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#### Department of the Treasury Internal Revenue Service

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. ► Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>. 2015

2015

OMB No 1545-0052

Open to Public Inspection

		or calendar year 2015, or tax year beginning , 2015, and ending ,									
		foundation	INIDAMIANI TA				A	Employer identification nu	mber		
		HUNTINGTON FOL and street (or P O box number			dress)	Room/suite	В	55-0370129 Telephone number (see instr	uctions)		
		. BOX 2548						(304) 522-06			
	•	wn state or province, country,	and ZIP or foreign postal	code	1.75.7	25726	c	If exemption application is	nending check here. >		
		INGTON eck all that apply	Initial return		Initial return of a forme	25726	┤	п схетриот аррисанот із	pending, eneck here.		
	G Ch	eck all triat apply	Final return		Amended return	er public charity	D	1 Foreign organizations, che	ck here ▶ 📗		
		ŀ	Address change		Name change			2 Foreign organizations mee			
	H Ch	eck type of organization	_ <del>'</del>		c)(3) exempt private for	ındatıon	1	here and attach computati	on • 📙		
		Section 4947(a)(1) r				rivate foundation	E	If private foundation status			
		market value of all assets a		Acco	unting method C	ash X Accrual	1	under section 507(b)(1)(A)	, check here •		
		m Part II, column (c), line 16	·		Other (specify)		F	If the foundation is in a 60-			
		0,000,		art I, c	olumn (d) must be on c	ash basis )	<u> </u>	under section 507(b)(1)(B)	, check here		
	Part	Analysis of Re Expenses (The			(a) Revenue and expenses per books	(b) Net investmen income	nt	(c) Adjusted net income	(d) Disbursements for charitable		
		columns (b), (c), an	nd (d) may not nece	·s-	expenses per books	income		Income	purposes		
		sarily equal the am (see instructions))	ounts in column (a)						(cash basis only)		
		1 Contributions gifts, grants	s etc, received (attach schedule	e)							
46		2 Ck ► X if the four	ndation is <b>not</b> required to attach	s Sch B							
7016		3 Interest on savings and te	emporary cash investments .		179,359.	179,35	59.				
		1 -	m securilies	· · [	39,278.	39,27	78.				
.P		5 a Gross rents b Net rental income		٠٠ لـ							
	_	or (loss)	lo of accels not on time 10		-1,999.	T. C. O			<u> </u>		
MAY	R E	<b>b</b> Gross sales price for	all 160	87.	-1,999.	L-6a Stmt		-			
	V E	assets on line 6a 7 Capital gain net incor	me (from Part IV, line 2)				0.				
$\Omega$	N	8 Net short-term capita	•	• [							
	U E	9 Income modifications 10 a Gross sales less		-	· · · · · · · · · · · · · · · · · · ·	-					
-		returns and allowances						}	;		
SCANNED		<b>b</b> Less Cost of goods sold									
$\widetilde{\omega}$		C Gross profit or (loss) (alla		• • [			·				
		11 Other income (attach			0.5	_					
		12 Total Add lines 1 ti		HER	85. 216,723.	218,72	35.				
			cers, directors, trustees, e	tc .	14,400.	14,40					
		14 Other employee sal	•								
		15 Pension plans, emplo	•	- -							
	A D	16 a Legal fees (attach sol	ich sch) L-16b S	t mt	8,415.	6,73	22		1 603		
	M 1		ch sch). L-16C S		8,415. 350.		97.		1,683. 53.		
	0 1	17 Interest · · · ·			14,530.		•		33.		
	O S T R		see instrs) TAXESEXC	CISE [	2,405.						
	A A	19 Depreciation (attach schedule) and deplete	ion		41.	/	11.				
	N V	20 Occupancy			2,640.	1,98		100	660.		
	G E	21 Travel conferences		· [		·,		RECEIVE	701		
	A E X D	22 Printing and publication 23 Other expenses (atta		F		<del></del> .	{	- NLO			
	E N	See Line 23 Str			17,508.	13,13	31.	MAY 17 20	6 (4) 4,377.		
	S E	24 Total operating and	administrative					191	- I		
	Š	expenses Add lines 25 Contributions, gifts grants	-	` : : -	60,289. 391,724.	36,58	31.	OGLEN	6,773. 391,724.		
		26 Total expenses and	•	· ' -	331,144.			1 0:30	391,724.		
		Add lines 24 and 25			452,013.	36,58	31.		398,497.		
		27 Subtract line 26 from a Excess of revenue of									
		and disbursements	•		-235,290.						
		b Net investment inco	me (if negative, enter -0-)	)[ <u>_</u>	*	182,14	11.				
		C Adjusted net income	e (if negative, enter -0-)								

