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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

	F	or ca	lendar year 2014 or tax year beginning		, 2014,	and ending	1	, 20
		Name	of foundation HILL STUMP DISASTER	CHARITABLE TR	UST C/O		A Employeridentif	ication number
		FIR	ST COMMUNITY BANK 108202		•		55-	6104851
			per and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone number	er (see instructions)
		P.O	. BOX 950				30	4-325-7151
			r town, state or province, country, and ZiP or foreign po-	stal code		<u> </u>		
		DT 11	DELETE THE SAME				C if exemption applica pending, check here	tion is
			EFIELD, WV 24701 ck all that apply. Initial return	Initial return	of a former n	ublic charity		, m
	G	Che	Final return	Amended ret	=	ublic charity	2 Foreign organizati	ions meeting the
	_		Address change	Name change			85% test, check h	
	H	$\overline{}$	eck type of organization: X Section 501(Section 4947(a)(1) nonexempt charitable trust	c)(3) exempt private for Other taxable pri		IOD	E If private foundation	status was terminated
	Ť			unting method: X Ca			7	
	•		1 —	ther (specify)	.5.1	· uui		n a 60-month termination)(1)(B), check here
			·	column (d) must be on cas	 sh basis)		•	
	1		Analysis of Revenue and Expenses (The					(d) Disbursements
			total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)
	_	1 2	Contributions, gifts, grants, etc, received (attach schedule) . Check ► if the foundation is not required to attach Sch B					
ಟ		3	Interest on savings and temporary cash investments-					
2015		4	Dividends and interest from securities	9,993.		9,906.		STMT 1
රා		5a	Gross rents					
SCANNED MAY 1		b	Net rental income or (loss)				RECEIVED	
	بو	l	Net gain or (loss) from sale of assets not on line 10	-1,498.		1	POLIVED	
	Ę	b	Gross sales price for all assets on line 6a 183, 665.			181	MAY	<u> </u>
	Revenue	7	Capital gain net income (from Part IV, line 2)			빏	MAY 1 2 2015	181
	Re	8	Net short-term capital gain					SS
2		9	Income modifications				SDEN 113	! ≒
<u> </u>		10a	Gross sales less returns and allowances • • • • •				SPEIN, OI	
က္ည		b	Less Cost of goods sold .					
U)		С	Gross profit or (loss) (attach schedule)					
78		11	Other income (attach schedule)	247.				STMT 2
ΩŒ	_	12	Total. Add lines 1 through 11	8,742.		9,906.		
See in the	•	13	Compensation of officers, directors, trustees, etc	830.		830.		
8 02	šes	14	Other employee salaries and wages			NONE	NONE	· · · · · · · · · · · · · · · · · · ·
S#	ë	15	Pension plans, employee benefits			NONE	NONE	
0.3	- X	16a	Legal fees (attach schedule)					
Þφ	E E	ь	Accounting fees (attach schedule) STMT. 3	600.		NONE	NONENONE	600
	<u>`</u> .	С	Other professional fees (attach schedule)					
È	t a	17	Interest					
-	ŝ	18	Taxes (attach schedule) (see instructions, 4.	408.		4.		
₩.	ΛĒ	19	Depreciation (attach schedule) and depletion.					
7	\$₹	20	Occupancy					
7	7	21	Travel, conferences, and meetings			NONE	NONE	
	an	22	Printing and publications			NONE	NONE	
	ng	23	Other expenses (attach schedule)					
es Ogden MAY (3) 2013	ati	24	Total operating and administrative expenses.				ļ	
	e.		Add lines 13 through 23	1,838.		834.	NONE	600
	Ō	25	Contributions, gifts, grants paid	29,680.				29,680
	-	26	Total expenses and disbursements Add lines 24 and 25	31,518.		834.	NONE	30,280
		27	Subtract line 26 from line 12:	}			j	
			Excess of revenue over expenses and disbursements	<u>-22,776.</u>				
			Net investment income (If negative, enter -0-)			9,072.		
		С	Adjusted net income (if negative, enter -0-).					

