " " " " " " " " " " " " " " " "	Mary Sona Section		()
c Excess from 2012 807, 649.				:
d Excess from 2013 0 .		Jan Salar Silar		
e Excess from 2014 0		18 5 To 18 18 18 18 18 18 18 18 18 18 18 18 18		

m 990-PF (2014) DARBY FAMILY FOUN		ctions and Part	VII-A question	55-0785831 9)	
a If the foundation has received a ruling or dete					N/A
is effective for 2014, enter the date of the rulii	ng	· · · · · · · · · · · · · · · ·			
b Check box to indicate whether the foundation	is a private operation	ng foundation desc	ribed in section	4942(j)(3) or	4942(J)(5
a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Tot
b 85% of line 2a					
C 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					
B Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)	-				
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
assets at any time during the Information Regarding Foundation Managa List any managers of the foundation who have close of any tax year (but only if they have co	ers: e contributed more	than 2% of the tota	al contributions receivition 507(d)(2).)	ved by the foundation b	efore the
b List any managers of the foundation who own a partnership or other entity) of which the foundation	10% or more of the	e stock of a corpora or greater interest	ation (or an equally l	arge portion of the own	ership of
2 Information Regarding Contribution, Grant Check here ☐ if the foundation only mal requests for funds. If the foundation makes grant complete items 2a, b, c, and d.	kes contributions to	preselected charita	able organizations a	nd does not accept uns	solicited tions,
a The name, address, and telephone number o	r e-mail address of	the person to whor	n applications shoul	d be addressed:	
DARBY FAMILY FOUNDATION INC	C C/O MICHAE	L W DARBY			
P O BOX 1597					
F O BOX 1397	WV 2580	2 13	04) 255-0228	}	
				,	
BECKLEY b The form in which applications should be sub	mitted and informat	ion and mateпals tl	hey should include:		
BECKLEY	mitted and Informat	ion and matenals th	hey should include:		
BECKLEY b The form in which applications should be sub	mitted and informat	ion and matenals the	hey should include:		

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Name and address (hone or business) a Part during the year Total Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Total. Approved for future payment		substantial contributor	recipient	301111341011	
b Approved for future payment		substantial contributor	recipient		
b Approved for future payment					
b Approved for future payment	Total	<u>l.</u>	<u> </u>		1
			T	1	
Tabal					

Part XVI: A Analysis of Income-Producing Activities

Enter	gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(0)
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
а				Code		
b						
C						
d						
е	·					
f		<u> </u>				
_ ~	Fees and contracts from government agencies					
2	Membership dues and assessments			1.1		
3 4	Interest on savings and temporary cash investments Dividends and interest from securities			14	9. 1,736.	
5	Net rental income or (loss) from real estate.	4/50/19			1,730.	
а	Debt-financed property	474 00 SARS 1 No. 25 W	12.00 % P9 1202 17 (42% P2 2	F-427 (887 - > > (.3) (3)	20 97 \	2010 - 12 2-14 (14 C.)
	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			14	12,720.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory	70				
11	Other revenue.	, 1867, 32 J. Francis	CONTRACTOR DE			
a b	INVESTMENT INCOME			14	34,141.	
C						
d						· · · · · · · · · · · · · · · · · · ·
е						
12	Subtotal Add columns (b), (d), and (e)	A 147		6440	48,606.	
13	Total. Add line 12, columns (b), (d), and (e)					48,606.
(See	worksheet in line 13 instructions to verify calculations	s.)				
Par	tXVI≣B Relationship of Activities to the	e Accomp	lishment of Exemp	ot Purp	oses	
Lin	e No. Explain below how each activity for which inc	ome is report	ed in column (e) of Part	Y\/l-A cor	atributed importantly to	tho
	accomplishment of the foundation's exempt p	urposes (oth	er than by providing fund	is for suc	h purposes). (See instru	ictions.)
						