Page 2

Dar		Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
rai		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	5,221.	3,357.	3,357.
	2	Savings and temporary cash investments	220,963.	425,353.	425,353.
	3	Accounts receivable •221.			
		Less allowance for doubtful accounts		221.	221.
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			·
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) .			
A		Less allowance for doubtful accounts			
A S S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges	3,719.	2,610.	2,610.
Ś	10 a	Investments — U.S. and state government obligations (attach schedule) L-10.a. Stmt	5,684,467.	4,797,286.	4,797,286.
	t	Investments — corporate stock (attach schedule) . L=10b. Stmt	1,030,155.	1,274,292.	1,274,292.
	١	: Investments — corporate bonds (attach schedule) . L-10c. Stmt		172,245.	172,245.
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ► 18,263.			
		Less accumulated depreciation (attach schedule)L-1.4. Stmt. 18,268.	41.	0.	0.
	15	Other assets (describe ACCRUED INTEREST )	15,591.	13,510.	13,510.
	16	Total assets (to be completed by all filers -			
<del></del>	47	see the instructions. Also, see page 1, item I)	6,960,157.	6,688,874.	6,688,874.
ī	17   18	Accounts payable and accrued expenses	2,889.	8,987.	
A B	19	Deferred revenue	436,075.	514,548.	
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons			
L	21	Mortgages and other notes payable (attach schedule)		<u></u>	
Ţ	22	Other liabilities (describe			
E					
E S	23	Total liabilities (add lines 17 through 22)	438,964.	523,535.	
		Foundations that follow SFAS 117, check here x and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	6,521,193.	6,165,339.	
E U T N	25	Temporarily restricted		, , , , , , , , , , , , , , , , , , , ,	
D	26	Permanently restricted			
A S B S A E L T A		Foundations that do not follow SFAS 117, check here . Find and complete lines 27 through 31.			
ĔĹ	27	Capital stock, trust principal, or current funds			
T A S N	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
С	29	Retained earnings, accumulated income, endowment, or other funds			
O E R S	30	Total net assets or fund balances (see instructions)	6,521,193.	6,165,339.	
	31	Total liabilities and net assets/fund balances (see instructions)	6,960,157.	6,688,874.	
Par	: 111	Analysis of Changes in Net Assets or Fund Balance		,,	
	Total	net assets or fund balances at beginning of year — Part II, column (a	a), line 30 (must agree w	ith 1	6 E21 102
2		ramount from Part I, line 27a		<b>├</b>	6,521,193.
3		increases not included in line 2 (itemize)		3	-235,290.
3 4		inces 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		· <del>  3  </del>	6 205 002
5		ases not included in line 2 (itemize) CHANGE IN UNREA			6,285,903. 120,564.
		net assets or fund balances at end of year (line 4 minus line 5) – Pa			6,165,339.

