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## Form **990-PF**.

## **Return of Private Foundation**

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

Department of the Treasury

Treated as a Private

Treated as a Private

Treated as a Private

0000

2009

OMB No 1545-0052

|           |                                     | lai Revenue S |                                                                    | nay be able to     | use a copy of this              | return to satisfy s                              | tate reporting requi                             | rements                                                                         |                                     | <u> </u>                |
|-----------|-------------------------------------|---------------|--------------------------------------------------------------------|--------------------|---------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|-------------------------|
|           | For                                 | calendar y    | year 2009, or tax year beginning                                   |                    |                                 | ,;                                               | 2009, and end                                    | ing                                                                             |                                     | , 20                    |
|           | G                                   | Check all     | that apply Initial return                                          |                    | Initial Ret                     | urn of a form                                    | er public chari                                  | ty                                                                              | F                                   | inal return             |
|           |                                     |               | Amended retu                                                       | rn [               | Address of                      | hange                                            | ☐ Nar                                            | ne change                                                                       | _                                   |                         |
|           | Use                                 | the IRS       | Name of foundation                                                 |                    |                                 |                                                  | <del></del>                                      |                                                                                 | er identifi                         | cation number           |
|           |                                     | label.        | PRINCETON HS CLAS                                                  | S OF 1926 SCHOLAR. |                                 |                                                  |                                                  | 31-0889436                                                                      |                                     |                         |
|           | Qt                                  | herwise,      | Number/street (or P O box no if m                                  |                    | <del></del>                     |                                                  | Room/suite                                       |                                                                                 |                                     |                         |
|           |                                     | print         | P O BOX 950                                                        | 1011 15 1101 41    | envered to str                  | cet add )                                        | 100m/suite                                       | 304-325-7151                                                                    |                                     |                         |
|           |                                     | r type.       |                                                                    |                    |                                 |                                                  | <del>                                     </del> |                                                                                 |                                     |                         |
|           |                                     | Specific      | City or town, state, and ZIP code                                  | _                  |                                 |                                                  |                                                  |                                                                                 | • •                                 | is pending check here   |
|           |                                     | ructions.     | Bluefield WV 2470                                                  |                    |                                 |                                                  | D 1 Foreig<br>2 Foreig                           | n organization:<br>n organization:                                              | s, check here                       |                         |
|           | H                                   | Check type    | e of organization X Section 501                                    |                    | c)(3) exempt private foundation |                                                  |                                                  | 2 Foreign organizations meeting the 85% test, check here and attach computation |                                     |                         |
|           |                                     | Section 49    | 947(a)(1) nonexempt charitable trust                               | <del></del>        | r taxable priv                  | ,                                                | n                                                | E If private f                                                                  | oundation stat<br>I under sectior   |                         |
|           | I Fa                                | air market    | value of all assets at end of                                      | Accounting         | method X                        | Cash L                                           | Accrual                                          | 1                                                                               | A), check here                      |                         |
|           | ye                                  | ear (from P   | art II, col. (c), line 16)                                         | Other (            | specify)                        |                                                  |                                                  | F if the foun                                                                   | dation is in a 6<br>n under section |                         |
|           | ▶ \$                                |               | 81,944.                                                            | (Part I, colu      | umn (d) must                    | be on cash b                                     | asıs)                                            |                                                                                 | B), check here                      |                         |
|           | Pa                                  |               | ysis of Revenue and Expenses                                       | (a) Rev            | venue and                       |                                                  |                                                  |                                                                                 |                                     | (d) Disbursements       |
|           |                                     |               | total of amounts in columns (b), (d) may not necessarily equal the | , , ,              | nses per                        | , , ,                                            | vestment                                         | (c) Adjust                                                                      |                                     | for charitable purposes |
|           |                                     |               | ints in column (a) (see instr ) )                                  |                    | ooks                            | inco                                             | ome                                              | incor                                                                           | ne                                  | (cash basis only)       |
|           |                                     | 1 Contri      | butions, gifts, grants, etc., received<br>h schedule)              |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
| 9         |                                     | ,             | ck large if the foundation is not                                  | -                  |                                 | 1                                                |                                                  |                                                                                 |                                     |                         |
| 2010      |                                     |               | ired to attach Sch B                                               |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
| MAY 21    |                                     |               | st on savings and temp cash investments                            |                    | <del></del>                     | 1                                                | <u> </u>                                         | .,                                                                              |                                     | 1                       |
| $\sim$    |                                     |               | dends and interest from securities                                 | ļ,                 | 2,553.                          | 2                                                | ,553.                                            |                                                                                 |                                     | 1                       |
| >         |                                     | [ · _         | ss rents                                                           | <u></u>            | 2,333.                          |                                                  | , , , , , ,                                      |                                                                                 |                                     | 1                       |
|           |                                     | _ (Net r      | ental ,                                                            |                    |                                 | <b>L</b>                                         |                                                  |                                                                                 |                                     | -                       |
| æ <u></u> |                                     | 1             | e or (loss)                                                        | -                  | 20                              | 1                                                |                                                  |                                                                                 |                                     |                         |
| $\Box$    | 91                                  | Gross         | ain/(loss) from sale of assets not on line 10<br>sales price for   |                    | 20.                             | 1                                                |                                                  |                                                                                 |                                     |                         |
| SCANNED   | Revenue                             | D all as      | sets on line 6a                                                    |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
|           | æ                                   | l '           | al gain net income (from Part IV line 2)                           |                    |                                 | <del> </del>                                     | 20.                                              |                                                                                 |                                     | -                       |
|           |                                     |               | short-term capital gain                                            |                    |                                 | -                                                | <del> -</del>                                    |                                                                                 |                                     |                         |
| 3         |                                     |               | me modifications<br>sales less                                     |                    |                                 | 1                                                | L.                                               | <del> </del>                                                                    |                                     |                         |
| Ø         |                                     | 10a rtns 8    | 3 allowances<br>Cost of                                            |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
|           |                                     | D goods       | s sold                                                             |                    |                                 |                                                  | <b>-</b>                                         |                                                                                 |                                     | -                       |
|           |                                     | c Gros        | ss profit or (loss) (attach schedule)                              |                    |                                 |                                                  |                                                  |                                                                                 |                                     | _                       |
|           |                                     | l .           | er income (attach schedule)                                        |                    |                                 |                                                  |                                                  | <del> </del>                                                                    |                                     |                         |
|           |                                     |               | I. Add lines 1 through 11                                          |                    | 2,573.                          | 2                                                | ,573.                                            |                                                                                 |                                     |                         |
|           |                                     |               | ensation of officers,<br>ors, trustees, etc                        |                    | 239.                            |                                                  | 239.                                             |                                                                                 |                                     |                         |
|           |                                     | 14 Othe       | er employee salaries and wages                                     |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
|           | S S                                 | 15 Pen:       | sion plans, employee benefits                                      |                    | <u>-</u>                        |                                                  |                                                  |                                                                                 |                                     |                         |
|           | )SU                                 | 16a Lega      | al fees (attach schedule)                                          |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
|           | хbе                                 | b Acc         | ounting fees (attach schedule)                                     |                    | 400.                            |                                                  | 400.                                             |                                                                                 | DEC                                 | EIVED                   |
|           | <b>9</b>                            | c Othe        | er professional fees (attach schedule)                             |                    |                                 |                                                  |                                                  |                                                                                 | NLO                                 | 73                      |
|           | Ě                                   | 17 Inter      | rest                                                               |                    |                                 |                                                  |                                                  | 7[                                                                              |                                     | 1 101                   |
|           | stra                                | 18 Taxe       | es (attach schedule) (see instructions)                            |                    | 63.                             |                                                  |                                                  | 3672                                                                            | MAY                                 | 7 2010 / 201            |
|           | Ë                                   | 1             | reciation (attach sch.) and depletion                              |                    |                                 |                                                  | 1                                                | 18                                                                              | \                                   |                         |
|           | F .                                 |               | upancy                                                             |                    |                                 |                                                  |                                                  |                                                                                 | 200                                 | EN, UT                  |
|           | δ.                                  | l             | rel, conferences, and meetings                                     | <del></del>        |                                 |                                                  |                                                  |                                                                                 | 001                                 |                         |
|           | ) an                                | 1             | ting and publications                                              |                    |                                 |                                                  |                                                  |                                                                                 |                                     | <u></u>                 |
|           | ting                                |               | er expenses (attach schedule)                                      |                    |                                 |                                                  |                                                  |                                                                                 |                                     |                         |
|           | Operating and Administrative Expens |               | I operating and administrative                                     | <u> </u>           | <u>-</u>                        | <del> </del>                                     |                                                  |                                                                                 |                                     |                         |
|           | g                                   |               | enses Add lines 13 through 23                                      |                    | 702.                            |                                                  | 639.                                             |                                                                                 |                                     |                         |
|           |                                     | 1             | tributions, gifts, grants paid                                     | <del></del>        | 3,250.                          | <del>                                     </del> |                                                  |                                                                                 | <del></del>                         | 3,250.                  |
|           |                                     | l             | exp & disbursements Add lines 24 and 25                            | <del></del>        | 3,952.                          |                                                  | 639.                                             |                                                                                 |                                     | 3,250.                  |
|           |                                     | _             | tract line 26 from line 12                                         | <u> </u>           | - <i> </i>                      | t                                                |                                                  |                                                                                 |                                     | <u> </u>                |
|           |                                     | a Exc         | ess of revenue over expenses                                       | ι.                 | 1,379.)                         | 1                                                |                                                  |                                                                                 |                                     |                         |
|           |                                     |               | disbursements<br>investment income (f neg , enter -0-)             | <del> </del>       | -, -, -, -,                     | 1                                                | ,934.                                            |                                                                                 |                                     |                         |
|           |                                     | i             |                                                                    |                    |                                 |                                                  | 1,7,5,4                                          |                                                                                 |                                     | 1                       |
|           |                                     | ı C Adıl      | isted net income (if neg , enter -0-)                              | ı                  |                                 |                                                  | 1                                                |                                                                                 |                                     | Ī                       |

