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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No 1545-0052 20**12**

Open to Public Inspection

F	or ca	ılendar year 2012 or tax year beginni	ng		1	2/01, 2012	, and end	ling			11/	30, 20 13
	Name	e of foundation							Α	Employer identifi	cation num	ber
	THE	HAMER FOUNDATION								23-734992	6	
	Numt	per and street (or P O box number if mail is not de	livered	to street a	ddress)		Room/su	ite	В	Telephone numb	er (see instru	ictions)
										(30	4) 453	-6381
	P.O	. BOX 418							ŀ			
	City o	r town, state, and ZIP code			-							
	•								С	If exemption applica	ition is	
	KEN	OVA, WV 25530							l	pending, check here		
_		eck all that apply: Initial return			Initial return	of a former p	ublic cha	rity				
G	One	Final return			Amended re	-			יי	1 Foreign organizat 2 Foreign organizat		
		Address chan	~~		Name change					85% test, check h	ere and attach	
_	<u></u>	eck type of organization: X Section								computation -		🟲 🗀
ï						rivate foundat	tion		E	If private foundation		- 1 I
÷		Section 4947(a)(1) nonexempt charitable tru			ethod: X C		rual			under section 507(b		
•		1	\neg	_		asii [] Acc	iuai		F	If the foundation is		1 1
	•	ear (from Part II, col. (c), line \$ 2,474,117.		her (spe		n cash basis.)				under section 507(b)	(1)(B), cneck r	nere . \blacktriangleright
			· · ·	colultiit (a) must be or	Casii basis.)					(d) Dist	oursements
L	art	Analysis of Revenue and Expenses total of amounts in columns (b), (c), and (d	(Ine	• •	evenue and	(b) Net inve	estment	1	c) A	djusted net	, , ,	haritable
		may not necessarily equal the amounts in	'	•	enses per oooks	incom	ne			ıncome		rposes
_		column (a) (see instructions))			76,008	 		├—		 	(cash	basis only)
	1	Contributions, gifts, grants, etc., received (attach schedul	e)		70,000	 		-				· -
	2	Check ► attach Sch B			4,783		4 702		_			2 2 1 4
	3	Interest on savings and temporary cash investme	nts _				4,783.			DECER	/55	
	4	Dividends and interest from securities	-		95,462	ļ	5,462.			KECE	AFD.	
	5 a	Gross rents							⊋[ပ
	b	Net rental income or (loss)							3	APR 2 3	2014	S
흔		Net gain or (loss) from sale of assets not on line	10		25,958	!	1	<u> </u>	7			<u>w</u>
Revenue	b	Gross sales price for all assets on line 6a	<u> 78</u> .							OCDEN		≝
6	7	Capital gain net income (from Part IV, line	2) . 📙			2	5,958.	ĿL		OGDEN	UI	
۳	8	Net short-term capital gain					4-5 1/4 5					
	9	Income modifications · · · · · · · ·	· • [TV Thur,						- Car
	10 a	Gross sales less returns and allowances • • • •	<u> </u>	1. 10.50	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	7236675		1838	4° تى	Property of the state of	و و د د د د د د د د د د د د د د د د د د	Waster State
ŀ	ь	Less: Cost of goods sold .		· · · · · · · · · · · · · · · · · · ·	\$1.50 P		75377	(4.7)	r. H	器(B) (B) (B) (B) (B) (B) (B) (B) (B) (B)		列传:诗题
	С	Gross profit or (loss) (attach schedule)	L			が表現が	Para Port				32.16	AND BUCK
	11	Other income (attach schedule)	<u>L</u>					ļ			3000000	证法是许多的
╝	12	Total. Add lines 1 through 11			202,211	12	6,203.	ļ			THE STATE OF THE S	215-75-75-72
ı	13	Compensation of officers, directors, trustees, etc.	L		(
s	14	Other employee salanes and wages						<u> </u>				
힑	15	Pension plans, employee benefits	L		<u></u>					 		
힘	16 a	Legal fees (attach schedule)	L									
ᆈ	b	Accounting fees (attach schedule)ATCH	1.		3,860.	·	3,860.	<u> </u>				
<u>2</u>	c	Other employee salaries and wages Pension plans, employee benefits						<u> </u>				
ē	17	Interest	L									
<u>s</u>	18	Taxes (attach schedule) (see instructions)ATCH.	2. [1,928	·		<u> </u>				
盲	19	Depreciation (attach schedule) and depleti	on.								MATERIAL STATES	是这种意思
힑	20	Occupancy	[l				
اع	21	Travel, conferences, and meetings										
ā	22	Printing and publications	- Т									
U 9	23	Other expenses (attach schedule)	F-									
rat	24	Total operating and administrative expen	Г									
		Add lines 13 through 23	1		5,788		3,860.	1				
- 1	25	Contributions, gifts, grants paid			207,100	Trees Demarks 4. 7	1,30,47	13		LEEL WELL		207,100
	26	Total expenses and disbursements. Add lines 24 an			212,888		3,860.			0		207,100
┪	27	Subtract line 26 from line 12:	$\neg \uparrow$,		1770智有水点	现现是	7.3		18 3 1 hos	-150	TO CALL THE
		Excess of revenue over expenses and disbursements			-10,677	The State of the	PELL E		4. °	1.13 27.48	[[
		Net investment income (if negative, enter			•		2,343.	1	_			,
		Adjusted not known (if positive optor-0-				<u> </u>	•	1				