Part		osses for Tax on Investme					
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How acquire P — Purchas D — Donation				ase	(C) Date acquired (mo , day, yr )	( <b>d</b> ) Date sold (mo day, yr)
1 a	PUBLICLY TRADED SEC	URITIES					
ь							
С							
<u>d</u>						_	· · · · · · · · · · · · · · · · · · ·
е		(2.2					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) mil	
<u>a</u>	16,887.		18	3 <b>,</b> 886.			-1,999.
b							
<u>c</u>				•			
d							
е	Complete only for coasts showing	g gain in column (b) and aum ad bu th				· .	
	(i) F M V	g gain in column (h) and owned by th	(k) Excess of col (i)		a.	(f) Gains (Col ain minus col (k), bu	(h)
	as of 12/31/69	as of 12/31/69	over col (j), if any		tha	n -0-) or Losses (fr	om col (h))
							1 000
a b							<b>-1,</b> 999.
					-		
c							
<u>u</u>							
			anton in Dort Line 7				
2	Capital gain net income or (net c	apital loss) · · · -   If gain, also If (loss), enti-	enter in Part I, line 7 er -0- in Part I, line 7		2		-1,999.
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	<del></del> '	ŀ	_		
	If gain, also enter in Part I, line 8	, column (c) (see instructions) If (los	s), enter -0-		3		
Part	<del></del>			ant Inc.			<del></del>
		<ul> <li>Section 4940(e) for Reduce oundations subject to the section 494</li> </ul>			Jine	·	
(1 01 0	phonar use by domestic private i	odridations subject to the section 45-	o(a) tax on net investment ii	icome j			
If sect	ion 4940(d)(2) applies, leave this	s part blank					
Was t	he foundation liable for the section	on 4942 tax on the distributable amou	nt of any year in the hase ne	riod?		Yes	X No
		under section 4940(e) Do not comp				🗀 103	<u> </u>
-	<del>`</del>	each column for each year, see the ii	<del></del>	v entries			
	(a)	(b)	(c)	,		(d)	
c	Base period years Calendar year (or tax year	Adjusted qualifying distributions	Net value of		/I	Distributión	
Ì	beginning in)		noncharitable-use asse	eis	(COI	(b) divided by co	oi (C))
	2014	302,906.	6.795	5,730.			0.044573
	2013	192,214.		,005.		-	0.027930
	2012	612,829.		9,930.			0.084880
	2011	301,393.		,265.			0.042804
	2010	244,437.		395.			0.035703
2	Total of line 1 column (d)				2		-
	(1)				-	<del></del>	0.235890
		5-year base period — divide the total has been in existence if less than 5 ye			3		0.047178
4	Enter the net value of noncharita			1			
		ble-use assets for 2015 from Part X,	line 5		4		<u>,652,037.</u>
5	Multiply line 4 by line 3	ble-use assets for 2015 from Part X,		Ī	5		313,830.
	•						
6	Enter 1% of net investment incor				5		313,830.
6	Enter 1% of net investment incor	ne (1% of Part I, line 27b)			5		313,830.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see in	struc	tions	5)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here .   and enter 'N/A' on line 1		$\Box$				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)		1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1			1.8	321.
	check here . X and enter 1% of Part I, line 27b						
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2				0.
3	Add lines 1 and 2	. $\Gamma$	3			1,8	321.
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		_	1.8	321.
6	Credits/Payments						
а	2015 estimated tax pmts and 2014 overpayment credited to 2015	0.					
	Exempt foreign organizations — tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868) 6 c	$\dashv$					
	Backup withholding erroneously withheld 6 d	$\dashv$					
7	Total credits and payments Add lines 6a through 6d	$\exists$	7			<b>a</b> r	000.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		8				<del></del>
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	$\vdash$	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	- ⊢	0			2 1	79.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax . Refunded Refunded		1		-	<u> </u>	. 1 5 -
	t VII-A Statements Regarding Activities	• • •	<u>.                                    </u>				
						Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?				1 a	res	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 b		x
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published by the foundation in connection with the activities	hed					
_	Did the foundation file Form 1120-POL for this year?				4.	İ	.,
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			٠.,	1 c		X
Ĭ	(1) On the foundation · · • \$ (2) On foundation managers · · • \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			_			İ
	foundation managers ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
	If 'Yes, attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes				3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			[	5		Х
	If 'Yes,' attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that confl with the state law remain in the governing instrument?</li> </ul>	ıct			6	Х	
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	<b>-</b>
	Enter the states to which the foundation reports or with which it is registered (see instructions)	· ·		`			<u> </u>
0.0	WV - West Virginia			j		!	
							l
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			.	8 b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49 for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)?	art XIV	)		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses				10		U,
BAA	and addresses		<u> </u>	For	10   m 990	-PF /	<u>(X</u> 2015)
\						(/	~~,~,

