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Form **990-PF**

Return of Private Foundation

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

► Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052
2015

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. and ending For calendar year 2015 or tax year beginning A Employer identification number Name of foundation 27-0419371 JAM FAMILY FOUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 304-325-8181 P.O. BOX 1559 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BLUEFIELD, WV 24701 Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J Accounting method: Accruat F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 991,588. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 22,104 22,104 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 1,235 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 51,383. 1,235 Capital gain net income (from Part IV, line 2) Net short-term capital gain <u>၁</u> Income modifications 10a Gross sales less returns and allowances re l) 2 2016 MAY **b** Less Cost of goods sold c Gross profit or (loss) 11 Other income 23,339 23,339 Total Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,900. STMT 2 1,900. 0. **b** Accounting fees STMT 1,913. 1.913. c Other professional fees 0. 17 Interest STMT 4 25. 0. 18 Taxes 0. 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 22 Printing and publications STMT 5 34 23 Other expenses 0 0. 24 Total operating and administrative 3,872. expenses Add lines 13 through 23 3,813. 25 Contributions, gifts, grants paid 35,600 35,600. 26 Total expenses and disbursements Add lines 24 and 25 39,472 3,813. 35,600. 27 Subtract line 26 from line 12: <16,133. a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 19,526.

N/A

1

C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

	NC.		0419371 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	(c) Fair Market Value
	(a) Book Value	(b) Book Value	(C) Fall Market Value
1 Cash - non-interest-bearing	9,758.	4,124.	4,124. 58,832.
2 Savings and temporary cash investments	24,479.	58,832.	58,832.
3 Accounts receivable ▶			
Less: allowance for doubtful accounts			
4 Pledges receivable ►			
Less: allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock STMT 6	159,487.	159,632.	584,223.
c Investments - corporate bonds	50,000.	= 3 - 1 - 3 - 3	
11 Investments land, buildings, and equipment basis	30,000.		
Less accumulated depreciation 12 Investments - mortgage loans			
	266,987.	271,823.	344,409.
· · · · · · · · · · · · · · · · · · ·	400,901.	4/1,043.	344,409
14 Land, buildings, and equipment: basis			
Less accumulated depreciation			
15 Other assets (describe)			
16 Total assets (to be completed by all filers - see the			
Instructions. Also, see page 1, item I)	510,711.	494,411.	991,588
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe ▶			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted		···	
and complete lines 27 through 31		•	
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	510,711.	494,411.	
30 Total net assets or fund balances	510,711.	494,411.	ı
			1
31 Total liabilities and net assets/fund balances	510,711.	494,411.	
Part III Analysis of Changes in Net Assets or Fund Ba	lances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
(must agree with end-of-year figure reported on prior year's return)		1	510,711
Enter amount from Part I, line 27a		2	<16,133
Other increases not included in line 2 (itemize)		3	0
Add lines 1, 2, and 3		4	494,578
Decreases not included in line 2 (itemize) ► RETURN OF CAPIT	'AL	5	167
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli		6	494,411
	127,		Form 990-PF (201