82,201. Form **990-PF** (2009)

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Rev 1

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

5 Decreases not included in line 2 (itemize)

| Pá         | art IV Capital Gains an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d Losses for Tax on Inves                                                                     | tment Income              |                                          |                                                  |         |                                             |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|--------------------------------------------------|---------|---------------------------------------------|
|            | (a) List and describe the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | kind(s) of property sold (e.g., real                                                          | estate,                   | (b) How acquired<br>P - Purchase         | (c) Date acqu                                    | ıred    | (d) Date sold                               |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e, or common stock, 200 shs MLC                                                               | C Co )                    | D - Donation                             | (mo_, day, y                                     |         | (mo , day, yr )                             |
| <u>1 a</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | <del></del>               | P                                        | 08/15/2                                          |         |                                             |
| b          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                           | P                                        | 11/26/2                                          |         |                                             |
|            | ··· · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E 12/19/2014                                                                                  |                           | P                                        | 12/12/2                                          | 007     | 06/19/2009                                  |
|            | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                           |                                          |                                                  |         | <u> </u>                                    |
|            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | <del></del>               |                                          | 45                                               | C       | (1000)                                      |
|            | (e) Gross sales price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (f) Depreciation allowed                                                                      | (g) Cost or of            |                                          |                                                  |         | n or (loss)                                 |
| _          | 10,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (or allowable)                                                                                | plus expens               | 10,000.                                  | (e)                                              | pius (  | f) minus (g)                                |
| a          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                           | 19,995.                                  |                                                  |         | 5.                                          |
|            | 00 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                           | 19,985.                                  |                                                  |         | 15.                                         |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                           |                                          | 1                                                |         |                                             |
| e          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                           |                                          |                                                  |         |                                             |
|            | Complete only for assets shown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ng gain in column (h) and owned                                                               | by the foundation on      | 12/31/69                                 | (I) Gain                                         | s (Co   | l (h) gain minus                            |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (j) Adjusted basis                                                                            | (k) Excess                |                                          | col (k), bu                                      | t not l | less than -0-)or                            |
|            | (i) F M V as of 12/31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as of 12/31/69                                                                                | over col (                | ), if any                                | Los                                              | ses (f  | rom col (h))                                |
| a          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                           |                                          |                                                  |         |                                             |
| t          | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                           |                                          |                                                  |         | 5.                                          |
|            | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                           |                                          | ļ                                                |         | 15                                          |
|            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                           |                                          |                                                  |         |                                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | <u> </u>                  | <u>-</u>                                 | <del>                                     </del> | -       |                                             |
| 2          | Capital gain net income or (net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | ilso enter in Part I, lin |                                          |                                                  |         | 2.0                                         |
|            | Not the day of the second of t |                                                                                               | enter -0- in Part I, lin  | e /                                      | 2                                                |         | 20.                                         |
| 3          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oss) as defined in sections 1222(5                                                            |                           | $\neg$                                   |                                                  |         |                                             |
|            | If (loss), enter -0- in Part I, line 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8, column (c) (see the instructions                                                           | ·)                        | <b>&gt;</b>                              | 3                                                |         |                                             |
| P          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | der Section 4940(e) for Re                                                                    | duced Tax on No           | et Investment                            |                                                  |         |                                             |
| Wa         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this part blank<br>ection 4942 tax on the distributable<br>alify under section 4940(e). Do no |                           | in the base perio                        | od?                                              |         | Yes 🛭 No                                    |
| 1          | Enter the appropriate amount in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | each column for each year, see                                                                | the instructions befor    | e making any en                          | tries                                            |         |                                             |
|            | (a)<br>Base period years<br>Calendar year (or tax year beg ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (b) Adjusted qualifying distribut                                                             |                           | (c)<br>let value of<br>itable-use assets | (col                                             |         | (d)<br>ribution ratio<br>ivided by col (c)) |
|            | 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4,25                                                                                          | 50.                       | 83,33                                    | 1.                                               |         | 0.0510                                      |
|            | 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7,25                                                                                          |                           | 87,03                                    |                                                  |         | 0.0833                                      |
| _          | 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9,20                                                                                          |                           | 89,80                                    |                                                  |         | 0.1025                                      |
|            | 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10,23                                                                                         |                           | 97,10                                    |                                                  |         | 0.1054                                      |
| _          | 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11,47                                                                                         |                           | 104,02                                   | 1                                                | _       | 0.1104                                      |
| 2          | Total of line 1, column (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                           |                                          | 2                                                |         | 0.4526                                      |
| 3          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e 5-year base period - divide the t                                                           | otal on line 2 by 5 or    | by the number                            | -                                                | -       |                                             |
| •          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | en in existence if less than 5 years                                                          |                           | <b>-,</b>                                | 3                                                |         | 0.0905                                      |
| 4          | Enter the net value of noncharit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | able-use assets for 2009 from Pa                                                              | rt X, line 5              |                                          | 4                                                |         | 80,126.                                     |
| 5          | Multiply line 4 by line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                           |                                          | 5                                                |         | 7,251.                                      |
| 6          | Enter 1% of net investment inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ome (1% of Part I, line 27b)                                                                  |                           |                                          |                                                  |         | 19.                                         |
| 7          | Add lines 5 and 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                           |                                          | 7                                                |         | 7,270.                                      |
| 8          | Enter qualifying distributions fro If line 8 is equal to or greater the instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | om Part XII, line 4<br>an line 7, check the box in Part VI                                    | , line 1b, and comple     | ite that part using                      | 8 a 1% tax rate                                  | See t   | 3,250.<br>he Part VI                        |