	HUNTINGTON FOUNDATION, INC.  As Regarding Activities (continued)	55-0370129	F	age 5
11 At any time during the ye within the meaning of se	ear, did the foundation, directly or indirectly, own a controlled entity ection 512(b)(13)? If 'Yes', attach schedule (see instructions)			х
	e a distribution to a donor advised fund over which the foundation or a disqualified p 'es,' attach statement (see instructions).			х
13 Did the foundation comp	oly with the public inspection requirements for its annual returns and exemption applications and exemption applications are also sometimes of the public inspection requirements for its annual returns and exemption applications.			
14 The books are in care of	EXECUTIVE SECRETARY Telephon	e no. (304) 52	2-061	1
	EXEMPT AVE #207 HUNTINGTON, WV ZIP + 4 vexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		<del>-</del>	
16 At any time during calen	dar year 2015, did the foundation have an interest in or a signature or other authori	ty over a	Yes	No
See the instructions for	r financial account in a foreign country?			X
enter the name of the for	reign country  s Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	tem is checked in the 'Yes' column, unless an exception applies.		Yes	No
	oundation (either directly or indirectly)	<u> </u>	103	
,	or exchange, or leasing of property with a disqualified person?	Yes XNo		
disqualified person?	, lend money to, or otherwise extend credit to (or accept it from) a	Yes X No		
	ices, or facilities to (or accept them from) a disqualified person?	Yes X No		
(5) Transfer any income for the benefit or use	e or assets to a disqualified person (or make any of either available e of a disqualified person)?	Yes X No		
	or property to a government official? ( <b>Exception</b> . Check 'No' if the make a grant to or to employ the official for a period after termination ce, if terminating within 90 days)	Yes XNo		
	1a(1)-(6), did any of the acts fail to qualify under the exceptions described in 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1	ь	
Organizations relying on	a current notice regarding disaster assistance check here	▶ 🗍 🔭		
c Did the foundation engage that were not corrected be	ge in a prior year in any of the acts described in 1a, other than excepted acts, before the first day of the tax year beginning in 2015?	1	С	X
	bute income (section 4942) (does not apply for years the foundation was a tion defined in section $4942(j)(3)$ or $4942(j)(5)$ )			
a At the end of tax year 20 and 6e, Part XIII) for tax	915, did the foundation have any undistributed income (lines 6d year(s) beginning before 2015?	Yes X No		
If 'Yes,' list the years	20 ,20 ,20 ,20			
(relating to incorrect valu	d in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) lation of assets) to the year's undistributed income? (If applying section 4942(a)(2) No' and attach statement — see instructions)	to	ь	
c If the provisions of section  ≥ 20, 20, 2	on 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3 a Did the foundation hold r	more than a 2% direct or indirect interest in any business uring the year?	Yes X No		
or disqualified persons a by the Commissioner un (3) the lapse of the 10-,	ss business holdings in 2015 as a result of (1) any purchase by the foundation ifter May 26, 1969, (2) the lapse of the 5-year period (or longer period approved der section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to on had excess business holdings in 2015)	<u>3</u>	b	
4 a Did the foundation investigation charitable purposes?	t during the year any amount in a manner that would jeopardize its	<u>4</u>	a	Х
reopardize its charitable	any investment in a prior year (but after December 31, 1969) that could purpose that had not been removed from jeopardy before the first day of 2015?		h	v
BAA			90-PF (	X 2015)