_		 .				
		· · · · · · · · · · · · · · · · · · ·			· · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	······			 ·,, <u>-</u>	
				-		
					, <u></u>	
						
						
						
						
						

Form 990-PF (2014) DARBY FAMILY FOUNDATION INC 55-0785831 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

4 5:1							200 S. S. S.	Yes	No
1 Did desc	the organization direct	ly or indirectly engage b) of the Code (other the	e in any of the following with nan section 501(c)(3) organi	any other org	janization section 527			3 . 2	~ ~ ~
relat	ting to political organiz	ations?			555				
a Trar	nsfers from the reportir	ng foundation to a non	charitable exempt organizat	tion of:				` ``` '	· - (,
							1. ' '		Х
(2)	Other assets						_ '''		X
b Othe	er transactions:						9 3 1 3 4 5 7 4	¥, ; , ,	7
(1)	Sales of assets to a ne	oncharitable exempt o	organization						X
(2)	Purchases of assets f	rom a noncharitable e	xempt organization	<i></i> .		 .	1 b (2)		X
` '	•		ets						Х
(4)	Reimbursement arran	gements		<i></i>		• • • • • • • • • • • • • • • • • • •	1 b (4)		X
(5)	Loans or loan guarant	iees					1 b (5)		Х
(6)	Performance of service	es or membership or	fundraising solicitations				1 b (6)		Х
c Sha	ring of facilities, equip	ment, mailing lists, oth	ner assets, or paid employee	es			1 c		Х
I & A		-h i- W !	laka dha ƙallandara asha dula d	O-5 (L)					
the	goods, other assets, o	r services aiven by the	lete the following schedule. I e reporting foundation. If the n column (d) the value of the	foundation r	eceived less than	n fair market value	value of in		
(a) Line no	(b) Amount involve	d (c) Name of n	oncharitable exempt organization	(d)	Description of transf	ers, transactions, and	sharing arrang	ements	
								• • • •	
								-	
			· · · · · · · · · · · · · · · · · · ·						
						· · · · · · · · · · · · · · · · · · ·			
									
des	ne foundation directly o cribed in section 501(o es,' complete the follo	c) of the Code (other the	with, or related to, one or mo han section 501(c)(3)) or in	re tax-exemp section 527?	t organizations		· · Tyes	X	No
	(a) Name of organiz		(b) Type of organization	on T	(c)	Description of rela	tionship		
	1-7		(, -)p= organizatio						
U	inder penalties of perjury, I de	clare that I have examined th	is return, including accompanying sci	hedules and state	ments, and to the bes	t of my knowledge and t	pelief, it is true,		
Sign	orrect, and complete. Declara	tion of preparer (other than ta	expayer) is based on all information of	f which preparer I	nas any knowledge				
Here	-10 16	γ ,					May the IF this return	with the	:
Heie	Muchoef L	Torby	9.23.	15	Treasure	ν	preparer s (see instru		
	Signature of officer or trustee		Date	Titl	,			Yes	No
	Print/Type preparer's	name	Preparer's signature		Date	Checkif	PTIN		
Paid	CHARLES WII	LLIAM WRIGHT, (CPA Mala JA Page	CIR	09/17/15	self-employed	P00003	273	
Prepare	Firm's name	TRAINER WRIG	GHT & PATERNO	·		Firm's EIN ► 55-0	554030		
Use On		Firm's address P.O. BOX 2608			-				
		HUNTINGTON	· · · · · · · · · · · · · · · · · · ·	WV 257	126	Phone no (304	<u>4) 697-7</u>	083	
BAA							Form 990	-PF (2	2014)

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

2014

Name of the organization		Employer identification number
DARBY FAMILY FOUNDATION INC		55-0785831
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 prival	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gene	ral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) organiz	zation can check boxes for both the General Rule and a Special	Rule See instructions
General Rule		
For an organization filing Form 990, 990-EZ, or property) from any one contributor. Complete	or 990-PF that received, during the year, contributions totaling \$ Parts I and II See instructions for determining a contributor's to	5,000 or more (in money or tal contributions.
under sections 509(a)(1) and 170(b)(1)(A)(vi).	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support ter that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1. Complete Parts I and II	l. 16a. or 16b. and that
For an organization described in section 501(during the year, total contributions of more that purposes, or for the prevention of cruelty to ch	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a in \$1,000 exclusively for religious, chantable, scientific, literary, lildren or animals. Complete Parts I, II, and III	ny one contributor, or educational
during the year, contributions exclusively for re \$1,000. If this box is checked, enter here the t charitable, etc., purpose. Do not complete any	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a eligious, charitable, etc., purposes, but no such contributions to otal contributions that were received during the year for an excly of the parts unless the General Rule applies to this organization, etc., contributions totaling \$5,000 or more during the year	taled more than usively religious,
Caution: An organization that is not covered by the 990-PF), but it must answer 'No' on Part IV, line 2	ne General Rule and/or the Special Rules does not file Schedule d, of its Form 990; or check the box on line H of its Form 990-EZ ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	or on its Form 990-PF
BAA For Paperwork Reduction Act Notice, see or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)