	FAMILY FOUNDAT and Losses for Tax on						27-041	9371	Page 3
(a) List and desc	ribe the kind(s) of property sold (e irehouse; or common stock, 200 s	e.g., real estate,		(b) How P - Po D - D	acquired urchase onation		te acquired , day, yr.)	(d) Dat (mo., da	
b SEE ATTACHED	CMAMEMENIM								
b SEE ATTACHED	STATEMENT	·· <u> </u>							
d									
<u>e</u>				<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale				Gain or (loss lus (f) minus (
<u>a</u> <u>b</u>									
d									
e 51,383.			50,14	8.					<u>,235.</u>
(i) F.M.V. as of 12/31/69	ng gain in column (h) and owned t (j) Adjusted basis as of 12/31/69	(k) Exc	on 12/31/69 cess of col. (i) col. (j), if any			ol. (k), bu	(Col. (h) gain ut not less that es (from col. (n -0-) or	
a									
<u>b</u>									
<u>C</u>									
<u>d</u> e								1	,235.
2 Capital gain net income or (net ca		nter in Part I, line 7 -0- in Part I, line		} ;				-	, 235
3 Net short-term capital gain or (lo	(" ()		,						1
If gain, also enter in Part I, line 8,		, and (0).]					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Jnder Section 4940(e) f	or Poducod	Tay on Not	: Invos	tmont l	300m0	N/A		
(For optional use by domestic private					dinent ii	ICOITIE	; 		
	·	JII 4940(a) tax oii	net investment n	icome.)					
If section 4940(d)(2) applies, leave t	this part blank.								
Was the foundation liable for the sec If "Yes," the foundation does not qua			•	rıod?				Yes	X No
1 Enter the appropriate amount in	each column for each year; see th	e instructions bef	fore making any e	entries.					
(a) Base period years	(b)	diatributions	Not value of no	(c)	ble use see		Distri	(d) oution ratio	
Calendar year (or tax year beginn 2014	ing in) Adjusted qualifying	32,074.	Net value of no		790,23		(col. (b) di	vided by col	. (c)) 40588
2013		26,836.			544,38				4164
2012		21,993.			594,23				3701
2011		19,674.			580,30	1.		.0	3390
2010		19,530.			535,78	35.		0	3645
2 Total of line 1, column (d)						_2	2	.1	89599
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years					3	3	.0	3792	
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5					4	1	891	,667	
5 Multiply line 4 by line 3						5	33	,812	
6 Enter 1% of net investment income (1% of Part I, line 27b)						5		195	
7 Add lines 5 and 6							7	34	,007
· · ·	8 Enter qualifying distributions from Part XII, line 4					_ [3	3.5	,600
If line 8 is equal to or greater that See the Part VI instructions.	in line 7, check the box in Part VI,	line 1b, and comp	plete that part usin	ng a 1%	tax rate.				

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>4948 -</u>	see in	stru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1.	1 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 here 🕨 🗓 and enter 1%	1			19	95.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				95.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			Т;	95.
6	Credits/Payments.					
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 210	-				
	Exempt foreign organizations - tax withheld at source Toward with contents of the state of the (Form 2000)	-				
	Tax paid with application for extension of time to file (Form 8868) Column with bolding arrange with withhold					
	Backup withholding erroneously withheld Table and appropriate Add keep Se though Sd.	⊢ .			2.	1 ^
	Total credits and payments. Add lines 6a through 6d	7				10.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8		.		
9		9				15.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	10				0.
	irt VII-A Statements Regarding Activities					<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in	· [Yes	No
10	any political campaign?	110 111	-	1a	•••	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definiti	nn\2	ŀ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis		ŀ			
	distributed by the foundation in connection with the activities			:	İ	
c	Did the foundation file Form 1120-POL for this year?			1c	i	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		Ì			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0.			}	1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	ļ	X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	ı, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>X</u>
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state legislation.	ate 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	
_						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			!		
	VA					
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)					X	
^	of each state as required by General Instruction G? If "No," attach explanation					
9	5	alendar		_	·	
10	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses			9		X
10	products become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses			10		X

ГС	II VII-A Statements negaraling Activities (continued)	T	Yes	No
44	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		162	IAO
11	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?	<u> </u>		
12	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► FIRST CENTURY BANK, N.A. Telephone no. ► 304-32	25-8	181	
•	Located at ► 500 FEDERAL STREET, BLUEFIELD, WV ZIP+4 ►24			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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?			
	(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?	1	1	
	(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"		1	1
	if the foundation agreed to make a grant to or to employ the official for a period after	ł		
	termination of government service, if terminating within 90 days.)			
ı	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	 	-
	Organizations relying on a current notice regarding disaster assistance check here			
•	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 2015?	_1c	+	X
	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)):			
;	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No		1	ļ
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	 	↓
1	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		İ	
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			ļ
	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	3ь	}	1
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1-3	 	
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		х
			0-PF	
	·			,,,

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 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4948 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pure to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax so If "Yes," did the foundation receive any proceeds or have any net income attributed at VIII Information About Officers, Directors, Trustone 	r to carry on, directly or indirectly or individual or indirectly or indirectly or individual or individual or ind	ectly,	s No s X No s X No	5b X
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000 NONE	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000				0

orm 990-PF (2015) JAM FAMILY FOUNDATION, INC.		0419371 Page 7
Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)	Foundation Managers, Highly	
Five highest-paid independent contractors for professional services. If no	one, 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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele	vant statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research p	apers produced, etc.	
1 <u>N/A</u>		
		· !
2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
		1
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2015)
		(2010)