Part VIII -   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2015) THE HUNTINGTON FOR			55-037	70129	Page 6				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(p)?			1 4720 May Be Reg	uired (continued)	<del></del>					
2) Influence the automore of any specific public effection (see section 4955) or to carry on, directly or ordinated, any owder regularation offers?"   Yes   No   No   Yes   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N		•	action 4945(a))?	□vos [v	No.					
on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, subty, or other similar purposes?  (4) Provide a grant to an organization other than a chandable, etc. organization described in section 494-00/(14)/Pto (see instructions)  (5) Provide for any purposes other than religious, charitable, scientific, listerary, or educational purposes, or for the prevention of cruelly to chiefer or animals?  (5) Provide for any purpose other than religious, charitable, scientific, listerary, or educational purposes, or for the prevention of cruelly to chiefer or animals?  (6) Provide for any purpose other than religious, charitable, scientific, listerary, or educational purposes, or for the prevention of cruelly to chiefer or animals?  (6) Provide for any purpose other than religious, charitable, scientific, listerary, or educational purposes, or for the prevention of cruelly to chiefer or samplar?  (7) If the answer is Yes' to question 54/45, of so carried to constant or a current notice regarding disaster assistance check here  (8) Did the foundation, during the year, recover any funds, directly or indirectly, to pay premiums on a porsonal benefit contract?  (8) A List all officers and the search of the		J ,	` ''	··· ·· [ res [A						
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 49-56()(4)(3) (5) cere instructions)	on, directly or indirectly, any voter registration drive?									
September   Sept	(4) Provide a grant to an organization other than	n a charitable, etc. organi	zation described							
educational purposes, or for the prevention of cruelty to Children or animals?    bif any answers is Yes' to Self, (1-6), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.945 or in a current notice regarding disaster assistance (see instructions)?   Organizations relying on a current notice regarding disaster assistance check here		in section 4945(d)(4)(A)? (see instructions)								
described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of If the answers is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  of a Did the foundation, during the year, secave any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, seave any funds, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, and promitions, directly or indirectly, on a personal benefit contract?  b Did the foundation during the year, and promitions and provide the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (e) and address (a) Name and address (b) Tide, and average flows per week devoted to position (c) Compensation (e) Expense account, other allowances and efforted compensation.  FRANK HANSHAW JR  163 NCODILAND DRIVE W 25705 5.00 3,600 0.00.00.00.00.00.00.00.00.00.00.00.00	educational purposes, or for the prevention of cruelty to children or animals?									
c If the answer is "Yes" to question Sa(4), does the foundation dam exemption from the tax because if maintained expenditure responsibility for the grant?  6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation funds the sax state foundation a party to a prohibited tax shelter transaction?  Teach at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Teach will information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (a) Name and address  (b) Title, and average hours per week devoted to position  (a) Name DRIVE  FRANK HANSHAW JR  163 MOODLAND DRIVE  LEON K OXLEY  11 LESON K OXLEY  12 COPERS GLEN DRIVE  LEON K OXLEY  13 COPERS GLEN DRIVE  LEON K OXLEY  14 CORPORATION  WV 25701  SEC. /TRSR.  DIRECTOR  HONTINGTON  WV 25713  B CORPORATION  WV 25713  B CORPORATION  WV 25702  Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE'  WV 25702  Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE'  Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE'  Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE'  Compensation of five highest-pa	described in Regulations section 53 4945 or in a current notice regarding disaster assistance									