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Part II		Dalamas Chasta	Attached schedules and amounts in the	Beginning of year	End o	of year		
		Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-beari	ng	169,678.	66,550.	66,550.		
	2		cash investments					
	I	-						
			btful accounts ▶					
	l					, <u>, , , , , , , , , , , , , , , , , , ,</u>		
			btful accounts ▶					
	E .							
	I .		officers, directors, trustees, and other					
		disqualified persons (att	tach schedule) (see instructions)					
	7	Other notes and loans r	eceivable (attach schedule)	į				
		Less: allowance for doul	btful accounts ▶					
ts	8	Inventories for sale or us	e					
ssets	9	Prepaid expenses and de	eferred charges					
ä	10 a	Investments - U.S. and state	e government obligations (attach schedule)					
			stock (attach schedule) ATCH 3	584,366.	581,782.	1,842,849.		
			bonds (attach schedule) ATCH 4	23,750.				
	11	Investments - land, buildings						
		and equipment basis Less, accumulated deprecia						
		(attach schedule)			, , ,			
	12	Investments - mortgage	loans	413,552.	532,337.	564,718.		
	13 14	Investments - other (atta Land, buildings, and	I			•		
		equipment, basis	fion N					
		(attach schedule)	tion					
	15	Other assets (describe I	- /					
			completed by all filers - see the	1 101 246	1 100 660	2 474 117		
_		instructions. Also, see pa	age 1, item I)	1,191,346.	1,180,669.	2,474,117.		
	17	Accounts payable and a	ccrued expenses		-			
	18	Grants payable						
es	19	Deferred revenue				-		
Liabilities	20	Loans from officers, directo	rs, trustees, and other disqualified persons					
ap	21	Mortgages and other no	tes payable (attach schedule)			,		
	22	Other liabilities (describe	· ▶)					
						And the second second		
	23	Total liabilities (add line	s 17 through 22)	0	0	1978年,中国共和国		
		Foundations that foll	ow SFAS 117, check here ▶ X			· · · · · · · · · · · · · · · · · · ·		
S		and complete lines 2	24 through 26 and lines 30 and 31.			表示是是这个意思。		
ces		Unrestricted		1,191,346.	1,180,669.			
퍨	25	Temporarily restricted						
ä	26							
힏	20		not follow SFAS 117,		·			
ī			plete lines 27 through 31.					
ō	27		cipal, or current funds					
ets	28	-	land, bldg., and equipment fund					
Assets or Fund Balar	29		plated income, endowment, or other funds					
			balances (see instructions)	1,191,346.	1,180,669.			
Ne.	ľ		net assets/fund balances (see					
				1,191,346.	1,180,669.			
	art III	Analysis of Cha	inges in Net Assets or Fund E		_ 	TOP COMPANY CONTRACTOR OF THE		
			alances at beginning of year - Part		nust agree with			
•			on prior year's return)			1,191,346.		
2		amount from Part I, I			۱ ۾	-10,677		
			and the time of the entered by	• • • • • • • • • • • • • • • • • • • •				
					4	1,180,669		
		ines 1, 2, and 3	lino 2 (itemize)	• • • • • • • • • • • • • • • • • • • •	5			
		eases not included in	lances at end of year (line 4 minus l	ine 5) - Part II column (b)		1,180,669.		
<u>b</u> _	iotal	net assets of fund ba	nances at end or year time 4 minus i	inc oj - i art ii, widhiii (b),	, 0	Form 990-PF (2012)		
						FORM ###FF (2012)		

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	/	
6	Page 3	
(d) [c mo	Date sold , day, yr.)	
) (g)		
min n -0- h))	ius -) or	
25,	958.	
	0	
Yes	X No	
i. (c)) . 01	.4835 .8249	
.08	4972	
.08 .13	4972 5846 6822	
	4835 8249 4972 5846 6822	
. 35		
. 35	0724	
. 07	0724	
. 35 . 07 53,	0724	
.35	0724 0145 188. 050.	