Rev 1

| Foi | m 990-PF (2009) PRINCETON HS CLASS OF 1926 SCHOLAR.                                                                         | <u> 31-08</u>       | <u>8943</u>     | 6 P    | age 4 |
|-----|-----------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|--------|-------|
| P   | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s                                       | ee the <u>i</u> nst | ructions        | s)     |       |
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here ▶ & enter "N/A" on line 1                          |                     |                 |        |       |
|     | Date of ruling or determination letter (attach copy of letter if necessary - see instr.)                                    |                     |                 |        |       |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here                                       | 1                   |                 | 3      | 9.    |
|     | 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                   |                 | 3      | 9.    |
| 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                   |                 | 3      | 9.    |
| 6   | Credits/Payments                                                                                                            |                     |                 |        |       |
| а   | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a                                                        |                     |                 |        |       |
| þ   | Exempt foreign organizations - tax withheld at source 6b                                                                    |                     |                 |        |       |
| C   | Tax paid with application for extension of time to file (Form 8868)  6c                                                     |                     |                 |        |       |
| d   | Backup withholding erroneously withheld 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, enteramount owed                                                | 9                   |                 | 3      | 9.    |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter theamount overpaid                                    | 10                  |                 |        |       |
| 11  | Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶                                               | 11                  |                 |        |       |
| P   | art 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 participat | e or                |                 | Yes    | No    |
|     | intervene in any political campaign?                                                                                        |                     | 1a              |        | X     |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions   | for                 |                 |        |       |
|     | definition)?                                                                                                                |                     | 1b              |        | X     |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish     | ned                 |                 |        |       |
|     | or distributed by the foundation in connection with the activities                                                          |                     |                 |        |       |
| C   | Did the foundation fileForm 1120-POL for this year?                                                                         |                     | 1c              |        | X     |
| d   | 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               |                     |                 |        | 1     |
|     | on foundation managers   \$                                                                                                 |                     |                 |        |       |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?                             |                     | 2               |        | X     |
|     | If "Yes," attach a detailed description of the activities                                                                   |                     |                 |        |       |
| 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               |        | X     |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                 |                     | 4a              |        | X     |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?                                                            |                     | 4b              |        | ļ     |
| 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?                                                        |                     | 6               | X      | ļ     |
| 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               | X      |       |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see the 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      | ļ     |
| 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV in instructions      | )? If "Yes,"        |                 |        |       |
|     | complete Part XIV                                                                                                           |                     | 9               | ļ      | X     |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their              |                     |                 |        |       |
|     | names and addresses                                                                                                         |                     | 10              | L      | X     |
|     |                                                                                                                             | Fo                  | rm <b>990</b> - | PF (20 | 009)  |

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| orm  | 990-PF (2009) PRINCETON HS CLASS OF 1926 SCHOLAR. 31-08894                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 36        | Pa           | ige 5       |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|-------------|
| Pari | 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        |              | X           |
| 12   | Did the foundation acquire a direct or indirect interest in any applicable insurance contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |              |             |
|      | before August 17, 2008?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12        |              | <u>X</u>    |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13        | Х            |             |
|      | Website address ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |              |             |
| 14   | The books are in care of ► FIRST COMMUNITY BANK Telephone no ► 304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -32       | <u>5 - 7</u> | <u> 151</u> |
|      | Located at ▶ PO BOX 950 WV Bluefield ZIP+4 ▶ 24701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |              |             |
| 15   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of orm 1041 - Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |              | <b>▶</b> ∐  |
| 3    | and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |              |             |
| art  | VII-B Statements Regarding Activities for Which Form 4720 May Be Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1         | Yes          | No          |
| 4.   | File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | 105          | No          |
|      | During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |              |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |              |             |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |              |             |
|      | a disqualified person?  Yes X No  Suppose the proof of the person of the |           |              |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |              |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |              |             |
|      | (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 section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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 were not corrected before the first day of the tax year beginning in 2009?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c        |              | Х           |
|      | 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 2009, did the foundation have any undistributed income (lines 6d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |              |             |
|      | and 6e, Part XIII) for tax year(s) beginning before 2009?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |              |             |
|      | If "Yes," list the years ▶ 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 the instructions )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>2b</u> |              | X           |
|      | If the provisions of section 4942(a)(2) are being applied to to years listed in 2a, list the years here  20, 20, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |              |             |
| 3a   | Did the foundation hold more than a 2% direct or indirect interest in any business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |              |             |
|      | enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |              |             |
|      | If "Yes," did it have excess business holdings in 2009 as a result o(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, o(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 2009 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3b        |              |             |
|      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a        |              | <u>X</u>    |
|      | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |              | v           |
|      | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4b        |              | _X_         |