tax because it maintained expenditure responsibility for the grant?  If Yes alread the statement required by Regulations section \$3.4945-5(d)\$  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes to 6b, file Form 8370  7 As I any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  6b X  7 As I are during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  6b X  7 As I are the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  6b X  7 As I are the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  6b X  7 As I are the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  6b X  7 As I are the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  6b X  No  6c D X  7 As I are the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  7 Deart VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees.  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees.  I List all officers, directors, trustees, foundation managers and their compensation (Compensation of the railowances)  1 List all officers, directors, trustees, foundation managers and their compensation of the railowances of t				• [	]					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tax because it maintained expenditure responsib	ulity for the grant?		Yes	No					
on a personal benefit contract? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•	•							
# Yes' to 66. file Form 8870 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	on a personal benefit contract?				, ,					
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation (see instructions).   (a) Name and address   (b) Title, and average hours per week devote to position   (e) Compensation (ffr not paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid, enter -0.)   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid and deferred compensation   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid more than \$50,000   (e) Expense account, other allowances of the paid that the paid that the paid that t		is, directly or indirectly, o	in a personal benefit con	uact,	.   05	^				
Diff Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   7 b	•	on a party to a prohibited	I tax shelter transaction?	Yes   X	No					
Part VIII					, , ,					
And Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0.) plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the railowances plans and deferred compensation of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of the railowances plans and deferred compensation plans and deferred compensation plans are railowances plans and deferred compensation plans are railowances plans and deferred c						 S.				
(a) Name and address   (b) Tille, and average hours per week devoted to position   (c) Compensation   (finot paid, enter -0-)   (finot paid, enter		,		<b>3</b> , <b>3</b> ,	,	,				
Compensation   Comp	1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see inst	ructions).						
163 WOODLAND DRIVE	(a) Name and address	hours per week	(If not paid,	`employee benefit plans and deferred						
HUNTINGTON   WV 25705   6.00   3,600.   0.   0.		,								
LEON K OXLEY	163_WOODLAND_DRIVE		3,600.	0.		0.				
HUNTINGTON   WV   25701   6.00   3,600   0   0   0	LEON K OXLEY	VICE PRES.				_				
P O BOX 1037		6.00	3,600.	0.		0.				
HUNTINGTON WV 25713 6.00 3,600. 0. 0.  DR. JOSEPH B. TOUMA 2970 STAUNTON ROAD HUNTINGTON WV 25702 6.00 3,600. 0. 0.  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  NONE  NONE  Total number of other employees paid over \$50,000	KERMIT E. MCGINNIS									
DR. JOSEPH B. TOUMA 2970 STAUNTON ROAD HUNTINGTON WV 25702 6.00 3,600. 0. 0.  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (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) Compensation  NONE  Total number of other employees paid over \$50,000 None										
2970 STAUNTON ROAD   HUNTINGTON   WV 25702   6.00   3,600.   0.   0.		6.00	3,600.	0.		0.				
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  NONE  Total number of other employees paid over \$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 account, other allowances  (e) Expense account, other allowances  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Total number of other employees paid over \$50,000 None		DIRECTOR								
(a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$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 account, other allowances						0.				
paid more than \$50,000 hours per week devoted to position long per week devoted to position long per week devoted to position long per week compensation long per week devoted to position long per week devoted t		T. '.			<del>,</del>					
Total number of other employees paid over \$50,000		hours per week	(c) Compensation	employee benefit plans and deferred						
	NONE			<u> </u>						
			-							
			_		<del></del>					
				<u> </u>						
		<del> </del>		*	Form <b>aan</b> .					