Part IV Capital Gain	s and Losses for Tax on Inve	estment Income					
(a) List a	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)				
1a SEE PART IV SCH	brick warehouse; or common stock, 200 EDULE		D - Conation	,			
b							
C							
d							
e							
(e) Gross sales price	(h) Gain or (loss) (e) plus (f) minus (g)						
_a							
<u>b</u>							
<u>c</u>							
<u>d</u>							
e Complete only for accets	showing gain in column (h) and owns	d by the foundation on 12/21/60					
Complete only for assets	s showing gain in column (h) and owner	(k) Excess of col. (i)		Gains (Col (h) ga (k), but not less t			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any		Losses (from co			
<u>a</u>							
_b							
<u>c</u>					 -		
<u>d</u>							
e 2 Capital gain net income of		gain, also enter in Part I, line 7 }	2	2 25,958.			
3 Net short-term capital gain	n or (loss) as defined in sections 12		-	· · · · · · · · · · · · · · · · · · ·			
	rt I, line 8, column (c) (see instr						
	· · · · · · · · · · · · · · · · · · ·		3		0		
	Under Section 4940(e) for Red		ncome				
	, leave this part blank. the section 4942 tax on the distrib not qualify under section 4940(e).	¥ -	ase perioc	1?	Yes X No		
	ount in each column for each year;		any entri	es.			
(a) Base penod years Calendar year (or tax year beginning in)	(b)	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by			
2011	30,900.	2,082,943.			0.014835		
2010	36,000.	1,972,666.			0.018249		
2009	166,357.	1,957,791.			0.084972		
2008	252,000.	1,855,038.			0.135846		
2007	263,830.	2,724,908.			0.096822		
2 Total of line 1, column (d			2		0.350724		
_	for the 5-year base period - divide	• • •			0 0701:5		
number of years the foun	dation has been in existence if less	than 5 years	3		0.070145		
4 Enter the net value of nor	ncharitable-use assets for 2012 from	m Part X, line 5	4	2,	253,188.		
5 Multiply line 4 by line 3			5		158,050.		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,223.		
7 Add lines 5 and 6		· · · · · · · · · · · · · · · · · · ·	7		159,273.		
B Enter qualifying distribution			8		207,100.		
If line 8 is equal to or graph Part VI instructions.	eater than line 7, check the box in	n Part VI, line 1b, and complete t	nat part ı	using a 1% tax	rate. See the		

1292-00

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	ctions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)			
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,2	223.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		1,2	223.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,2	223.
6	Credits/Payments			
ă	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 1,880.			
b	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			
7	Total credits and payments. Add lines 6a through 6d		1,8	80.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2013 estimated tax 10		6	557.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 657. Refunded ▶ 11			
Par	t 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 participate		Yes	No
	or 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 Instructions for the	1 1		
	definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	2m (5m 1)	X
	ff "Yes," attach the statement required by General Instruction T.		17.5	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		X 3 0 6	
	By language in the governing instrument, or		1.5	nigo.
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	1.451	21 200 P	hÆ.
	with the state law remain in the governing instrument?	_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	194127
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) WV,		10.75	
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)	2.5	2. 25. 25.	23 S
	of each state as required by General Instruction G? If "No," attach explanation	8ь	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		7 (4	
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete		. }	
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and		' <u>. </u>	
	addresses ATCH 6	10	Х	
		Form 99	0-PF (2012)

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charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5a	During the year did the foundation pay or incur any amou	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	. Yes X N	o	
	(2) Influence the outcome of any specific public ele	ection (see section	4955); or to carry o	n, ———	[•	
	directly or indirectly, any voter registration drive?				。	
	(3) Provide a grant to an individual for travel, study, or of					
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (,	
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children of		· ·		,	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the					
b	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disas	-				
_	If the answer is "Yes" to question 5a(4), does the				~	
·	because it maintained expenditure responsibility for the g			F-7 F-7	,	
	If "Yes," attach the statement required by Regulations sec]
6-2	Did the foundation, during the year, receive any fund		ectly to pay premium	18		1
va	on a personal benefit contract?				,	İ
.	Did the foundation, during the year, pay premiums, direct			• 🗀	6ь	ĺχ
Ü	If "Yes" to 6b, file Form 8870	only of mancoay, on a	personal benone contra		35	
7.0	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Vas X N	.	
	If "Yes," did the foundation receive any proceeds or have				7ь	}
	VIII Information About Officers, Directors					
	and Contractors				· ·	
1	List all officers, directors, trustees, foundation r	(b) Title, and average	(c) Compensation (See	(d) Contributions to	4-15	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other alk	e account, owances
						-,
ATC	H 7		c	o		0
		1				
				-		
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see instructi	ons). If no	ne, enter
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens	
		devoted to position		compensation		, manocs
	NONE					
		ĺ	1			
- -				[
			<u> </u>			
_		1	I	1		
		1	<u> </u>	<u> </u>		

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THE HAMER FOUNDATION 23-7349926 Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc NOT APPLICABLE Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE

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0

3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3 . . .