Name of org	anization	Employe	r Identification number
DARBY	FAMILY FOUNDATION INC	55-0	785831
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	DARCO INTERNATIONAL INC 810 MEMORIAL BLVD HUNTINGTON WV 25701-7002	\$ <u>29</u> ,33 <u>5</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TECA0702 07/47/44	Cabadula B /F 00	0 000 E7 or 000 DE) (0044)

Page

1 of

1 of **Part 1**

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Form 990-PF . Part I, Line 6a

Net Gain or Loss From Sale of Assets

2014

RBY FAMILY FOUNDATION	N INC	55-0785831
Asset Information:		
Description of Property:	FROM K-1	
Date Acquired:		
Date Sold	Name of Buyer:	
	. 183. Cost or other basis (do not reduce by deprecia	tion)
Sales Expense:		
Total Gain /I oss):	8,183. Accumulation Depreciation	
Description of Property:	DUDITORY TONDED CECUDITATES	
Date Acquired:	How Acquired	
Date Sold	Name of Buyer	
Sales Price:	5.27 Cost or other basis (do not reduce by depress)	ution)
Sales Evnence	. 537. Cost or other basis (do not reduce by deprecia	
Sales Expense	4 537 Accumulation Depression	
Description of Property:	4,337. Accumulation Depreciation	
Date Acquired .	Name of Buyer	
Date Sold	Name of buyer	
Sales Price:	Lost or other basis (do not reduce by deprecia	ition)
Sales Expense	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation	
Description of Property:		
Date Acquired.	How Acquired	
Date Sold:	Name of buyer.	
Sales Price.	Cost or other basis (do not reduce by deprecia	ition)
Sales Expense	Valuation Method:	
Total Gain (Loss):	Accumulation Depreciation	
Description of Property:		
Date Acquired:	How Acquired	
Date Sold	Name of Buyer	
Sales Price:	Cost or other basis (do not reduce by deprecia	ition)
Sales Expense	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation	
Description of Property:		
Date Acquired: .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by deprecia	ition)
Sales Expense:	Valuation Method:	
Total Gain (Loss):	Accumulation Depreciation	
Description of Property		
Date Acquired: .	How Acquired	
Date Sold:	Name of Buyer	
Sales Price:	Cost or other basis (do not reduce by deprecia	ition)
Sales Expense	Valuation Method	
Total Gain (Loss):	Accumulation Depreciation	
Description of Property:		
Date Acquired:		
Date Sold	Name of Buyer:	
Sales Price:	Cost or other basis (do not reduce by deprecia	ition)
Sales Expense	Valuation Method:	
Total Gain (Loss):	Accumulation Depreciation	

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

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
EXCISE TAX	293.			
FOREIGN TAX	49.			49.

Total <u>342.</u> <u>49.</u>

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

Line 23 Stmt

Other expenses [.]	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
INVESTMENT FEES	124.			124.
MISC OFFICE	25.			25.
				

Total 149. 149.

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

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRAINER, WRIGHT & PATERNO	TAX RETURN, ACCOUNTING, ETC	1,960.			1,960.

Total 1,960. 1,960.

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

L-13 Stmt

	End of Year		
Line 13 - Investments - Other:	Book Value	Fair Market Value	
PARTNERSHIP INTEREST DARBY FAMILY LIMITED PARTNERSHIP	412,907.	412,907.	
SCHWAB SECURITIES	130,112.	123,284.	
SCHWAB MONEY MARKET FUNDS	876.	876.	

(Rev Jánuary 2014)

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

File a separate application for each return.