Form 990-PF (2015) THE HUNTINGTON FOUNDATION, INC.	55-0370129 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High and Contractors (continued)	nly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'N	IONE.'
(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	▶ None
	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
	0.
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	0.
2	
All other program-related investments. See instructions	
3	
	·
Total. Add lines 1 through 3	▶ None
BAA	Form <b>990-PF</b> (2015)

Fai	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes  Average monthly fair market value of securities	1 a	6,427,654.
	Average of monthly cash balances	1 b	309,342.
	Fair market value of all other assets (see instructions)	1 c	16,341.
	Total (add lines 1a, b, and c)	1 d	6,753,337.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,753,337.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	101,300.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,652,037.
6	Minimum investment return. Enter 5% of line 5	6	332,602.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► ☐ and do not complete this part.)	found	
1	Minimum investment return from Part X, line 6	1	332,602.
2 a	Tax on investment income for 2015 from Part VI, line 5		
Ł	Income tax for 2015 (This does not include the tax from Part VI ) 2 b		
c	Add lines 2a and 2b	2 c	1,821.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	330,781.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	330,781.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	330,781.
Pai	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	398,497.
Ł	Program-related investments — total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	398,497.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	1,821.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	396,676.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	
BAA			Form <b>990-PF</b> (2015)

### 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				330,781.
2 Undistributed income, if any, as of the end of 2015				3307.01.
a Enter amount for 2014 only			264,233.	
<b>b</b> Total for prior years 20 , 20 , 20			, , , , , , , , , , , , , , , , , , , ,	
3 Excess distributions carryover, if any, to 2015				
a From 2010 0				
<b>b</b> From 2011 0 .				
c From 2012 0 .				
d From 2013 . 0.				
e From 2014 0 .				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part	0.			
XII, line 4 \\$ 398, 497.			1	
a Applied to 2014, but not more than line 2a			264,233.	
<b>b</b> Applied to undistributed income of prior years			204,233.	
(Élection required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2015 distributable amount				134,264.
e Remaining amount distributed out of corpus	0.			10.,20
5 Excess distributions carryover applied to 2015	0.			<del> </del>
(If an amount appears in column (d), the same amount must be shown in column (a))				-,-
6 Enter the net total of each column as indicated below: 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				
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 instructions			0.	
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				196,517.
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)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	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 . 0.				
<b>b</b> Excess from 2012 . 0.				
<b>c</b> Excess from 2013 0 .				
<b>d</b> Excess from 2014 0 .				
<b>e</b> Excess from 2015 0 .				

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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)					N/A
1 a If the foundation has received a ruling or det is effective for 2015, enter the date of the rul	ing			*	
b Check box to indicate whether the foundatio		ling foundation descr		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1 2010	4 N T 4 1
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a			·		
© Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter	•				
(1) Value of all assets		<del> </del>	<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the			foundation ha	d \$5,000 or more	in
Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have converted to the second	ve contributed more	than 2% of the total n \$5,000) (See secti	contributions received to the contributions of the	ed by the foundation b	efore the
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which the foundation NONE	n 10% or more of th undation has a 10%	e stock of a corporat or greater interest	tion (or an equally la	rge portion of the own	ership of
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only ma requests for funds If the foundation makes g complete items 2a, b, c, and d	akes contributions to	preselected charita	ble organizations an		
a The name, address, and telephone number of		•	• •	be addressed	
THE HUNTINGTON FOUNDATION, 916 5TH AVE #207	INC. C/O E	KECUTIVE SECF	RETARY		
HUNTINGTON	WV 2570		04) 522-0611		
b The form in which applications should be sub STANDARD APPLICATION FORM			-	PROVAL	
c Any submission deadlines NONE		, <u>.</u>			
d Any restrictions or limitations on awards, suc ALL APPLICANTS MUST BE NOT				tions, or other factors	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y	If recipient is an individual	<u>L</u>		
Recipient	show any relationship to any foundation manager or	J Status Oi	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Continuation	
a Paid during the year				
THE HEALING PLACE OF HUNTINGTON IN	С		RECOVERY	
2425 9TH AVE			PROGRAMS	
HUNTINGTON WV 2570	5 N/A	N/A		25,000.
MISSION WEST VIRGINIA INC			YOUTH	
168 MIDLAND TRAIL SUITE 1			SCHOLARSHIP	
HURRICANE WV 2552	5 N/A	N/A	FUND	25,000.
HUNTINGTON YMCA			KIDS IN	
935 10TH AVE			MOTION	
HUNTINGTON WV 2570	l N/A	N/A	PROGRAM	15,000.
GOODWILL OF KYOWVA AREA			FACILITY	
1102 MEMORIAL BLVD			MAINTENANCE	
HUNTINGTON WV 2570	L N/A	N/A		7,500.
ROTARY CLUB OF HUNTINGTON			100TH	
P O BOX 1311			ANNIVERSARY	
HUNTINGTON WV 2571	1 N/A	N/A	PUBLICATION	5,000.
CAMPUS CHRISTIAN CTR AT MU			FIRE	
JOHN MARSHALL DR	- NI / D	27 / 7	SUPPRESSION	F 000
HUNTINGTON WV 2575: HOSPICE OF HUNTINGTON	N/A	N/A	SYSTEM	5,000.
P O BOX 464			COMPUTER	
HUNTINGTON WV 2570	A 1 M 2	N/A	EQUIPMENT	13,821.
HUNTINGTON SYMPHONY ORCHESTRA	J N/A	N/A	OFFICE.	13,021.
763 3RD AVE			EQUIPMENT	
HUNTINGTON WV 2570	N / Δ	N/A	EQUIFMENT	4,923.
KIWANIS DAY CARE CENTER	I N/ A	N/A	SECURITY	4, 323.
71 WASHINGTON AVE			EQUIPMENT	
HUNTINGTON WV 2570:	N/A	N/A	Local Control  6,288.	
See Line 3a statement		,		0,200.
				284,192.
				,
Total	· · · · · · ·		3a	391,724.
b Approved for future payment			MUCEUM	
HUNTINGTON MUSEUM OF ART			MUSEUM	
2033 MCCOY ROAD	N / 7	NI / D	MAKING	20 014
HUNTINGTON WV 25701 CITY OF HUNTINGTON FOUNDATION	IN/A	N/A	CONNECTIONS PROGRAM	32,914.
800 FIFTH AVE, CITY BLDG			FACILITY UPGRADE	
HUNTINGTON WV 25701	N/A	N/A	OLGKADE	4,500.
See Line 3b statement	IN/ A	N/A		4,500.
See Line 3D Statement		İ		
				477,134.
				4//,134.
Total			▶ 3b	514,548.