	1111 330	11 (2014)			0.0104031	
P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	(b) Book Value	f year (c) Fair Market Value
	1	Cash - non-interest hear	ng	651.	(4) = 400 (400)	(0)
	1		1	7,345.	4,752.	4,752
			cash investments	7,545.	1,152.	_ 4,132
	3	Accounts receivable				
			otful accounts	-		
	4	Pledges receivable				
	1		otful accounts			
	1		officers, directors, trustees, and other			
			ach schedule) (see instructions) ,			
			eceivable (attach schedule)			
			otful accounts >NONE			
ţ	8		e			
Assets	9		eferred charges			201 011
۹	iva		government obligations (attack attack)	459,399.		
			stock (attach schedule) . STMT .6	128,964.		
	11	Investments - land, building	s, •	75,490.	221,075.	220,121
		Less accumulated deprecia (attach schedule)	ition			
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ch schedule)			
	'*	Investments - other (atta Land, buildings, and equipment basis				
		Less accumulated deprecia (attach schedule)	tion			
	15	Other assets (describe	>)			
			completed by all filers - see the			
_			age 1, item l)	671,849.	649,072.	<u>670,691</u>
	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	· ▶)			
	23	Total liabilities (add line	s 17 through 22)		NONE	
S		Foundations that foll	ow SFAS 117, check here . ▶ 4 through 26 and lines 30 and 31.			
nce	24	Unrestricted				
ala	25	Temporarily restricted .				
8	26	Permanently restricted •				
r Fund	24 25 26 27 28 29 30	Foundations that do check here and comp	not follow SFAS 117, ► X State of the lines 27 through 31.			
S	27	Capital stock, trust princ	pal, or current funds	671,849.	649,072.	
set	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
AS	29	Retained earnings, accumul	ated income, endowment, or other funds			
펄	30	Total net assets or fund	balances (see instructions)	671,849.	649,072.	
2	31	Total liabilities and	net assets/fund balances (see			
		instructions)		671,849.	649,072.	
P	art III	Analysis of Char	ges in Net Assets or Fund Balan			
			alances at beginning of year - Part II		nust agree with	
			on prior year's return)		- I I	671,849.
2		r amount from Part I,				-22,776.
			ed in line 2 (itemize) ▶		3	
						649,073.
_	Door		Lune O //anning/ Engineering			1.
6	Total	net accete or fund he	dances at end of year line 4 minus lin	a 5) - Part II column /h	line 30 6	649 072

P	art IV Capital Gains	and Losses for Tax on Inve	stment Income			1 1 1 1 1	
		describe the kind(s) of property sold (e		(b) How acquired	(c) Date	(d) Date sold	
	2-story br	ick warehouse; or common stock, 200	shs. MLC Co)	P - Purchase D - Donation	acquired (mo , day, yr.)	(mo., day, yr.)	
<u>1a</u>	PUBLICLY TRADED	SECURITIES			 		
_b				ļ			
	- <u> </u>	· · · · · · · · · · · · · · · · · · ·					
<u>d</u>							
<u>e</u>			(10)			<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	_	(h) Gain or (lo (e) plus (f) minu		
a	183,665.		185,163.			-1,498.	
_b							
C							
<u>d</u>							
<u>e</u>				ļ <u> </u>			
	Complete only for assets s	howing gain in column (h) and owned l			Gains (Col. (h) ga		
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co		
		as 01 12/31/09	Over cor (j), ir arry	-1,498			
_ <u>a</u>				<u>-</u> -		-1,498.	
_ <u>b</u>							
<u>c</u>							
- u e							
		f If	gain, also enter in Part I, line 7				
2	Capital gain net income o	2		-1,498.			
3	Net short-term capital gai						
	If gain, also enter in Pa						
	Part I, line 8	<u>.</u> <u></u>	, <u>.</u> <u>.</u> .	3_			
Pa		nder Section 4940(e) for Redu		ncome			
(Fo	r optional use by domestic	private foundations subject to the	section 4940(a) tax on net investn	nent incor	ne.)		
If s	ection 4940(d)(2) applies, I	eave this part blank.					
187-			A list of the second state of the second state of the second seco	.		1v 🖼 N-	
		he section 4942 tax on the distrib- ot qualify under section 4940(e). D		ase period	7.	Yes X No	
<u>''</u>		ount in each column for each year;		any ontr	100		
<u> </u>	(a)			any enti	(d)		
C.	Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	1	Distribution ra (col (b) divided by	tio	
	2013	20,905.	656,140.	<u>-</u>	(00) (0) 0101000 07	0.031861	
	2012	22,660.	681,173.			0.033266	
	2011	35,824.	700,536.		<u> </u>	0.051138	
	2010	28,105.	712,613.			0.039439	
	2009	33,640.	724,962.			0.046402	
2	Total of line 1, column (d))		2		0.202106_	
3		for the 5-year base period - divide			·-		
	=	dation has been in existence if less		3_		0.040421	
4	Enter the net value of non	charitable-use assets for 2014 from	m Part X, line 5	4		662,745.	
5	Multiply line 4 by line 3.			5		<u> 26,789.</u>	
6	Enter 1% of net investmer	nt income (1% of Part I, line 27b) .		6		91.	
		•					
7	Add lines 5 and 6			7		26,880.	
8	Enter qualifying distribution	ons from Part XII, line 4		8		30,280.	
		eater than line 7, check the box i	n rart VI, line 1b, and complete t	nat part i	ising a 1% tax	rate. See the	
	Part VI instructions.						