| Form  | 990-PF(2009) PRINCETON HS CL                              | ASS OF 1926                           | SCHOLAR.                    | 31-088                                   | 9436 Page                 | 6            |
|-------|-----------------------------------------------------------|---------------------------------------|-----------------------------|------------------------------------------|---------------------------|--------------|
| Part  | VII-B Statements Regarding Activi                         | ties for Which For                    | rm 4720 May Be Req          | uired (continued)                        |                           | _            |
| 5a    | During the year did the foundation pay or incur           | any amount to                         |                             |                                          |                           | •            |
|       | (1) Carry on propaganda, or otherwise attempt             | to influence legislation              | (section 4945(e))?          | Yes X N                                  | o                         |              |
|       | (2) Influence the outcome of any specific public          | c election (see section               | 4955), or to carry          |                                          |                           |              |
|       | on, directly or indirectly, any voter registrati          | on drive?                             |                             | Yes X No                                 | o                         |              |
|       | (3) Provide a grant to an individual for travel, s        | tudy, or other similar pu             | ırposes?                    | Yes X N                                  | <b>。</b>                  |              |
|       | (4) Provide a grant to an organization other that         | an a charitable, etc., org            | ganization described        |                                          |                           |              |
|       | in section 509(a)(1), (2), or (3), or section 4           | 940(d)(2)? (see instruc               | tions)                      | Yes X No                                 | o                         |              |
|       | (5) Provide for any purpose other than religiou           | s, charitable, scientific,            | literary, or                |                                          |                           |              |
|       | educational purposes, or for the prevention               | of cruelty to children o              | r anımals?                  | Yes X N                                  | •                         |              |
| b     | If any answer is "Yes" to 5a(1)-(5), didany of the        | e transactions fail to qu             | alify under the exceptions  | described in                             |                           |              |
|       | Regulations section 53 4945 or in a current not           | ice regarding disaster a              | assistance (see the instruc | tions)?                                  | 5b                        |              |
|       | Organizations relying on a current notice regard          | ding disaster assistance              | e check here                | ▶ 🗍                                      |                           |              |
| С     | If the answer is "Yes" to question 5a(4), does the        | ne foundation claim exe               | mption from the             | _                                        |                           |              |
|       | tax because it maintained expenditure responsi            | ibility for the grant?                |                             | Yes No                                   | <b>。</b>                  |              |
|       | If "Yes," attach the statement required by Regu           | lations section 53 4945               | -5(d)                       |                                          |                           |              |
| 6a    | Did the foundation, during the year, receive any          | funds, directly or indire             | ectly, to pay               |                                          |                           |              |
|       | premiums on a personal benefit contract?                  | •                                     |                             | Yes X No                                 | <b>.</b>                  |              |
| ь     | Did the foundation, during the year, pay premiu           | ms, directly or indirectly            | y, on a personal benefit co |                                          | 6b X                      | 7            |
|       | If "Yes" to 6b, file Form 8870                            | •                                     | •                           |                                          |                           |              |
| 7a    | At any time during the tax year, was the founda           | tion a party to a prohibi             | ted tax shelter transaction | ? Yes 🛛 No                               | 0                         |              |
|       | If yes, did the foundation receive any proceeds           |                                       |                             |                                          | 7b                        |              |
|       | VIII Information About Officers, I                        |                                       |                             |                                          | nployees,                 |              |
|       | and Contractors                                           | •                                     | •                           |                                          | •                         |              |
| 1 L   | ist all officers, directors, trustees, foundation         | managers and their co                 | empensation (see the inst   | ructions).                               |                           | _            |
|       |                                                           | (b) Title, and average                | (c) Compensation            | (d) Contributions to                     | (e) Expense accou         | mt.          |
|       | (a) Name and address                                      | hours per week devoted to position    | (If not paid, enter -0-)    | employee benefit plans and deferred comp | other allowances          |              |
| F     | IRST COMMUNITY BANK                                       | TRUSTEE,                              |                             |                                          |                           | _            |
| E     | BLUEFIELD WV 24701                                        |                                       | 239.                        |                                          | •                         |              |
|       |                                                           |                                       |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           | _            |
|       |                                                           |                                       |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           | _            |
|       |                                                           |                                       |                             |                                          |                           |              |
| 2 0   | ompensation of five highest-paid employees (              | other than those inclu                | ded on line 1 - see the ins | structions).                             |                           | _            |
|       | none, enter "NONE."                                       |                                       |                             | •                                        |                           |              |
|       |                                                           | (b) Title, and average                |                             | (d) Contributions to                     |                           | _            |
| (a)   | Name and address of each employee paid more than \$50,000 | hours per week                        | (c) Compensation            | employee benefit plans and deferred      | (e) Expense accou         |              |
|       | more than \$50,000                                        | devoted to position                   |                             | compensation                             | other allowances          | 5            |
| N     | IONE                                                      |                                       |                             |                                          |                           | _            |
|       |                                                           |                                       |                             |                                          | 1                         |              |
|       |                                                           | -                                     |                             |                                          |                           | _            |
|       |                                                           | ]                                     |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           | _            |
|       |                                                           |                                       |                             |                                          |                           |              |
|       |                                                           |                                       |                             |                                          |                           | _            |
|       |                                                           |                                       |                             |                                          |                           |              |
| Total | number of other employees paid over \$50,000              | · · · · · · · · · · · · · · · · · · · | ·                           | ·                                        | <b>•</b>                  | _            |
|       |                                                           | <del></del>                           | <del></del>                 | <del></del>                              | Form <b>990-PF</b> (2009) | <del>_</del> |

| Form 990-PF (2009) PRINCETON HS CLASS OF 1926 SCHOLAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31-0889436 Page 7                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ghly Paid Employees,                    |
| and Contractors (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                             |
| 3 Five highest-paid independent contractors for professional services (see the instructions). If none, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ce (c) Compensation                     |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Total number of others receiving over \$50,000 for professional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | • · · · · · · · · · · · · · · · · · · · |
| Part IX-A Summary of Direct Charitable Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | such _                                  |
| as the number of organizations and other beneficiaries served, conferences convened, research papers produ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Expenses                                |
| 1 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Delated by the state of the sta |                                         |
| Part IX-B Summary of Program-Related Investments (see the instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and 2 Amount                            |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 $1 N/A$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and 2 Amount                            |
| 1 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                             |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| All other program-related investments. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Total Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>•</b>                                |

Form 990-PF (2009)