Page 3

Ρ	Art X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	Ţ T	
	purposes:		
а	Average monthly fair market value of secunties	1a	2,145,003.
b		1b	142,498.
С	Fair market value of all other assets (see instructions)	1c	
d		1d	2,287,501.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	2,287,501.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	34,313.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,253,188.
6	Minimum investment return. Enter 5% of line 5	6	112,659.
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	112,659.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 1,223.		· · · · · · · · · · · · · · · · · · ·
b		1	
С	Add lines 2a and 2b	2c	1,223.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	111,436.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	111,436.
6	Deduction from distributable amount (see instructions)	6	
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	111,436.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
·	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	207,100.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	· · · · · · · · · · · · · · · · · · ·	
_	DUTDOSAS	2	
3	Amounts set aside for specific charitable projects that satisfy the:	3.7	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	207,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b (see instructions)	5	1,223.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	205,877.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.		

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Pa	art XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) · 2011	(d) 2012
	line 7				111,436.
2	Undistributed income, if any, as of the end of 2012				1
a	Enter amount for 2011 only				
ь	Total for pnor years 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012				
a	From 2007				
b	From 2008				
С	From 2009 65,808.			İ	
đ	From 2010				
e	From 2011			1	
f	Total of lines 3a through e	65,808.			
4	Qualifying distributions for 2012 from Part XII, line 4: > \$ 207, 100.				
a	Applied to 2011, but not more than line 2a				
ь	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
а	Applied to 2012 distributable amount				111,436.
	Remaining amount distributed out of corpus	95,664.	···		
5					
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:		-		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	161,472.			
	Prior years' undistributed income. Subtract				<u> </u>
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.				
	Subtract line 6c from line 6b. Taxable	THE PARTY OF THE P		· 并且不完了。	
u	amount - see instructions			the second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
е	Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instructions				
		STATE OF THE STATE		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	D. C. C. S. G. C.
f	Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be			A STATE OF THE STA	
	distributed in 2013	Carried States	and the second	STEEL STEEL STEEL	
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not		建一种基础的	医生产的企业企业	A STANTON
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.		ter site jage state and the first for		
	Subtract lines 7 and 8 from line 6a	161,472.	Carl State Line Line	然在社会企业宣生	Maria Land
10	Analysis of line 9.	Contract the state of the		\$ 2 \$ 7 7 F 124 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1
а	Excess from 2008				
b	Excess from 2009 65,808.				
c	Excess from 2010				Prophylic of the
	Excess from 2011	国家建筑民族主动	And the second		
е	Excess from 2012 95, 664.	从等数据的集员	A. C. C. L.		1 12 18 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ATCH 10

Page **11**

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	·/
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
_				1
ATCH 11	!	1		İ
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<u></u>		li		
Total	 		▶ 3a	207,100.
b Approved for future payment				
		[1
		1		1
		1		1
		!		
		[
	}		}	}
		[
		}		
Total	 	 	▶ 3b	

Page 12

a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 1	(c) (d) Amou	i idiiclidii iiicdii
a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments		
b		
d e f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments 1		
d e f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments		T
g Fees and contracts from government agencies Membership dues and assessments		
g Fees and contracts from government agencies Membership dues and assessments	· · · · · · · · · · · · · · · · · · ·	
Membership dues and assessments		
nterest on savings and temporary cash investments		
nterest on savings and temporary cash investments		
	. 4	4,783.
Dividends and interest from securities)2	95,462.
Net rental income or (loss) from real estate.		- <u></u>
Debt-financed property		
Not debt-financed property		
let rental income or (loss) from personal property .		<u> </u>
Other investment income		25 050
Sain or (loss) from sales of assets other than inventory	.8	25,958.
Net income or (loss) from special events		
Gross profit or (loss) from sales of inventory		-
Other revenue a		
·		
·		
		36 303
Subtotal. Add columns (b), (d), and (e)		26, 203. 13 126, 2
e No. Explain below how each activity for which income is reported in co accomplishment of the foundation's exempt purposes (other than by p		•
	•	
		