OMB No. 1545-1709

► Information about Form 8868 and its instructions is at www.irs.gov/form8868. 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. Etectronic 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 Part I only 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 Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print DARBY FAMILY FOUNDATION INC <u>55-0785831</u> Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) File by the due date for P O BOX 1597 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions BECKLEY 25802 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Application Return Code ls For Code FFFFF

orm 990 or Form 990-EZ	01	Form 990-T (corporation)	07
orm 990-BL	02	Form 1041-A	08
orm 4720 (individual)	03	Form 4720 (other than individual)	09
orm 990-PF	04	Form 5227	10
orm 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
orm 990-T (trust other than above)	06	Form 8870	12
If this is for a Group Retum, enter the organization's four digital states of the stat	Fax No. ss in the Uni t Group Exer ck this box required to ization return	ted States, check this box	group,
3 a If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions	0, or 6069, e	nter the tentative tax, less any	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment a			0.
c Balance due. Subtract line 3b from line 3a. Include your p. EFTPS (Electronic Federal Tax Payment System). See ins	ayment with	this form, if required, by using	0.
aution. If you are going to make an electronic funds withdrawa	l (direct debi	t) with this Form 8868, see Form 8453-EO and Form 8879-EC	

payment instructions

Form 8868	Rev 1-2014) DARBY FAMILY FOUNDAT	TION INC		55-0785831	Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month	Extension, c	omplete only Part II and check this	box	► X
Note. Only	complete Part II if you have already been granted an	automatic 3	-month extension on a previously file	d Form 8868.	
-	are filing for an Automatic 3-Month Extension, comp				
	Additional (Not Automatic) 3-Month E			/no conico nood	nd)
<u> </u>	Additional (Not Automatic) 3-Month E	xtelision (
	· 		Enter filer's	identifying number,	
	Name of exempt organization or other filer, see instructions			Employer identification nu	mber (EIN) or
Type or					
print	DARBY FAMILY FOUNDATION INC			55-0785831	
	Number, street, and room or suite number. If a P O box, see instruct	tions		Social security number (S	SN)
File by the extended	-				
due date for filing your PO BOX 1597					
return See instructions	City, town or post office, state, and ZIP code. For a foreign address,	see instructions			
	BECKLEY	₩V 25	802		
	DECKER	WV 23	002		
Enter the I	Return code for the return that this application is for (fil	le a conarato	application for each return)		6 4
Lines use i	return code for the return that this application is for (in	e a separate	application for each return).		04
		Τ			
Application Is For	on	Return Code	Application Is For		Return Code
					Ocac
	or Form 990-EZ	01			
Form 990-		02	Form 1041-A		08
	0 (individual)	03	Form 4720 (other than individual)		09
Form 990-		04	Form 5227		10
	-T (section 401(a) or 408(a) trust)	05	Form 6069		
Form 990-	-T (trust other than above)	06	Form 8870		12
If the eIf thiswhole gro	ooks are in care of ► MICHAEL DARBY hone No. ► (304) 255-0228 organization does not have an office or place of busine is for a Group Return, enter the organization's four dig up, check this box ► . If it is for part of the graph the extension is for.	ess in the Un it Group Exe	ited States, check this box mption Number (GEN)		If this is for the
4 I rec	quest an additional 3-month extension of time until	Nov 17	, 20 <u>1</u> <u>4</u> .		
5 For	calendar year 2013 , or other tax year beginning		, 20 , and ending _		20
6 If the	e tax year entered in line 5 is for less than 12 months,			Final return	
	Change in accounting period			Ч	
	te in detail why you need the extension \dots ALL $\underline{\mathtt{I}}$	NFORMATI	ON NECESSARY TO EILE	Δ	
	MPLETE AND ACCURATE RETURN IS NO				
	SPECTFULLY REQUESTS AN ADDITIONA			`	
8 a If th	is application is for Forms 990-BL, 990-PF, 990-T, 472 refundable credits. See instructions	20, or 6069, e	enter the tentative tax, less any	8a s	0.
	is application is for Forms 990-PF, 990-T, 4720, or 600				
tax	payments made. Include any prior year overpayment a viously with Form 8868	allowed as a	credit and any amount paid	8 b \$	0.
c Bala EFT	ance due. Subtract line 8b from line 8a. Include your press (Electronic Federal Tax Payment System). See in:	payment with structions	this form, if required, by using	8c \$	0.
	Signature and Verific	ation mus	st be completed for Part II o	nly.	
Under penalt	ties of penury, I declare that I have examined this form, including accomp complete, and that I am authorized to prepare this form	oanying schedule	s and statements, and to the best of my knowled	ge and belief, it is true,	
Signatura 1	Male Mo nos cos Title >	CEDMIT	TED DUDT TO ACCOUNTMANT	Data 🕨 /	00/11/14
Signature	The Ind Ind Ind	CERTIFI	ED PUBLIC ACCOUNTANT	Date 🕨 (08/11/14