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

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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7

8b

X

X

Χ

Χ

By language in the governing instrument, or

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► FIRST COMMUNITY BANK Telephone no ► (304) 325	-715	1	
	Located at ▶ 211 FEDERAL STREET, BLUEFIELD, WV ZIP+4 ▶ 24701			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If			
	"Yes," enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?	,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			İ
	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)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ĺ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see 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 2014?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years \blacktriangleright 2013,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b	_X	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
Ь	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	ا		
_	foundation had excess business holdings in 2014)	3b		37
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	ا . م		v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

ı.	990-PF (2014)		55 61	04051		Poss
	t VII-B Statements Regarding Activities f	or Which Form		.04851 Juired (continued)		Page
	During the year did the foundation pay or incur any amo (1) Carry on propaganda, or otherwise attempt to influe (2) Influence the outcome of any specific public ele	unt to [.] nce legislation (sectio	n 4945(e))?	. Yes X N	0	
	directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or o	ther similar purposes		Yes X No.	- I I	
	 (4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, ch 	naritable, scientific,		Yes X N		
b	purposes, or for the prevention of cruelty to children If any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53 4945 or in a current notice regar	transactions fail to	qualify under the e	xceptions described i	n	
С	Organizations relying on a current notice regarding disast If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility for the of the statement required by Regulations sections.	foundation claim e grant ⁷	xemption from the t	ax	o	
6a b	Did the foundation, during the year, receive any fur on a personal benefit contract?			. Yes X N	o 6b	x
	If "Yes" to 6b, file Form 8870		•			-
7a	At any time during the tax year, was the foundation a pa- if "Yes," did the foundation receive any proceeds or have					
	Information About Officers, Director and Contractors	rs, Trustees, Fou	indation Manager	s, Highly Paid Em	ployees,	
1	List all officers, directors, trustees, foundation ma	anagers and their (b) Title, and average	compensation (see	instructions).		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense other allow	
	COMMUNITY BANK	TRUSTEE				•
0	BOX 950, BLUEFIELD, WV 24701	11	830.	-0-		<u>-0-</u>
						 -
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instruction	ons). If noi	ne, ente
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
ION:	E		NONE	NONE	NO	NE
						<u> </u>

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Part VIII	Information About Officers, Directors, Trustees, Foundation Maand Contractors (continued)	anagers, Highly Paid Emplo	yees,
3 Five I	nighest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			NONE
			
Total numb	per of others receiving over \$50,000 for professional services		NONE
Part IX-A			
	indation's four largest direct charitable activities during the tax year. Include relevant statisticans and other beneficiaries served, conferences convened, research papers produced, etc.	il information such as the number of	Expenses
WHO H	SION OF ASSISTANCE TO CITIZENS OF UPSHUR CO., W. AVE EXPERIENCED LOSS DUE TO DISASTER. SIXTEEN IDUALS WERE SERVED IN 2014.		
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		
Describe th	e two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1NONE			
2			
3NONE	ogram-related investments. See instructions	·	
Total. Add I	ines 1 through 3		. <u></u>

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundat	ions,
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	655,558.
b	Average of monthly cash balances	1b	17,280.
С	Fair market value of all other assets (see instructions)	1c	NONE_
d	Total (add lines 1a, b, and c)	1d	672,838.
е			
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	672,838.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	10,093.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	662,745.
6	Minimum investment return. Enter 5% of line 5	6	33,137.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	33,137.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 91.		
b	Income tax for 2014. (This does not include the tax from Part VI.) 2b	1	
c		2c	91.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,046.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	33,046.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	33,046.
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	in position of grant of the contract of the co	1a	30,280.
þ		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,280.
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	91.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,189.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating v	