Part	XVII	Information F Exempt Orga		ansfers To ar	nd Transact	ions an	id Relation	ships With Non	chari	itable	÷
1 [Did the	e organization direc		engage in any o	of the following	with a	ny other orga	anization described	T	Yes	No
		ion 501(c) of the C									
		zations?	`	• • • • • • • • • • • • • • • • • • • •	, ,	•	·		.		
	-	ers from the reporti	ng foundation to	a noncharitable	e exempt organ	nzation of	f.				
		sh	-					. 	1a(1)		Х
		ner assets							1a(2)		X
		ransactions.									
(1) Sal	es of assets to a no	oncharitable exe	mpt organization					16(1)		Х
(2) Pur	chases of assets fr	om a noncharita	able exempt orga	nization				16(2)		X
		ntal of facilities, equ							16(3)		X
		mbursement arrang							16(4)		X
(:	5) Loa	ins or loan guarante	es						1b(5)		X
(1	6) Per	formance of service	es or membersh	nip or fundraising	solicitations .		<i></i>		1b(6)		X
		g of facilities, equipi							1c		X
		answer to any of the									
		of the goods, other									
	alue ii	n any transaction o									
(a) Line	no	(b) Amount involved	(c) Name of r	nonchantable exempt	organization		scription of trans	fers, transactions, and share	ing arra	ngemer	ıts
		N/A	<u> </u>			N/A					
			ļ								
											
											
			 								
			 								
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			<u> </u>				- 				
		oundation directly							 ,		ר
		ed in section 501(c)		ther than section	1501(c)(3)) or	in sectio	n 527?	l	Ye	es X	No
<u>b lf</u>	"Yes,	" complete the follo					·				
		(a) Name of organizatio	n	(b) Type	of organization			(c) Description of relations	hip		
											
C:		penalties of perjury, I deci- and complete. Declaration o						to the best of my knowledg	e and b	elief, it	is true,
Sign		HA A S	11/2/	1 4/	. 10 . 11	1		May the IRS	discus	s this	return
Here	_X	Mady!	Tan	ne 1///	1017	<u> u</u>	ussee	with the pr	eparer :	7 (below
	Sign	ature of officer or trastee	`	Da#e /		Title		(see Instruction	5)? X	Yes	No
	L	Print/Type preparer's	name	Preparer's sig	nature		Doto -		MITC		
Paid			name	A Royaler's sign	Ru	01	APR 6	2014 CireCk "	POOA	1.000	_
Prepa	rer	13arry L 130	AFGESS CFF	7 Days	huz-c,	~ /)		self-employed			
Use C	- 1		MERVILLE &		P.L.L.C.			Firm's EIN ▶ 55-0	5/29	Z 4	
Joe U	, iiiy	Firm's address ▶ 50				25	701		25 ^	201	
		HU	INTINGTON,	WV			701	Phone no 304-5	25-U		
								⊆.	um uu	ローピト /	70121

Schedule B

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

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
THE HAMER FOUNDATION	ON	23-7349926
Organization type (check or	ne):	
Filers of:	Section:	
i det 5 Oi.		
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foun	dation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(instructions. General Rule	7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See
X For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 one contributor. Complete Parts I and II.	0 or more (in money or
Special Rules		
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % suppo 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 55,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Fornd II.	the year, a contribution of
during the year, to	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fro tal contributions of more than \$1,000 for use exclusively for religious, charposes, or the prevention of cruelty to children or animals. Complete Parts t	itable, scientific, literary,
during the year, co not total to more the year for an exclusive applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the intributions for use exclusively for religious, charitable, etc., purposes, but the an \$1,000. If this box is checked, enter here the total contributions that welly religious, charitable, etc., purpose. Do not complete any of the parts understand the properties of the parts understand the contribution of the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution of the parts understand the contribution o	these contributions did ere received during the iless the General Rule tributions of \$5,000 or
990-EZ, or 990-PF), but it me	t is not covered by the General Rule and/or the Special Rules does not file ust answer "No" on Part IV, line 2 of its Form 990; or check the box on line PF, to certify that it does not meet the filing requirements of Schedule B (F	H of its Form 990-EZ or on

JSA

B2W0I3 P123

V 12-7.12

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

1292-00

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE HAMER FOUNDATION

Employer identification number 23-7349926

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ESTATE OF LEOLA D. FRAZIER 143 OAKVIEW DRIVE KENOVA, WV 25530	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization THE HAMER FOUNDATION