| Li | Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou                  | ndations, se                                 | ee the instructions) |
|----|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes      | ····                                         |                      |
| а  | Average monthly fair market value of securities                                                                 | 1a                                           | 81,346.              |
| b  | Average of monthly cash balances                                                                                | 1b                                           |                      |
| c  | : Fair market value of all other assets (see the instructions)                                                  | 1c                                           |                      |
| d  | i Total (add lines 1a, b, and c)                                                                                | 1d                                           | 81,346.              |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and 1c                                     |                                              |                      |
|    | (attach detailed explanation)                                                                                   |                                              |                      |
| 2  | Acquisition indebtedness applicable to line 1 assets                                                            | 2                                            |                      |
| 3  | Subtract line 2 from line 1d                                                                                    | 3                                            | 81,346.              |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,                         |                                              |                      |
|    | see the instructions)                                                                                           | 4                                            | 1,220.               |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.           | 5                                            | 80,126.              |
| 6  | Minimum investment return. Enter 5% of line 5                                                                   | 6                                            | 4,006.               |
| P  | Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating four       | dations                                      |                      |
|    | and certain foreign organizations check here ▶ □ and do not complete this part )                                |                                              |                      |
| 1  | Minimum investment return from Part X, line 6                                                                   | 1                                            | 4,006.               |
| 2  | a Tax on investment income for 2009 from Part VI, line 5                                                        | <u>.                                    </u> |                      |
|    | b Income tax for 2009 (This does not include the tax from Part VI)                                              |                                              |                      |
|    | c Add lines 2a and 2b                                                                                           | 2c                                           | 39.                  |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1                                            | 3                                            | 3,967.               |
| 4  | Recoveries of amounts treated as qualifying distributions                                                       | 4                                            |                      |
| 5  | Add lines 3 and 4                                                                                               | 5                                            | 3,967.               |
| 6  | Deduction from distributable amount (see the instructions)                                                      | 6                                            |                      |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.              | 7                                            | 3,967.               |
| E  | Part XII Qualifying Distributions (see the instructions)                                                        |                                              |                      |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                       |                                              |                      |
| i  | a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26                                   | 1a                                           | 3,250.               |
|    | 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                                             |                                              |                      |
|    | a 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                                            | 3,250.               |
| 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 the instructions)                                                             | 5                                            |                      |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4                                                  | 6                                            | 3,250.               |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | oundation                                    |                      |

Form **990-PF** (2009)

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

| Lik      | Undistributed income (see the                       | e instructions) |                                       |      |        |
|----------|-----------------------------------------------------|-----------------|---------------------------------------|------|--------|
|          |                                                     | (a)             | (b)                                   | (c)  | (d)    |
| 1        | Distributable amount for 2009 from Part XI,         | Corpus          | Years prior to 2008                   | 2008 | 2009   |
|          | line 7                                              |                 |                                       |      | 3,967. |
| 2        | Undistributed income, if any, as of the end of 2009 |                 |                                       |      |        |
| а        | Enter amount for 2008 only                          |                 |                                       |      |        |
| b        | Total for prior yrs 20, 20, 20                      |                 |                                       |      |        |
| 3        | Excess distribs carryover, if any, to 2009          |                 |                                       |      |        |
|          | From 2004 6,320.                                    |                 |                                       |      |        |
|          | From 2005 5, 412.                                   |                 |                                       |      |        |
|          | From 2006 4,806.                                    |                 |                                       |      |        |
|          | From 2007 3,000.                                    |                 |                                       |      |        |
|          | From 2008 146.                                      |                 |                                       |      |        |
|          |                                                     | 10 604          |                                       |      |        |
|          | Total of lines 3a through e                         | 19,684.         | · · · · · · · · · · · · · · · · · · · |      |        |
| 4        | Qualifying distributions for 2009 from Part XII,    |                 |                                       |      |        |
|          | line 4 ▶ \$3, 250                                   |                 |                                       |      |        |
|          | Applied to 2008, but not more than line 2a          |                 |                                       |      |        |
| þ        | Applied to undistributed income of prior            |                 |                                       |      |        |
|          | years (Election required - see the instr)           |                 |                                       |      |        |
| C        | Treated as distributions out of corpus              |                 |                                       |      |        |
|          | (Election required - see the instructions)          |                 |                                       |      |        |
| d        | Applied to 2009 distributable amount                |                 |                                       |      | 3,250. |
| 0        | Remaining amt_distributed out of corpus             |                 |                                       |      |        |
|          | Excess distribs carryover applied to 2009           | 717.            |                                       |      | 717.   |
|          | (If an amount appears in column (d), the            |                 |                                       |      |        |
|          | same amount must be shown in col (a))               |                 |                                       |      |        |
| 6        | Enter the net total of each column as               |                 |                                       |      |        |
| •        | indicated below:                                    |                 |                                       |      |        |
| а        | Corpus Add lines 3f, 4c, & 4e Subtract line 5       | 18,967.         |                                       |      |        |
|          | Prior years' undistributed income Subtract          | 10,007.         |                                       |      |        |
| U        | line 4b from line 2b                                |                 |                                       |      |        |
| _        |                                                     |                 |                                       |      |        |
| С        | Enter the amount of prior years' undistributed      |                 |                                       |      |        |
|          | income for which a notice of deficiency             |                 |                                       |      |        |
|          | has been issued, or on which the section            |                 |                                       |      |        |
|          | 4942(a) tax has been previously assessed            |                 |                                       |      |        |
| d        | Subtract line 6c from line 6b Taxable               |                 |                                       |      |        |
|          | amount - see the instructions                       |                 |                                       |      |        |
| 8        | Undistributed income for 2008 Subtract              |                 | ,                                     |      |        |
|          | line 4a from line 2a Taxable amount -               |                 |                                       |      |        |
|          | see the instructions                                |                 |                                       |      |        |
| f        | Undistributed income for 2009 Subtract              |                 |                                       |      |        |
|          | lines 4d and 5 from line 1. This amount             |                 |                                       |      |        |
|          | must be distributed in 2010                         |                 |                                       |      |        |
| 7        | Amounts treated as distributions out of             |                 |                                       |      |        |
|          | corpus to satisfy requirements imposed by           |                 |                                       |      |        |
|          | section 170(b)(1)(F) or 4942(g)(3) (see the         |                 |                                       |      |        |
|          | instructions)                                       |                 |                                       |      |        |
| 8        | Excess distributions carryover from 2004            |                 |                                       |      |        |
|          | not applied on line 5 or line 7 (see the            |                 |                                       |      |        |
|          | instructions)                                       | 5,603.          |                                       |      |        |
| 9        | Excess distributions carryover to 2010.             | <del></del>     |                                       |      |        |
| -        | Subtract lines 7 and 8 from line 6a                 | 13,364.         |                                       |      |        |
| 10       | Analysis of line 9                                  |                 |                                       |      |        |
|          | Excess from 2005 5, 412.                            |                 |                                       |      |        |
|          | Excess from 2006 4,806.                             |                 |                                       |      |        |
|          | Excess from 2007 3,000.                             |                 |                                       |      |        |
|          | Excess from 2008 146.                               |                 |                                       |      |        |
|          |                                                     |                 |                                       |      |        |
| <u>e</u> | Excess from 2009                                    |                 | <u> </u>                              | L    |        |