P	Minimum Investment Return (All domestic foundations must o	omplete this part. Foreign foun-	dations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	, purposes:		
a	Average monthly fair market value of securities		1a	847,738.
	Average of monthly cash balances	Ī	1b	57,508.
c	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	905,246.
е	Reduction claimed for blockage or other factors reported on lines 1a and	Ī		
	1c (attach detailed explanation) 1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	905,246.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see i	nstructions)	4	13,579.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part	V, line 4	5	891,667.
6_	Minimum investment return. Enter 5% of line 5		6	44,583.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(foreign organizations check here	5) private operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	44,583.
2a	Tax on investment income for 2015 from Part VI, line 5	195.		
b	Income tax for 2015. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	195.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	44,388.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	44,388.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	ine 1	7	44,388.
	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	•	4.	25 600
_	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	35,600. 0.
þ	Program-related investments - total from Part IX-B		1b	υ.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et	c., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	, ,		3a	
b	Cash distribution test (attach the required schedule)	4 XVIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3b	25 (00
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa	· .	4	35,600.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investme	Ш		105
_	Income. Enter 1% of Part I, line 27b		5	195. 35,405.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when 4940(e) reduction of tax in those years.	calculating whether the foundation c	qualifies for ti	ne section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				44,388.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			33,429.	
b Total for prior years				
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010				
b From 2011				
c From 2012				
d From 2013			•	
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 35,600.				
a Applied to 2014, but not more than line 2a			33,429.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				2,171.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d) the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as	*			
indicated below:	0			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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	.	0.		
d Subtract line 6c from line 6b. Taxable				····
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				42,217.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010		}		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				•
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating Foundations (see instructions and Part VII.4, question 9) N/A		ILY FOUNDAT			27-04	19371 Page 10	
to Check bots unlocate whether the roundation is a prime to gentaring from interest the lease of the adults of the roundation is a prime to gentaring from described in section. 2 a Finer the lease of the adults of the roundation is a prime to gentaring from the roundation of the roundation who own 10% or more of the steek of a corporation (or an equally large portion of the ownership of a partnership or other entity of which the boundation who own 10% or more of the steek of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the boundation has a 10% or greater interest. 1 Information Regarding Foundation only makes contributes to presided charitable organizations and does not accept unsolicited requests for funds. If the foundation makes g		 		I-A, question 9)	N/A		
b Check box to indicate whether the foundation is a private operating foundation described in section. 2 a First the lessed of the adjusted of 1. 2 a First the less cont of the adjusted of 1. 3 and 1. 4 and 1. 4 and 1. 5 a First the less control of the adjusted of 1. 5 and 1.	•						
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secure from Part to the minimum innestment return from Part X for each year listed a 55% of line 2a County level field b 55% of line 2a Co			ng foundation described] 4942(j)(3) or 49	942(j)(5)	
International return from Part X for search year listed 8 6% of line 2a Considering distributions from Part XII, line of for each year listed 8 Amounts included in line 2c not listed 8 Amounts included in line 2c not listed 9 Considering the active conduct of example activates 9 Considering distributions made directly for active conduct of example activates 9 Considering distributions made directly for active conduct of example activates 9 Compiled Subject of row line 2c 10 Value of all assesses a considering under seaton 494(2(1)(3)(3)(4)(4) 11 Value of all assesses the seator of subject of the line active conduction of the seator of subject to the line active conduction of the subject of minimum investment return abovers in Fart X, line of for each year of the subject of minimum investment return abovers in Fart X, line of for each year of the subject of minimum investment return abovers in Fart X, line of for each year of the subject of minimum investment in come (interest, dividending roms, payments on executes leaves (section 5) 5(2(0)(1), or royalized), or organized in subject of the minimum investment in come (interest, dividending roms, payments on executes leaves (section 5) 5(2(0)(1), or royalized), or organized in subject of the minimum investment in come (interest, dividending roms, payments on executes leaves (section 5) 5(2(0)(1), or royalized), or organized in subject of the minimum investment in come (interest, dividending roms) in the subject of the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the subject of roms and the row of the foundation only review of the foundation only			(b) 2014		(4) 2012	(a) Total	
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b 85% of line 2a c Outsideing distributions from Part XII, line 4 for each year Islated d Amounts included in line 2c not used directly for active conduct of exempt activities exempt activities exempt activities Country of the store of the store of the store of the exempt activities Subtract line 2d from sine 2c Complete 3a, b, or c for the attended upon a Youth's active conduct of exempt activities. Subtract line 2d from sine 2c Complete 3a, b, or c for the attended upon a Youth's active traded upon a Youth's specific traded upon a Youth's speci							
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Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1	(3) Largest amount of support from						
Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1	an exempt organization						
at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: ROBERT M. JONES, 304-487-3407 805 TANAGER DRIVE, BLUEFIELD, VA 24605 b The form in which applications should be submitted and information and materials they should include: WRITTEN APPLICATION DETAILING HOW GRANT PROCEEDS WILL BE UTILIZED. c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NO SPECIFIC INSTRUCTIONS. GRANT MUST BE FOR CHARITABLE, EDUCATIONAL							
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805 TANAGER DRIVE, BLUEFIELD, VA 24605 b The form in which applications should be submitted and information and materials they should include: WRITTEN APPLICATION DETAILING HOW GRANT PROCEEDS WILL BE UTILIZED. c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NO SPECIFIC INSTRUCTIONS. GRANT MUST BE FOR CHARITABLE, EDUCATIONAL			the person to whom app	lications should be addr	essed:		
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WRITTEN APPLICATION DETAILING HOW GRANT PROCEEDS WILL BE UTILIZED. c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NO SPECIFIC INSTRUCTIONS. GRANT MUST BE FOR CHARITABLE, EDUCATIONAL	805 TANAGER DRIVE, E	BLUEFIELD, V	/A 24605				
c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NO SPECIFIC INSTRUCTIONS. GRANT MUST BE FOR CHARITABLE, EDUCATIONAL	b The form in which applications should be submitted and information and materials they should include:						
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NO SPECIFIC INSTRUCTIONS. GRANT MUST BE FOR CHARITABLE, EDUCATIONAL		s, such as by geographic	cal areas, charitable fields	s. kinds of institutions of	r other factors:		
						ONAL	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year BLUE RIDGE JR GOLF TOUR NONE PUBLIC CHARITABLE BLUEFIELD VA 24605 1,000. BLUEFIELD COLLEGE NONE PUBLIC EDUCATIONAL BLUEFIELD, VA 24605 250. BLUEFIELD STATE COLLEGE FOUNDATION NONE PUBLIC EDUCATIONAL BLUEFIELD, WV 24701 500. BOYS SCOUTS OF AMERICA NONE PUBLIC CHARITABLE CHARLESTON, WV 25311 800. CHILD PROTECT OF MERCER CO NONE PUBLIC CHARITABLE PRINCETON, WV 24740 250. SEE CONTINUATION SHEET(S) Total **▶**_3a 35,600. b Approved for future payment NONE <u>Total</u> **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		1000		
a			+		
b	1 1		+		
c			+		
d	I I		1		
e	-		1-1		
g Fees and contracts from government agencies	-		1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	22,104.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		TVF '1 .'			
6 Net rental income or (loss) from personal					
property) i		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	.		18	1,235.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C	1				
d	i i				
e					
12 Subtotal. Add columns (b), (d), and (e)	L	0	•	23,339.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	23,339.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which in	come is reported	in column (a) of Part VIII	A contri	autad importantly to the accord	anlichment of
the foundation's exempt purposes (other than			·A COITER	outed importantly to the accom	ipiisiiiieiti oi
The regimental of exempt purposes (early take	and providing to	mac for datif purpodes,			
				·	
	·· · · · · · · · · · · · · · · · · · ·				-
	·				
					