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Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) 2014 2013 Corpus Years prior to 2013 Distributable amount for 2014 from Part XI, 33,046. Undistributed income, if any, as of the end of 2014 31,224 a Enter amount for 2013 only NONE b Total for prior years 20 12 ,20 ____,20____ Excess distributions carryover, if any, to 2014: a From 2009 NONE **b** From 2010 NONE NONE c From 2011 d From 2012 NONE e From 2013 NONE NONE f Total of lines 3a through e Qualifying distributions for 2014 from Part XII, line 4: ► \$ ______30,280. 30,280 a Applied to 2013, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election NONE NONE d Applied to 2014 distributable amount NONE e Remaining amount distributed out of corpus . . NONE Excess distributions carryover applied to 2014 NONE (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: NONE a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b
Enter the amount of prior years' undistributed NONE income for which a notice of deficiency has been issued, or on which the section 4942(a) NONE tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions . . NONE Undistributed income for 2013 Subtract line 4a from line 2a. Taxable amount - see 944 f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be 33,046. Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be NONE Excess distributions carryover from 2009 not NONE applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. NONE Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. NONE a Excess from 2010 . . . NONE b Excess from 2011 . . . NONE c Excess from 2012 . . . d Excess from 2013 . . . NONE NONE

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e Excess from 2014 . . .

SEE ATTACHED STATEMENT FOR LINE 2 c Any submission deadlines: SEE ATTACHED STATEMENT FOR LINE 2 d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other SEE ATTACHED STATEMENT FOR LINE 2 Form 990-PF (2014) DOL299 L677 04/28/2015 08:08:32 108202 12

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Pai	t XV Supplementary Information (c	continued)			
_3	Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or Appr	oved for F	uture Payment	
	Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
	ODE CONTRACTOR 12				29,680.
	SEE STATEMENT 13				29,000.
	Total	<u> </u>	<u>,</u>	▶ 3a	29,680.
b	Approved for future payment				
				1	
				1	
	Total	<u> </u>	<i></i>	▶ 3b	

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Form **990-PF** (2014)

Part XVI-A Analysis of Income-Produ	cing Activ	/ities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a			 		
b					
c					
d					
e					
f			 		
g Fees and contracts from government agencies	<u> </u>		 		
2 Membership dues and assessments	<u> </u>		 		
3 Interest on savings and temporary cash investments	<u> </u>		14	9,993.	
4 Dividends and interest from securities5 Net rental income or (loss) from real estate		<u> </u>	14	9,993.	
a Debt-financed property					····
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property		_			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-1,498.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b		<u> </u>	1	247.	
c	 				
d					
e				0.740	
12 Subtotal Add columns (b), (d), and (e)			<u> </u>	8,742.	8,742.
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated as the contract of the color of the c	· · · · · ·			13	8,742.
Part XVI-B Relationship of Activities		complishment of Fy	empt Purp	0920	
Explain below how each activit accomplishment of the foundation					
					
					
					
				· · · · · · · · · · · · · · · · · · ·	
					
		NOT APPLICABL	<u>E</u>		
		 		 	
·					
					
			-7		
					
	-				
					
					- <u>-</u> -
AZL					Form 990-PF (2014)

Form 99	90-PF (2	014)					55-6104851		Pa	ge 13
Part	XVII	Information Exempt Orga		ransfers To and	d Transac	tions an	d Relationships With Nor	chari	itable	Э
i	n secti	on 501(c) of the C					y other organization described ection 527, relating to political		Yes	No
	•	rations? ers from the reportin	ng foundation t	o a noncharitable e	xempt orga	nization of	:			
(1) Cas	sh						1a(1)		X
(2) Oth	er assets						1a(2)		X
		ransactions:							ļ	
									\	X
									1	X
										X
										X
										X
				-					†	X
							Column (b) should always show		fair m	narket
٧	alue o	of the goods, other	assets, or ser	vices given by the	reporting f	oundation.	If the foundation received less	than	fair n	narket
	alue ı	n any transaction o					of the goods, other assets, or			
(a) Line	e no	(b) Amount involved	(c) Name of	f noncharitable exempt o	rganization	(d) Des	cription of transfers, transactions, and sha	ring arra	angeme	nts
			-			 				
			 	_						
										