| _             | m 990-PF (2009) PRINCETON HS                                                          |                          | 1926 SCHOL             | AR.                      | 31-08                | 89436              | Page 10            |
|---------------|---------------------------------------------------------------------------------------|--------------------------|------------------------|--------------------------|----------------------|--------------------|--------------------|
| _             | art XIV. Private Operating Founda                                                     |                          | nstructions and Part   |                          |                      |                    |                    |
| 1a            | If the foundation has received a ruling or de                                         |                          |                        | ating                    |                      |                    |                    |
|               | foundation, and the ruling is effective for 20                                        |                          | _                      | •                        |                      | <del></del>        |                    |
|               | Check box to indicate whether the foundation                                          |                          | ting foundation desc   | ribed in section         | 494                  | 2(j)(3) or         | 4942(j)(5 <u>)</u> |
| 2a            | 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                   | (a) 2009                 | (b) 2008               | (c) 2007                 | (d) 2006             | (e) T              | Total              |
|               | each year listed                                                                      |                          | _                      |                          | ļ                    |                    |                    |
| þ             | 85% of line 2a                                                                        |                          |                        |                          |                      |                    |                    |
| С             | Qualifying distributions from Part XII,                                               |                          | İ                      |                          |                      |                    |                    |
| _             | line 4 for each year listed                                                           |                          |                        | -                        |                      |                    |                    |
| d             | Amounts included in line 2c not used directly for active conduct of exempt activities |                          |                        |                          |                      |                    |                    |
| е             | Qualifying distributions made directly                                                |                          |                        |                          |                      |                    |                    |
|               | for active conduct of exempt activities                                               |                          | 1                      |                          |                      |                    |                    |
|               | Subtract line 2d from line 2c                                                         |                          |                        |                          |                      |                    |                    |
| 3             | Complete 3a, b, or c for the alternative                                              |                          |                        |                          |                      | -                  |                    |
| -             | test relied upon                                                                      |                          |                        | •                        |                      |                    |                    |
| а             | "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                                                  | <del></del>              |                        |                          |                      |                    | · · · ·            |
|               | 2/3 of minimum investment return shown                                                |                          |                        |                          |                      |                    |                    |
| _             | in Part X, line 6 for each year listed "Support" alternative test - enter             |                          |                        |                          | · · · · ·            |                    |                    |
| •             | (1) Total support other than gross                                                    |                          |                        |                          |                      |                    |                    |
|               | investment income (interest,                                                          |                          |                        |                          |                      |                    |                    |
|               | dividends, rents, payments                                                            |                          |                        | Ì                        |                      |                    |                    |
|               | on securities loans (section                                                          |                          |                        |                          |                      |                    |                    |
|               | 512(a)(5)), or royalties) (2) Support from general public and 5                       |                          |                        |                          |                      |                    |                    |
|               | • • • • • • • • • • • • • • • • • • • •                                               |                          |                        |                          |                      |                    |                    |
|               | or more exempt organizations as                                                       |                          |                        |                          |                      |                    |                    |
|               | provided in section 4942(j)(3)(B)(iii)                                                |                          |                        |                          |                      |                    |                    |
|               | (3) Largest amount of support                                                         |                          |                        |                          |                      |                    |                    |
|               | from an exempt organization                                                           |                          |                        |                          |                      |                    |                    |
| Ð             | (4) Gross investment income art XV Supplementary Information                          | on (Complete th          | ic part only if th     | o foundation ha          | d \$5,000 or m       | oro in             |                    |
| L             | assets at any time during                                                             |                          |                        |                          | u \$5,000 01 111     | Ole III            |                    |
| _             | Information Regarding Foundation Manag                                                |                          | ne manachona.,         | <u></u>                  | <del></del>          | <del></del>        |                    |
| ' <u> </u>    | List any managers of the foundation who ha                                            |                          | e than 2% of the tota  | contributions receiv     | ed by the founds     | tion before the    | close              |
| а             | of any tax year (but only if they have contrib                                        |                          |                        |                          | ca by the lounds     | tion belove the    | 0.000              |
| NC            | ONE                                                                                   | ated more than 45,       | ooo, (occ scollon sc   | (C)(E) )                 |                      |                    |                    |
|               | List any managers of the foundation who or                                            | wn 10% or more of t      | he stock of a corpora  | tion (or an equally la   | rae portion of the   | ownership of       | а                  |
| -             | partnership or other entity) of which the fou                                         |                          |                        | (0. 0 0400)              | go poo               | , cp =:            | _                  |
| NC            | ONE                                                                                   |                          | J. 2                   |                          |                      |                    |                    |
| 2             | Information Regarding Contribution, Gran                                              | nt. Gift. Loan. Scho     | larship, etc., Progran | ns:                      |                      |                    |                    |
|               | Check here   (if the foundation only)                                                 |                          |                        |                          | and does not acc     | cept unsolicited   | t                  |
|               | requests for funds. If the foundation makes                                           |                          | •                      | <del>-</del>             |                      |                    |                    |
|               | complete items 2a, b, c, and d                                                        | <b>3</b> , <b>3</b> , (- |                        |                          |                      |                    |                    |
|               | The name, address, and telephone number                                               | r of the person to wh    | nom applications show  | uld be addressed         |                      |                    |                    |
|               | , , ,                                                                                 | ·                        |                        |                          |                      |                    |                    |
| MZ            | ARTHA RICHARDSON 304-3                                                                | 25-7151 PC               | BOX 950 B              | luefield W               | <i>I</i> V 24701     |                    |                    |
| $\overline{}$ | The form in which applications should be si                                           |                          |                        |                          |                      |                    |                    |
|               |                                                                                       |                          |                        |                          |                      |                    |                    |
| SE            | ELECTED BY PRINCETON S                                                                | ENIOR HIGH               | H SCHOOL ST            | 'AFF                     |                      |                    |                    |
| С             | Any submission deadlines                                                              |                          |                        |                          |                      |                    |                    |
| NC            | DNE                                                                                   |                          |                        |                          |                      |                    |                    |
|               | Any restrictions or limitations on awards, su                                         | ich as by geographi      | cal areas, charitable  | fields, kınds of ınstıtu | itions, or other fac | ctors              |                    |
| ΑV            | NARDS RESTRICTED TO 6,                                                                | 000 OVER 4               | YEARS PER              | RECIPIENT                |                      |                    |                    |
|               |                                                                                       |                          |                        |                          |                      | Form <b>990-Pf</b> | F (2009)           |

Rev 1

Part XV Supplementary Information (continued)

| Grants and                             | Contributions Paid Dur    | 1                                                                                                         | <u> </u>                       | ataro i ayinone                  |          |
|----------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|----------|
| ······································ | Recipient                 | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount   |
|                                        | Idress (home or business) | or substantial contributor                                                                                |                                |                                  | ····     |
| a Paid during the<br>JOSEPH            | GREENFED (A               | NONE                                                                                                      | N/A                            | EDUCATIONAL                      | 750      |
|                                        |                           | •                                                                                                         |                                | 1                                | 500      |
| TIFFANY                                | COMPTON                   | NONE                                                                                                      | N/A                            | EDUCATIONAL                      |          |
| CLARISSE                               |                           | NONE                                                                                                      | N/A                            | EDUCATIONAL                      | 500      |
| HEATHER                                | WEBB                      | NONE                                                                                                      | N/A                            | EDUCATIONAL                      | 500      |
| JAMES                                  | COPENHAVER                | NONE                                                                                                      | N/A                            | EDUCATIONAL                      | 500      |
| RICHARD                                | HALL                      | NONE                                                                                                      | N/A                            | EDUCATIONAL                      | 500      |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
| Total                                  |                           |                                                                                                           |                                | <b>▶</b> 3a                      | 3,250    |
| b Approved for fu                      | ture payment              |                                                                                                           |                                |                                  | <u> </u> |
| NONE                                   |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |
|                                        |                           | 1                                                                                                         | 1 1                            |                                  |          |
|                                        |                           |                                                                                                           |                                |                                  |          |