		· · · · · · · · · · · · · · · · · · ·		···	· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·	·····
					
		-			
					
					
					

Par	t XVII	Information Re Exempt Organ	_	sters To a	nd Iransactions a	nd Relationsr	lips With Nonci	naritable)	
1 (Old the ora			of the following	with any other organizatio	n described in section	on 501/c) of		Yes	No
	_	· · · · · · · · · · · · · · · · · · ·			7, relating to political organi		30 1(0 <i>)</i> 01			
	•	rom the reporting founda				2440113			:	
	1) Cash	om the reporting rounds	Augusta a monomarida	ole exempt erg	ameation of			1a(1)	\	X
	(2) Other:	esets						1a(2)		X
	Other trans							بعدد		
_	_	of assets to a noncharital	ble exempt organizat	าดก				1b(1)		X
,	•	ases of assets from a no						1b(2)		X
		of facilities, equipment,		gamzanon				1b(3)		X
	-	ursement arrangements						1b(4)		X
	•	or loan guarantees						1b(5)		X
	•	mance of services or me	mbership or fundrais	sıng solıcıtatıor	าร			1b(6)		X
		facilities, equipment, ma	•	-				1c		Х
	_				dule. Column (b) should alv	vays show the fair m	arket value of the good	ds, other ass	ets,	
			•	_	ed less than fair market valu					
	column (d)	the value of the goods,	other assets, or serv	ices received.						
(a) Lin	ie no	b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	nts
				N/A						
			ļ							
		<u>-</u>	ļ							
			 							