		· · · · · · · · · · · · · · · · · · ·	 			-				
			 			 				
						·				
						<u> </u>				
			 			 				
			 			 				
						+				
						 				
			+			 				
d	iescrib	ed in section 501(c) of the Code (other than section			e tax-exempt organizations	Y	es 🔼	No.
<u>b</u> if	"Yes,	complete the follo			<u> </u>		(a) December of motors			
		(a) Name of organization	on	(b) Type of	forganization		(c) Description of relation	snip		
										
	_									
	Under	penalties of perjury, I dec	lare that I have example freparer (other than	ined this return, including taxpayer) is based on all info	accompanying ormation of which	schedules and h preparer has a	statements, and to the best of my knowled my knowledge	ge and t	pelief, it	is true,
Sign			AL.				May the IB	S discus		
Here		Magney C	1.8 1		2015	TRUS'	· · · · · · · · · · · · · · · · · · ·	reparer		below
	Sign	ature of thicer of trustee RST COMMUNITY	I DANK DV.	Date		Title	(see instruction	ns)/ X	Yes	JNo
	1	RST COMMUNITY Print/Type preparer's n.		Preparer's signatu	ire 🙍		Date Check If	PTIN		
Paid		MICHELE L DO		Wicke		Agu	Clieck II	P006	3741	LO
Prepa	arer		RNST & YOU			~_~		6565		
Use C	Only			Y STREET, SU	ITE 201					
				VA		3223	Phone no 804-3	44-4	548	
							E ₀	rm 99	n.PF	(2014)

STATEMENT

FORM 990PF,	PART I	- DIVIDENDS	S AND	FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES	T FROM SECURITIES	
					REVENUE	
					AND	NET
					EXPENSES	INVESTM
DESCRIPTION					PER BOOKS	INCOM
					1 1 1 1 1 1	1 1 1 1
DIVIDENDS A	AND INTEREST	REST			. 866, 6	

INVESTMENT INCOME	6,6	
EXPENSES PER BOOKS	6,993	

TOTAL

108202

FORM 990PF, PART I - OTHER INCOME

> REVENUE AND EXPENSES PER BOOKS -----

DESCRIPTION

FEDERAL EXCISE TAX REFUND

247. ______

TOTALS

247. _____

108202

FEES	
CCOUNTING	
PART I - A	
90PF, PA	
FORM 9	

CHARITABLE PURPOSES	1 1 1 1 1 1	.009	.009	
ADJUSTED NET INCOME	1 1 1 1 1) 1 1 1 1 1 1 1	NONE	11 11 11 11 11 11 11 11 11
NET INVESTMENT INCOME	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	11 11 12 11 11 11 11 11 11 11
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	.009	.009	
			TOTALS	
DESCRIPTION	1 1 1 1 1 1	TAX PREPARATION		

STATEMENT

108202

TAXES
1
Н
PART I
990PF,
FORM

NET INVESTMENT INCOME	1 1 1 1	. 4	4.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1	4. 32. 372.	408.
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REAL ESTATE TAX ON NON-RENTAL FEDERAL TAX LIABILITY FEDERAL ESTIMATES - PRINCIPAL	TOTALS

STATEMENT

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OBLIGATIONS
STATE
AND
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H

HILL STUMP DISASTER CHARITABLE TRUST C/O

55-6104851

DESCRIPTION		ENDING BOOK VALUE	ENDING FMV
1			! !
FHLB 6.045% 5/12/14			
FFCB 1.55% 07/24/20		24,994.	24,166.
FFCB 1.00% 12/19/18		49,894.	49,402.
FHLMC .625% 08/21/15			
FHLMC 1.25% 11/30/17			
FHLMC .50% 04/17/15		64,805.	65,062.
TENN VALLEY AUTH		75,209.	72,672.
FNMA .625% 08/26/16		69,756.	.986,69
FHLMC 1.00% 9/29/17		20,046.	19,956.
	TOTALS	304,704.	301,244.

9

STATEMENT

- CORPORATE STOCK FORM 990PF, PART II

HILL STUMP DISASTER CHARITABLE TRUST C/O

DESCRIPTION		ENDING BOOK VALUE	ENDING FMV
VANGUARD FIXED-INCOME SPDR S&P 500 ETF TR SELLECT SECTOR SPDR TR ISHARES S&P HEALTH ISHARES S&P CONSUMR SPDR CONS DISCRETION SPDR TRUST SER ENGY FINANCIAL SEL SPDR SPDR SER TRUST INDUS SELECT SECTOR SPDR SPDR SER TRUST UTILI		13,309. 5,565. 12,024. 15,053. 14,628. 15,508. 8,678. 13,001.	16,443. 6,558. 16,821. 17,456. 18,398. 15,040. 10,758. 22,867. 3,542.
	TOTALS	118,541.	144,574.