| nter g                | ross amounts unless otherwise indicated                                                                                | Unrelated business income Exclu |                        |                     | y section 512, 513, or 514        | (e)                                                      |
|-----------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|---------------------|-----------------------------------|----------------------------------------------------------|
| 1 F                   | rogram service revenue                                                                                                 | (a)<br>Business<br>code         | (b)<br>Amount          | (c)<br>Excl<br>code | (d)<br>Amount                     | Related or exempt function income (See the instructions) |
| a                     | ·                                                                                                                      |                                 |                        |                     |                                   |                                                          |
|                       |                                                                                                                        |                                 |                        |                     |                                   |                                                          |
| c _                   |                                                                                                                        |                                 |                        |                     |                                   |                                                          |
| d _                   |                                                                                                                        |                                 | ···                    |                     |                                   |                                                          |
| θ_                    |                                                                                                                        |                                 |                        | $\bot$              |                                   |                                                          |
| f_                    |                                                                                                                        |                                 |                        |                     | <del> </del>                      |                                                          |
| g F                   | ees and contracts from government agencies                                                                             |                                 |                        | _                   |                                   |                                                          |
| 2 N                   | lembership dues and assessments                                                                                        |                                 |                        |                     |                                   | _                                                        |
|                       | terest on savings and temporary cash investments                                                                       |                                 | <del></del>            |                     |                                   |                                                          |
|                       | dividends and interest from securities                                                                                 |                                 |                        | 14                  | 2,553.                            |                                                          |
|                       | let rental income or (loss) from real estate                                                                           | ···                             |                        |                     |                                   |                                                          |
|                       | ebt-financed property                                                                                                  |                                 |                        |                     |                                   |                                                          |
|                       | lot debt-financed property                                                                                             |                                 |                        |                     |                                   |                                                          |
|                       | let rental inc or (loss) from personal property                                                                        |                                 |                        |                     |                                   | <u>.</u>                                                 |
|                       | Other investment income                                                                                                |                                 |                        | 1                   |                                   |                                                          |
|                       | ain or (loss) from sales of assets other than inventory                                                                |                                 |                        | -                   |                                   |                                                          |
|                       | let income or (loss) from special events                                                                               |                                 |                        | -                   |                                   |                                                          |
|                       | Bross profit or (loss) from sales of inventory                                                                         |                                 |                        |                     |                                   |                                                          |
|                       | Other revenue a                                                                                                        | <del> </del>                    |                        | +                   |                                   |                                                          |
| p -                   |                                                                                                                        |                                 |                        | +                   |                                   |                                                          |
|                       |                                                                                                                        |                                 |                        | +                   |                                   |                                                          |
|                       |                                                                                                                        |                                 |                        | +                   |                                   |                                                          |
| е -                   |                                                                                                                        |                                 |                        | -                   | 2 FE2                             |                                                          |
|                       | subtotal Add columns (b), (d), and (e)                                                                                 |                                 |                        |                     | 2,553.                            | 2,553.                                                   |
| 3 7                   | otal. Add line 12, columns (b), (d), and (e)                                                                           |                                 |                        |                     | 13                                | Z.333.                                                   |
|                       |                                                                                                                        |                                 |                        |                     |                                   |                                                          |
| ee w                  | orksheet in line 13 instructions to verify calculation                                                                 |                                 | anlichment of Eve      | mnt Dur             |                                   |                                                          |
| ee w<br>Part          | orksheet in line 13 instructions to verify calculations  XVI-B Relationship of Activities to                           | the Accon                       |                        |                     | poses                             |                                                          |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  Explain below how each activity for wh                                            | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art           | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  Explain below how each activity for wh                                            | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>'art<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>art<br>Line   | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>Part<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| ee w<br>Part<br>Line  | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| See w<br>Part<br>Line | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |
| See w<br>Part<br>Line | XVI-B Relationship of Activities to  No. Explain below how each activity for wh accomplishment of the foundation's ex- | the Accon                       | reported in column (e) | of Part XV          | poses<br>/I-A contributed importa | ntly to the                                              |