Employer identification number 23-7349926

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	·	I	1

Name of organization THE HAMER FOUNDATION

Employer identification number

23-7349926

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.								
	contributions of \$1,000 or less for the	or organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$							
	Use duplicate copies of Part III if addition	onal space is neede	<u>d</u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			~						
		(e) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

2012

Name of estate or trust THE HAMER FOUNDATION	-			Employer identifi		number
Note: Form 5227 filers need to complete only	Parts I and II.			1 23 ,3133		
Part I Short-Term Capital Gains and		Held One Ye	ar or Less			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a				1		00011001(0)110111(0)
			,			
				 		
	(0 1 1 1 0	4 1 - 4 -		1		
b Enter the short-term gain or (loss), if an					1b	
2 Short-term capital gain or (loss) from Fe					2	<u> </u>
Net short-term gain or (loss) from partnShort-term capital loss carryover. Ent	er the amount, i	f any, from lu	ne 9 of the 2011	Capital Loss	3	
Carryover Worksheet Net short-term gain or (loss). Combin		h 4 in colum		d on line 13,	4	()
column (3) on the back					5	
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)		(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					_	
					. <u></u> -	
b Enter the long-term gain or (loss), if any	, from Schedule D-	1, line 6b			6b	25,958.
7 Long-term capital gain or (loss) from Fo					7	
8 Net long-term gain or (loss) from partner	rships, S corporat	ions, and other	estates or trusts		8_	
9 Capital gain distributions				• • • • • • •	9_	
10 Gain from Form 4797, Part I					10	
11 Long-term capital loss carryover. Ente Carryover Worksheet	er the amount, if	any, from lin	e 14 of the 2011	Capital Loss	11	()
Net long-term gain or (loss). Combine column (3) on the back	lines 6a through	i 11 in column	n (f). Enter here and	on line 14a,	12	25,958.
For Panerwork Reduction Act Notice, see the Ins			· · · · · · · · · · · · · · · · · · ·			e D (Form 1041) 2012

Sch	dule D (Form 1041) 2012				Page 2
Pa	rt III Summary of Parts I and II	(1) Be	neficiaries'	(2) Estate's	/A) T
	Caution: Read the instructions before completing this part		e instr.)	or trust's	(3) Total
13	Net short-term gain or (loss)	3			
14	Net long-term gain or (loss):				
a	Total for year	a			25,958.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14	b			
	28% rate gain	С			
	Total net gain or (loss). Combine lines 13 and 14a ▶ 15	5			25,958.
Not	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or l	Form 990-T,	Part I, line 4	a) If lines 14a and 1	5, column (2), are net
	s, go to Part V, and do not complete Part IV. If line 15, column (3), is a net lo ssary	oss, complet	e Part IV and	d the Capital Loss Ca	arryover Worksheet, as
	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I	, line 4c, if a	trust), the sn	naller of	
	The loss on line 15, column (3) or b \$3,000			16 (_)
Not	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page Carryover Worksheet in the instructions to figure your capital loss carryover	e 1, line 22	(or Form 990)-T, line 34), is a loss	, complete the Capital
	Tax Computation Using Maximum Capital Gains Rates	. (2) are ar	unc of an a	mount is entered in	Port Lor Dort II and
	n 1041 filers. Complete this part only if both lines 14a and 15 in column e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more th	_	iiis, or an a	mount is entered in	Part I OF Part II and
	tion: Skip this part and complete the Schedule D Tax Worksheet in the instr				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
• B	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
	n 990-T trusts. Complete this part only if both lines 14a and 15 are g				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	complete	the Schedu	le D Tax Workshee	et in the instructions
if en	her line 14b, col. (2) or line 14c, col. (2) is more than zero.				· -
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17			
18	Enter the smaller of line 14a or 15 in column (2)	ŀ			
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) . 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 21		1		
22	Subtract line 21 from line 20. If zero or less, enter -0	· · · 			
23	Subtract line 22 from line 17. If zero or less, enter -0	23		<u>_</u> ,	
				(10)	
24	Enter the smaller of the amount on line 17 or \$2,400	24			
25	Is the amount on line 23 equal to or more than the amount on line 24?			12.24	
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24	26		72 3 37	
27	Are the amounts on lines 22 and 26 the same?			(3 \ \delta \)	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27	ļ		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28			
	0.11				
29	Subtract line 28 from line 27				
30	Multiply line 29 by 15% (.15)			30	
31	Figure the tax on the amount on line 23. Use the 2012 Tax Rate So			1 1	
	(see the Schedule Ginstructions in the instructions for Form 1041)			31	
•	A 1 1 1 2 0 0 1 1 4 0 4			_	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17. Use the 2012 Tax Rate So				
•	(see the Schedule Ginstructions in the instructions for Form 1041)			33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here				
	G, line 1a (or Form 990-T, line 36)		<u> </u>		
				Schedul	e D (Form 1041) 2012