			 							
										
		•	•	•	or more tax-exempt organi	zations described		<u> </u>	(1 2	¬
		501(c) of the Code (othe	, ,)(3)) or in sect	ION 52/7			Yes	LA	No
D	ii ves, co	mplete the following sch (a) Name of org			(b) Type of organization		(c) Description of relat	nnehin		
		N/A	gamzation		(b) Type of organization		(C) Description of relat	Ulisinp		
		N/A						 -		
						 		_		
	·									
			7							
	Under	penalties of perjury, I declare	that I have examined th	ıs return, ıncludir	I ng accompanying schedules and	statements, and to the	best of my knowledge			
Sig		lief, it is true, correct and co	molet Declaration of pr	reparer (other tha	n taxpayer) is based on all inform	nation of which prepared	has any knowledge	May the IRS return with the	ne prepa	rer
He	re				1/26/11	(hus)	•	shown below		No
	Sign	ature of office or trustee	ē		Date	Title		12.		
		V	name	Preparer's s		Date	Check X If P	TIN		
) /\				1 // /	self- employed			
Pa		GARY D. C	DRNWELL	Vay	Cornell/	14/26/15		P01312	078	}
	eparer		OWN, EDWAR	RDS & C	OMPANY, L.L.	P.	Firm's EIN ► 54			
Us	e Only				, - -					
		Firm's address $ ightharpoonup P$.	.o. Box 16	597						
		BI	LUEFIELD,	WV 247	01		Phone no. 304	.325.8	3157	,

Form **990-PF** (2015)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Employer identification number

J <i>I</i>	AM FAMILY FOUNDATION, INC.	27-0419371					
Organization type (check of	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions					
For an organizatio	in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor.	•					
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II.	, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
year, contribution: is checked, enter purpose Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from its exclusively for religious, charitable, etc., purposes, but no such contributions totaled makers the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because its etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc ,					
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

MAT	FAMILY	FOUNDATION,	INC.

27-0419371

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT M. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)

Employer identification number

JAM FAMILY FOUNDATION, INC.

27-0419371

art II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2,244 SHARES CITIZENS FINANCIAL SERVICES INC STOCK	_	
		\$106,562.	12/19/15
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
\		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

Employer identification number

rt III	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the followin s, charitable, etc , contributions of \$1,000 or les	section 501(c)(7), (8), or (10) that total more than \$1,000 ig line entry. For organizations sor the year (Enter this info once)
Na	Use duplicate copies of Part III if addition	al space is needed	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
n) No. rom 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, a	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) Transfer of gift	
_	Transferee's name, address, a	and 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
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			

Part IV Capital Gains and Los	sses for Tax on Investment Income			, 	
(a) List and 2-story br	describe the kind(s) of property sol ick warehouse; or common stock, 2	d, e.g , real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a .9712 BP PLC S	PONSORED ADR		P	12/01/09	03/27/15
b .9262 BP PLC S	PONSORED ADR		P	12/01/09	06/26/15
c .5160 BP PLC S	PONSORED ADR		P	12/01/09	10/01/15
d .6560 BP PLC S	PONSORED ADR		P	12/01/09	12/31/15
e 50,000 HSBC FI	NANCE CORP SERIE	S NOTZ SR UNSEC	P	04/07/10	04/15/15
CAPITAL GAINS	DIVIDENDS				
g					
h					
t					
<u></u>				L	
k					
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h)) Gain or (loss) plus (f) minus (g)	
38.	(or anomalie)	56.	(-)	(1)	<18.
38.		54.			<15.
		54.			15.
		38.			<17.
54 04 0					$\frac{1,013}{}$
		50,000.			257.
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Complete only for accets above	as as a solume (b) and supped by	the foundation on 10/01/00			
Complete only for assets snowli	ng gain in column (h) and owned by			sses (from col. (h)) of col. (h) gain ove	
(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		not less than "-0-")	(K),
	as 01 12/3 1/03	over cor. ()), if any			
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					1,013
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	r If nam also entr	er in Part I, line 7			
Capital gain net income or (net c	apital loss) { If (loss), enter	er in Part I, line 7 -0-" in Part I, line 7	2		1,235
Net short-term capital gain or (lo	oss) as defined in sections 1222(5) a	_			
If gain, also enter in Part I, line 8	, column (c).	}			
If (loss), enter "-0-" in Part I, line	8	} \	2	N/A	