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|            | m 990-P<br>art XV!             | _                                                                  | Regarding Tr                                                 | ransfers To and                                             |                                                  |                                  | Relations                           |                              | Noncharitable                 |                 | ige 1 |
|------------|--------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|----------------------------------|-------------------------------------|------------------------------|-------------------------------|-----------------|-------|
| _          | Didate                         | Exempt Org                                                         |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 | No    |
| 7          |                                | organization directly o<br>if the Code (other than                 |                                                              |                                                             |                                                  |                                  |                                     |                              |                               | Yes             | No    |
| _          |                                | rs from the reporting for                                          |                                                              |                                                             |                                                  |                                  | political of                        | garrizations:                |                               |                 |       |
| а          | (1) C                          |                                                                    | Junuation to a no                                            | inchantable exempt                                          | organization                                     | 01                               |                                     |                              | 1a(1)                         | '               | Х     |
|            | • •                            | ther assets                                                        |                                                              |                                                             |                                                  |                                  |                                     |                              | 1a(2)                         |                 | X     |
| h          | , ,                            | ansactions                                                         |                                                              |                                                             |                                                  |                                  |                                     |                              | 14(2)                         |                 |       |
|            |                                | ales of assets to a nor                                            | charitable exemi                                             | nt organization                                             |                                                  |                                  |                                     |                              | 1b(1)                         | ]               | Х     |
|            |                                | urchases of assets fro                                             |                                                              |                                                             | on                                               |                                  |                                     |                              | 1b(2)                         |                 | X     |
|            | ` '                            | ental of facilities, equi                                          |                                                              | . •                                                         | •                                                |                                  |                                     |                              | 1b(3)                         |                 | Х     |
|            | • •                            | eimbursement arrange                                               |                                                              |                                                             |                                                  |                                  |                                     |                              | 1b(4)                         |                 | Х     |
|            |                                | oans or loan guarantee                                             |                                                              |                                                             |                                                  |                                  |                                     |                              | 1b(5)                         |                 | Х     |
|            | • •                            | erformance of services                                             |                                                              | or fundraising solici                                       | tations                                          |                                  |                                     |                              | 1b(6)                         |                 | Х     |
| С          | ٠,                             | of facilities, equipmen                                            | •                                                            | -                                                           |                                                  |                                  |                                     |                              | 1c                            |                 | Х     |
|            | _                              | swer to any of the abo                                             | •                                                            | •                                                           |                                                  | umr(b) shou                      | ıld always si                       | now the fair n               | narket value of the           | )<br>}          |       |
| _          |                                | other assets, or service                                           | -                                                            |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            | •                              | ng arrangement, show                                               | •                                                            | •                                                           |                                                  |                                  |                                     |                              | •                             |                 |       |
|            |                                | ig arrangement, enem                                               |                                                              | Tanaa ar mie gaaaa,                                         |                                                  | ,                                |                                     |                              |                               |                 |       |
| (a)        | Line no                        | (b) Amount involved                                                | (c) Name of no                                               | ncharitable exempt                                          | organization                                     | (d) Desc                         | of transfers,                       | transactions                 | , and sharing arra            | ngeme           | ents  |
|            |                                | · · · · · · · · · · · · · · · · · · ·                              |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                | _                                                                  |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                | · · ·                                                              |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              | ·-                            |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    | ·                                                            |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                | · · · · · · · · · · · · · · · · · ·                                |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  | <u> </u>                         |                                     |                              |                               |                 |       |
| 2a         | Is the                         | foundation directly or                                             | indirectly affiliated                                        | d with, or related to,                                      | one or more                                      | tax-exemp                        | t organizatio                       | ns described                 | lin _                         | _               |       |
|            | sectio                         | n 501(c) of the Code (                                             | other than sectio                                            | n 501(c)(3)) or in se                                       | ction 527?                                       |                                  |                                     |                              | ∐ Y                           | es 🛚            | No    |
| b          | If "Yes                        | s," complete the follow                                            | ing schedule                                                 |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                | (a) Name of organiza                                               | ition                                                        | (b) Type of                                                 | of organizatio                                   | n                                |                                     | (c) Descript                 | ion of relationship           |                 |       |
|            |                                |                                                                    |                                                              |                                                             | · · · · · · · · · · · · · · · · · · ·            |                                  |                                     | ···· —                       |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     |                              |                               |                 |       |
|            |                                |                                                                    |                                                              |                                                             |                                                  |                                  |                                     | <del></del>                  |                               |                 |       |
|            | Under pe<br>true, com          | naities of penury, I declare that<br>ect, and complete Declaration | at I have examined this<br>n of preparer (et <u>her</u> thai | return, including accompai<br>n taxpayer or fiduciary) is b | nying schedules a<br>as <b>g</b> d on all inform | nd statements,<br>ation of which | and to the best<br>preparer has any | of my knowledge<br>knowledge | and belief, it is             |                 |       |
|            | F                              | rist Com in                                                        | rungy                                                        | Buch N                                                      | H                                                |                                  |                                     |                              | <del></del> .                 |                 |       |
|            | 24                             | : Marthay                                                          | Kichaic                                                      | 2800-                                                       |                                                  | 5-                               | 11-1U                               | Iru                          | isle                          |                 |       |
| e e        | ▼ Sign                         | nature of officer or trus                                          | tee                                                          | <del></del>                                                 | <del> </del>                                     | Date                             | T                                   | Title                        |                               |                 |       |
| <u>fer</u> |                                |                                                                    |                                                              |                                                             | Date                                             |                                  | Check If                            |                              | Preparer's ID nu              |                 |       |
| 늗          | <b>"</b>                       |                                                                    | 0                                                            | 0                                                           |                                                  |                                  | self-emp                            | loyed ▶∐                     | (see Signature Instructions ) | ııı u <b>ıe</b> |       |
| Sign Here  | \$ E E                         | Preparer's                                                         | 114 1                                                        | //                                                          |                                                  | - /                              |                                     | ĺ                            | •                             |                 |       |
| 0)         | Paid<br>Preparer's<br>Use Only | signature //a                                                      | Up I part                                                    |                                                             | <del></del>                                      | 5/201                            | <u> </u>                            | <b>5N.</b> 5                 | 236-04-6                      |                 |       |
|            | Es                             | Firm's name (or you                                                | irs ANDER                                                    | SON & LAW                                                   | LESS, C                                          | PAS                              |                                     | EIN ► 5                      | <u>5-0743318</u>              |                 |       |

Form 990-PF (2009)

304-325-6157

US990P13

Phone no

PO BOX 1537

BLUEFIELD WV 24701

ıf self-employed),

address, and ZIP code

**Schedule of Contributors** 

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

->- -Attach-to-Form-990,-990-EZ,-and 990-P.F.

2009

Employer identification number

| PRINCETON HS_C                                                                | LASS OF 1926 SCHOLAR.                                                                                                                                                                                                                                                                                                                                                                                    | 31-0889436                                                                                  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Organization type (check one)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |
| Filers of:                                                                    | Section:                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |
| Form 990 or 990-EZ                                                            | 501(c)( ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|                                                                               | 4947(a)(1) nonexempt charitable trustnot treated as a private foundation                                                                                                                                                                                                                                                                                                                                 |                                                                                             |
|                                                                               | 527 political organization                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |
| Form 990-PF                                                                   | X 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|                                                                               | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                    |                                                                                             |
|                                                                               | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |
| • •                                                                           | overed by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or for both the General Rule and a Special Rule. See instructions.)                                                                                                                                                                                                                                                  | (10)                                                                                        |
| General Rule                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |
| For an organization filing from any one contributor                           | Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in more Complete Parts I and II                                                                                                                                                                                                                                                                                             | ney or property)                                                                            |
| Special Rules                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |
| sections 509(a)(1)/170(b                                                      | rganization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the )(1)(A)(vi), and received from any one contributor, during the year, a contribution of timount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1                                                                                                                                          | he greater (1)                                                                              |
| aggregate contributions                                                       | (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one or bequests of more than \$1,000 for use exclusively for religious, charitable, scientification of cruelty to children or animals. Complete Parts I, II, and III                                                                                                                                                   |                                                                                             |
| some contributions for use (If this box is checked, expurpose Do not complete | (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one se exclusively for religious, charitable, etc., purposes, but these contributions did not inter here the total contributions that were received during the year for an exclusively e any of the parts unless the General Rule applies to this organization because it receions of \$5,000 or more during the year) | aggregate to more than \$1,000 religious, charitable, etc , erved nonexclusively religious, |
| but they must answer "No" on                                                  | e not covered by the General Rule and/or the Special Rules do not file Schedule B (f<br>Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-E,<br>the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)                                                                                                                                                   |                                                                                             |
| For Privacy Act and Paperwork                                                 | ·                                                                                                                                                                                                                                                                                                                                                                                                        | (Form 990, 990-EZ, or 990-PF) (2009)                                                        |

| US 990 Investments: Corporate Stock a |            |        |
|---------------------------------------|------------|--------|
| Description                           | Book value | FMV    |
| AVIS NY VENTURE FUND                  | 5,370.     | 4,722  |
| HLMC 2.25% 9/15/13                    | 10,000.    | 9,986  |
| HLB NTS 4.875%                        | 20,000.    | 20,006 |
| HLB NTS 3% 9/14                       | 14,993.    | 14,953 |
| NMA 2.875% 9/22/14                    | 14,993.    | 14,995 |
| ROWTH FUND AMER CL F1                 | 4,936.     | 5,67   |
| CW GALILEO                            | 1,218.     | 91     |
|                                       | 71,510.    | 71,25  |
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