J\$A 2F1220 2 000

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side THE HAMER FOUNDATION

Employer identification number 23-7349926

PUBLICLY TRADED SECURITIES 226,078. 200,120. 25,9	Part II Long-Term Capital Gains and		ts Held More Tha	an One Year		
PUBLICITY TRADED SECURITIES 226,078. 200,120. 25,4	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
				226,078.	200,120.	25 , 958
						
						
				<u> </u>		
						
						· · · · · · · · · · · · · · · · · · ·
				<u>-</u>		
b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b			<u> </u>	<u> </u>		25,958

ATTACHMENT

1292-00

FEES	
ACCOUNTING	
1	
н	
PART	
990PF,	
FORM	

CHARITABLE		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	3,860.	3,860.
REVENUE AND EXPENSES PER BOOKS	3,860.	3,860.
DESCRIPTION	PAID TO SOMERVILLE & CO., PLLC PREPARATION OF FORM 990PF	TOTALS

23-7349926

ATTACHMENT 2

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

EXCISE TAXES

DESCRIPTION

1,928.

TOTALS

1,928.

ATTACHMENT

1292-00

- CORPORATE STOCK PART II FORM 990PF,

$\frac{\mathtt{ENDING}}{\overline{\mathtt{FMV}}}$	32,938. 1,307,475. 92,426. 17,196. 20,449. 20,552. 114,539. 53,306. 61,380. 14,850. 32,990. 23,840. 26,420. 17,065. 1,611. 5,250.
ENDING BOOK VALUE	26,124. 283,775. 25,688. 10,069. 24,993. 10,129. 13,553. 46,390. 42,867. 23,206. 20,032. 19,921. 25,000. 8,444. 8,444.
BEGINNING BOOK VALUE	26, 124. 283, 775. 25, 688. 10, 069. 24, 993. 10, 129. 867. 13, 553. 46, 390. 42, 867. 25, 706. 20, 032. 19, 921. 25, 000. 9, 252.
DESCRIPTION	1224 SHRS EXELON CORP 40292 SHRS UNITED BANKSHARES 2625 SHRS AT&T 462 SHRS ALTRIA GROUP INC 435 BP PLC SPONS ADR 400 BRISTOL MYERS 120 SHRS FRONTIER COMM 1210 SHRS FRONTIER COMM 1680 PFIZER INC 1000 E I DUPONT 1500 SHRS EATON VANCE 1000 CONAGRA FOODS 1000 INTEL 1000 DEUTSCHE BANK 250 SHS COVIDEN 31 SHS MALLINCKRODT PUBLIC LTD 171 SHS CENTURYLINK

1292-00

ATTACHMENT 4

PART II - CORPORATE BONDS FORM 990PF,

DESCRIPTION

BEGINNING BOOK VALUE

23,750.

25000 AUTOZONE

TOTALS

23,750.

ATTACHMENT 4

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAI			Desc	ription		or	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	ή	Gain	
price less xpenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
		PUBLICLY TR				P		
226,078.		PROPERTY TY 200,120.	PE: SECURI	TLES			25,958.	
226,078.		200,120.					23, 338.	
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TAL GAIN(I	oss)						25,958.	
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ATTACHMENT 5

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING	33, 631. 106, 228. 62, 601. 22, 036. 42, 126. 43, 800. 55, 920. 27, 282. 26, 373. 81, 805. 33, 268. 29, 648.	564,718.
ENDING BOOK VALUE	34,272. 82,102. 53,527. 21,651. 39,996. 39,391. 29,985. 29,985. 29,985. 29,985.	532,337.
BEGINNING BOOK VALUE	52,486. 82,102. 82,102. 27,445. 20,622. 69,063. 39,996. 36,745.	413,552.
DESCRIPTION	UTS FTP BALANCED INCOME UTS AAM CORPORATE TRUST FRANKLIN INCOME FUND CLA UNITS FTP EQUITY INCOME SELECT UNITS ADT HIGH 50 DIV STRATEGY UNITS FTP BALANCED INCOME 33 UNITS FTP TACTICAL INCOME 14 UNITS FTP TARGET GLOBAL QRT 11 UNITS FTP TARGET GLOBAL QRT 12 UNITS FIRST CORE THREE ALLOC UNITS FIRST CORE THREE ALLOC UNITS FIRST CORE THREE ALLOC UNITS FIRST CORE THREE ALLOC UNITS FIRST TRUST INT RATE	TOTALS

FORM 990PF,

NAME AND ADDRESS

DIRECT PUBLIC SUPPORT

DATE

76,008.