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JAM FAMILY FOUNDATION, INC.

3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
name and address (name of secures)	or substantial contributor	recipient		
HRIST EPISCOPAL CHURCH	NONE	PUBLIC	CHARITABLE	1,000
ONCORD UNIVERSITY FOUNDATION THENS, WV 24712	NONE	PUBLIC	EDUCATIONAL	500
SYSTIC FIBROSIS FOUNDATION SETHESDA, MD 20814	NONE	PUBLIC	CHARITABLE	250
DICKINSON COLLEGE CARLISLE, PA	NONE	PUBLIC	EDUCATIONAL	2,500
REXEL UNIVERSITY SCHOOL OF MEDICINE	NONE	PUBLIC	EDUCATIONAL	1,000
REATER BLUEFIELD COMMUNITY CENTER SLUEFIELD, WV 24701	NONE	PUBLIC	CHARITABLE	8,000
CIAWAH CONSERVANCY CIAWAH ISLAND, SC 29455	NONE	PUBLIC	CHARITABLE	500
MERCER COUNTY HUMANE SOCIETY PRINCETON, WV 24740	NONE	PUBLIC	CHARITABLE	50
DPERATION HOME N CHARLESTON, SC 29405	NONE	PUBLIC	CHARITABLE	1,00
PCH FOUNDATION PRINCETON, WV 24740	NONE	PUBLIC	CHARITABLE	20

27-0419371

JAM FAMILY FOUNDATION, INC.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		T		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ALVATION ARMY LUEFIELD, WV 24701	NONE	PUBLIC	CHARITABLE	25
30EF1EED, WV 24/01				
ECOND CHANCE LEARNING CENTER	NONE	PUBLIC	EDUCATIONAL	
LUEFIELD, WV 24701				1,00
MILE TRAIN	NONE	PUBLIC	CHARITABLE	
NEW YORK, NY 10010				50
THE CATO INSTITUTE	NONE	PUBLIC	CHARITABLE	
VASHINGTON, DC				10
ORLD PEDIATRIC PROJECT	NONE	PUBLIC	CHARITABLE	
RICHMOND, VA 23226				1,00
GRAHAM HIGH SCHOOL ACADEMIC FOUNDATION	NONE	PUBLIC	EDUCATIONAL	
LUEFIELD, VA 24605				4
BLUEFIELD UNION MISSION BLUEFIELD WV 24701	NONE	PUBLIC	CHARITABLE	
E3/VI				5
CARLOCK-PRUETT FOUNDATION BLUEFIELD, VA 24605	NONE	PUBLIC	CHARITABLE	5.0
GIFT OF ANNUAL MUSIC FUND, BLUE COUNTAIN PERFORMING ARTS BLUEFIELD, WV 24701	NONE	PUBLIC	CHARITABLE	4
				-
SACRED HEART CHURCH	NONE	PUBLIC	CHARITABLE	
BLUEFIELD, WV 24701 Total from continuation sheets				

27-0419371 JAM FAMILY FOUNDATION, INC. Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation **Amount** status of Name and address (home or business) recipient MID-ATLANTIC GERMAN SHORTHAIRED NONE PUBLIC CHARITABLE 1,000. POINTER RESCUE FUND ST JOHN'S UNITED CHURCH OF CHRIST NONE PUBLIC CHARITABLE 500. RICHMOND, VA 23220 PALMETTO TOMORROW FOUNDATION NONE PUBLIC CHARITALBE COLUMBIA, SC 29250 6,000. NONE PUBLIC BLUEFIELD LIONS CHARITABLE BLUEFIELD, WV 24701 200.