0
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TRUST
CHARITABLE
DISASTER
STUMP
HILL

55-6104851

I - CORPORATE BONDS	
H	11
PART	
990PF,	
FORM	

		NTS
		INC NTS
		CAP CORP NOTES HATHAWAY INC NTS
NO	!	CAP COR NOTES HATHAWA
DESCRIPTION		GENL ELEC APPLE INC BERKSHIRE CITIGROUP
		•

TOTALS

ENDING	FMV	! !	75,192.	20,045.	49,976.	74,908.		220,121.	
ENDING	BOOK VALUE	1 1 1 1 1 1 1 1 1 1	75,490.	20,033.	50,251.	75,301.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	221,075.	11 11 11 11 11 11 11 11 11 11 11

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55-6104851

FORM 990PF, PART II - OTHER INVESTMENTS

HILL STUMP DISASTER CHARITABLE TRUST C/O

DESCRIPTION

COST/ FMV CORF

MIN INT 1/4 ON .25 A

C

TOTALS

HILL STUMP DISASTER CHARITABLE TRUST C/O FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

FIRST COMMUNITY BANK

ADDRESS:

P O BOX 950

BLUEFIELD, WV 24701

RECIPIENT'S PHONE NUMBER: 304-325-7151

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

AVAILABLE ONLY TO UPSHUR COUNTY W. VA RESIDENTS WHO HAVE EXPERIENCED SOME TYPE OF DISASTER, SUCH AS FIRE, FLOOD, STORM, SICKNESS OR DEATH.

HILL STUMP DISASTER CHARITABLE TRUST C/O 55-6104851 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BOBBY RUSSELL, II RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: 1,855. AMOUNT OF GRANT PAID RECIPIENT NAME: DENNIS J. LEWIS RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL EMERGENCIES FOUNDATION STATUS OF RECIPIENT: Ι AMOUNT OF GRANT PAID 1,855. RECIPIENT NAME: KRISTIN ROSS RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: BRANDON ROWAN RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,855.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PAUL TAYLOR RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: 1,855. AMOUNT OF GRANT PAID RECIPIENT NAME: RODNEY LANTZ RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: DARLENE REGER RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL EXPENSES FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: DAVID WAMSLEY RELATIONSHIP: PURPOSE OF GRANT: MEDICAL EXPENSES FOUNDATION STATUS OF RECIPIENT: 1,855. AMOUNT OF GRANT PAID

55-6104851

HILL STUMP DISASTER CHARITABLE TRUST C/O

HILL STUMP DISASTER CHARITABLE TRUST C/O 55-6104851 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HEATHER GIBSON RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL EXPENSES FOUNDATION STATUS OF RECIPIENT: Ι RECIPIENT NAME: LORETTA LANDIS RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL EXPENSES FOUNDATION STATUS OF RECIPIENT: Ι RECIPIENT NAME: MARY-ELIZABETH BOLTON **RELATIONSHIP:** NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: MICHAEL LANTZ **RELATIONSHIP:** NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,855.

HILL STUMP DISASTER CHARITABLE TRUST C/O 55-6104851 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MARETTA PHILLIPS RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: 1,855. AMOUNT OF GRANT PAID RECIPIENT NAME: JANICE CUTRIGHT RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL EXPENSES FOUNDATION STATUS OF RECIPIENT: Ι AMOUNT OF GRANT PAID 1,855. RECIPIENT NAME: CHARLES MERRIMAN RELATIONSHIP: NONE PURPOSE OF GRANT: HOUSE FIRE FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: TINA HARPER-HULL RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL EXPENSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,855. TOTAL GRANTS PAID: 29,680. *=========

DOL299 L677 04/28/2015 08:08:32

SCHEDULE D (Form 1041)