TOTAL CONTRIBUTION AMOUNTS

ESTATE OF LEOLA D. FRAZIER 143 OAKVIEW DRIVE KENOVA, WV 25530

76,008.

ATTACHMENT 6

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THE HAMER FOUNDATION

ATTACHMENT 7

TRUSTEES	OURS PER ITION				1292-00
- LIST OF OFFICERS, DIRECTORS, AND	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE .50	TRUSTEE .50	GRAND TOTALS	V 12-7.12
FORM 990PF, PART VIII	NAME AND ADDRESS	GLADYS F. HAMER P.O. BOX 418 KENOVA, WV 25530	LORI DALE HAMER P.O. BOX 418 KENOVA, WV 25530		B2W0I3 P123

ATTACHMENT 7

ATTACHMENT 8

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GLADYS F. HAMER J.C. HAMER

B2W013 P123

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990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATION SHOULD BE SUBMITTED IN LETTER FORM DETAILING THE HISTORY AND PURPOSE OF THE ORGANIZATION AND PROPOSED USED OF FUNDS.

ATTACHMENT 10

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

GRANTS AND CONTRIBUTIONS WILL BE PRIMARILY AWARDED TO RELIGIOUS ORGANIZATIONS IN THE WEST VIRGINIA AREA AND OTHER PRESELECTED CHARITABLE ORGANIZATIONS.

ATTACHMENT 11

_	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
ECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION AN	AMOUNT
OOD SAMARITAN CENTER	NONE	FOOD DISTRIBUTION TO THE NEEDY	3,000.
523 CHESTNUT STREET	NONPROFIT		
ENOVA, WV 25530			
 IRTHRIGHT	NONE	PREGNANCY TESTING AND COUNSELING	1,000.
09 THIRD AVENUE	NONPROFIT		
UNTINGTON, WV 25701			
LDERSON BROADDUS COLLEGE	NONE	OPERATION EXPENSES AND REMODELLING	5,000.
0 BOX 2154	NONPROFIT		
HILIPPI, WV 26416			
TRST BAPIST CHURCH OF KENOVA	NONE	HAMER SCHOLARSHIP FUND AND BUILDING FUND	145,000.
2TH & POPLAR AVENUE	NONPROFIT		
ENOVA, WV 25530			
ILLY GRAHAM	NONE	EVANGELISM	10,000.
BILLY GRAHAM PKWY	NONPROFIT		
'HARLOTTE, NC 28201			
(AGGAI INSTITUTE	NONE	EVANGELISM	2,000.
10 BOX 13	NONPROFIT		
ILLANTA, GA 30370			•

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ATTACHMENT 11 (CONT'D)

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GRANTS
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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TUVENILE DIABETES RESEARCH FOUNDATION 53 THIERMAN LANE OUISVILLE, KY 40207	NONE NONPROFIT	MEDICAL RESEARCH	2,000.
(ENOVA VOLUNTEER FIRE DEPT vo BOX 186 (ENOVA, WV 25530	NONE NONPROFIT	REPLACING EQUIPMENT FOR FIREFICHTING	2,000.
JIFE 30 BOX 982000 30RT WORTH, TX 76182	NONE NONPROFIT	SUPPORTS MANY MISSION AND FEEDING STATIONS ABROAD	2,000.
SALVATION ARMY P.O. BOX 405 HUNTINGTON, WV 25708	NONE NONPROFIT	SERVICES TO THE NEEDY	2,100.
MARSHALL UNIVERSITY FOUNDATION 400 HAL GREER BLVD HUNTINGTON, WV 25701	NONE NONPROFIT	SCHOLARSHIPS	25,000.
MOUNTWEST FOUNDATION ONE MOUNTWEST WAY HUNTINGTON, WV 25701	NONFROFIT	COLLEGE OF BUSINESS AND ECONOMICS	3,000.

TORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION SERVICES TO THE NEEDY FOUNDATION STATUS OF RECIPIENT NONPROFIT NONE RECIPIENT NAME AND ADDRESS NUTINGTON CITY MISSION 3.0. BOX 3 TOTAL CONTRIBUTIONS PAID

207,100.

2,000.

ASSISTANCE FOR DRUG ADDICTION

NONE NONPROFIT

UNTINGTON, WV 25706

fUNTINGTON, WV 25703

THE HEALING PLACE 2425 9TH AVENUE

3,000.

AMOUNT

ATTACHMENT 11 (CONT'D)

ATTACHMENT 11

1292-00

V 12-7.12