Total from continuation sheets

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT
		CAPITAL	, ,	(B)	(C)
goven an	GROSS	GAINS	REVENUE	NET INVEST-	ADJUSTED
SOURCE	AMOUNT	DIVIDEND	S PER BOOKS	MENT INCOME	NET INCOM
FIRST CENTURY BANK TRUST	22,361.	. 25	7. 22,104.	22,104.	
TO PART I, LINE 4	22,361.	25	7. 22,104.	22,104.	
FORM 990-PF		ACCOUNTI	NG FEES	Sī	PATEMENT
		(A)	(B)	(C)	(D)
		EXPENSES		ADJUSTED	CHARITABL
DESCRIPTION		PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
BROWN, EDWARDS & CO.	MPANY,				
L.L.P.		1,900.	1,900.		0
TO FORM 990-PF, PG	1, LN 16B	1,900.	1,900.		0
		·			
FORM 990-PF	O'.	THER PROFES	SIONAL FEES	S'.	PATEMENT
		(A)	(B)	(C)	(D)
		EXPENSES			CHARITABL
DESCRIPTION		PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
FIRST CENTURY BANK,	N.A.				
FIDUCIARY FEES		1,913.	1,913.		0
TO FORM 990-PF, PG	1, LN 16C	1,913.	1,913.		0
					<u> </u>

FORM 990-PF	TAX	ES	_		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
VA ANNUAL REGISTRATION FEE	25.		0.			0.
TO FORM 990-PF, PG 1, LN 18	25.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
BANK CHECKING ACCOUNT FEE	34.	-	0.			0.
TO FORM 990-PF, PG 1, LN 23	34.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
CHEMOURS CO CITIZENS FINANCIAL SERVICES DU PONT E I NEMOURS & CO ALTRIA GROUP INC AT&T INC DUKE ENERGY CO EMERSON ELECTRIC CO MERCK & CO PHILIP MORRIS INTERNATIONAL SOUTHERN CO WELLS FARGO & CO WELLTOWER INC BP PLC SPONSORED ADR BP		•		490. 0. 9,655. 41,100. 11,714. 9,969. 8,789. 11,011. 34,447. 9,578. 3,771. 7,536. 11,572.	197,9 19,9 103,6 15,4 14,2 9,5 15,8 53,1 14,0 119,5	80. 14. 84. 78. 666. 86. 86.

FORM 990-PF O	THER INVESTMENTS		STATE	EMENT	
DESCRIPTION	VALUATION METHOD	BOOK VALUE		MARKET ALUE	I
VANGUARD DIVIDEND APPREC IDX	COST	24,00)5.	38,88	0
VANGUARD MID CAP INDEX INV	COST	69,77		117,57	
VANGUARD SMALL CAP VALUE INDEX	COST	30,79		62,40	
VANGUARD EMERGING MKTS STOCK IDX		45,39		34,51	
VANGUARD GLOBAL EQUITY INV	COST	33,08		31,00	
VANGUARD INTERNATIONAL GROWTH	COST	45,01		53,26	1
VANGUARD PRECIOUS METALS AND MIN	ING COST				
INV		23,74	18.	6,77	4
TOTAL TO FORM 990-PF, PART II, L	INE 13	271,82	23.	344,40	9
	ST OF OFFICERS, D D FOUNDATION MANA		STAT	EMENT	-
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
NAME AND ADDRESS ROBERT M. JONES, JR. 805 TANAGER DRIVE BLUEFIELD, VA 24605			BEN PLAN	ACCOUN	
ROBERT M. JONES, JR. 805 TANAGER DRIVE	AVRG HRS/WK DIRECTOR	SATION	BEN PLAN CONTRIB	ACCOUN	I'I
ROBERT M. JONES, JR. 805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE	AVRG HRS/WK DIRECTOR 0.00 DIRECTOR	SATION 0.	BEN PLAN CONTRIB	ACCOUN	TT C
ROBERT M. JONES, JR. 805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 ALEXA L. STONEBURNER 889 TUPELO BAY DRIVE	AVRG HRS/WK DIRECTOR 0.00 DIRECTOR 0.00	SATION 0.	O. O.	ACCOUN	TT
ROBERT M. JONES, JR. 805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 ALEXA L. STONEBURNER 889 TUPELO BAY DRIVE MOUNT PLEASANT, SC 29464 JEREMY R. JONES 805 TANAGER DRIVE	DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	0. 0.	O. O.	ACCOUN	(