Capital Gains and Losses

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

HILL STUMP DISASTER CHARITABLE TRUST C/O Note: Form 5227 filers need to complete only Parts I and II. Part 1 Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on the lines below. (d) (e) Adjustments	(h) Gain or (loss) Subtract column (e)
Part 1 Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g)	
See instructions for how to figure the amounts to enter on (g)	
This form may be easier to complete if you round off cents to whole dollars. Proceeds (sales price) Cost to gain or loss from Form(s) 8949, Part line 2, column (g)	from column (d) and combine the result with
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	
	4
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss	6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on	7
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to gain or loss from form(s) 8949, Part line 2, column (g) (g) Adjustments to gain or loss from form(s) 8949, Part line 2, column (g)	II, combine the result with
to whole dollars.	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	-1,498
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	1
Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	2
13 Capital gain distributions	3
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss	5 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on	6 -1,498

Schedule D (Form 1041) 2014			raye z
Part.III Summary of Parts I and II Caution: Read the instructions before completing this part.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)			
18 Net long-term gain or (loss):			
a Total for year	a		-1,498.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.) 181	b		
c 28% rate gain	С		
19 Total net gain or (loss). Combine lines 17 and 18a ▶ 19			1,498.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or I	Form 990-T, Part I, line 4	a) If lines 18a and 19	9, column (2), are nei

gains, go to Part V, and do not complete Part IV If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

Capital Loss Limitation Part IV

Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: 20 1,498) Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

	(5 4044 L 00 / 5 000 T L 04)	24			
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	21			
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero	-			
23	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) 23	1			
24	Add lines 22 and 23	1			
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 25	1			
26	Subtract line 25 from line 24. If zero or less, enter -0	26			
27	Subtract line 26 from line 21. If zero or less, enter -0	27			
28	Enter the smaller of the amount on line 21 or \$2,500	28_			
29	Enter the smaller of the amount on line 27 or line 28	29			
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at	0% .		30	
31	Enter the smaller of line 21 or line 26	31			
32	Subtract line 30 from line 26	32			
33	Enter the smaller of line 21 or \$12,150	33			
34	Add lines 27 and 30	34			
35	Subtract line 34 from line 33. If zero or less, enter -0	35			
36	Enter the smaller of line 32 or line 35	36			
37	Multiply line 36 by 15%			37	
38	Enter the amount from line 31	38			
39	Add lines 30 and 36	39			
40	Subtract line 39 from line 38. If zero or less, enter -0	40			
41	Multiply line 40 by 20%			41	
42	Figure the tax on the amount on line 27 Use the 2014 Tax Rate Schedule for Estates				
	and Trusts (see the Schedule Ginstructions in the instructions for Form 1041)	42			
43	Add lines 37, 41, and 42	43			
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and	on Fo	rm 1041, Schedule		
	G, line 1a (or Form 990-T, line 36)			45	

Schedule D (Form 1041) 2014

10111 0040 (2014)	Attention bodgenes (15 1251 1455
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
HILL STUMP DISASTER CHARITABLE TRUST C/O	55-6104851

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 - (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	Description of property Example 100 sh XYZ Co) Date acquired (Mo , day, yr) Date sold or disposed (sales price) (Mo , day, yr) (Mo , day, yr) Date sold or disposed (sales price) (see instructions) basis See the Note below a see Column in the separation in the separation.	Date sold or	Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)		Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)		
75000. FHLB NTS 6.045% 05/							
	08/26/2003	05/12/2014	75,000.00	79,837.00			-4,837.00
75000. FHLMC .625% 08/21/1 @ 100	02/16/2012	02/21/2014	75,000.00	74,922.00			78.00
20000. FHLMC 1.25% 11/30/1	1		· · ·				
© 100	05/22/2012	05/30/2014	20,000.00	19,982.00			18.00
74. ISHARES S&P HEALTH CAR							
SP	05/17/2013	12/16/2014	5,049.00	3,617.00	,		1,432.00
39. SELECT SECTOR SPDR TEC	05/17/2013	07/31/2014	1,528.00	1,252.00			276.00
51. SELECT SECTOR SPDR TEC		09/04/2014	2,035.00			·	398.00
122. SELECT SECTOR SPDR TE	05/11/2015	09/04/2014	2,033.00	1,037.00			330.00
FUND FUND	05/17/2013	11/17/2014	5,053.00	3,916.00			1,137.00
			- .				
2 Totals. Add the amounts in co (subtract negative amounts) I include on your Schedule D, I' checked), line 9 (if Box E abov (if Box F above is checked) ▶	Enter each total ine 8b (if Box D	here and above is	183,665.	185,163.			-1,498.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2014)

DOL299 L677