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Exclude	d by section 512, 513, or 514	(e)	
1	Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)	
a							
t							
c							
C				ļ			
6			-: ·				
f							
	Fees and contracts from government agencies			-			
2	Membership dues and assessments			1 1 4	170 250		
3 4	Interest on savings and temporary cash investments Dividends and interest from securities	, , , , , , , , , , , , , , , , , , , ,	,	14	179,359.		
5	Net rental income or (loss) from real estate			14	39,278.	··- ·	
	Debt-financed property			<b> </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			14	-1,998.	<del> </del>	
9	Net income or (loss) from special events				,	-	
10	Gross profit or (loss) from sales of inventory					_	
11	Other revenue		······································				
a	OTHER			14	85.		
t							
c							
c							
ε							
12	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				216,724.		
13				•	13	216,724.	
(See	worksheet in line 13 instructions to verify calculations	)	<u> </u>		·····		
Par	t XVI-B Relationship of Activities to the	Accomp	lishment of Exemp	ot Purp	oses		
						<u> </u>	
Lin	e No. Explain below how each activity for which inco	ime is report irposes (othe	ed in column (e) of Part er than by providing fund	is for suc	ch purposes) (See instru	ne ctions)	
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
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_, ,,,		ILEA	0002 10/10/10			· On	

# Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										Yes	No
			ly or indirectly eng ) of the Code (othe								
		to political organiz		er than section 50	r(c)(3) Organiza	ations) or i	ii section 527,				
аΤ	ransfer	s from the reportir	ng foundation to a	noncharitable exe	mpt organizatio	n of					
		=	-		. •				1 a (1)		Х
•	•								1 a (2)		X
. `	•	insactions									
			oncharitable exem	nt organization					1 b (1)		v
								· · · · · · · · · · · · · · · · · · ·	1 b (1)		X
											<u>X</u>
									1 b (3)		X
•	•		•						1 b (4)		X
		-	ees						1 b (5)		X
•	•		•	-					1 b (6)		X
c S	haring	of facilities, equipr	ment, mailing lists,	other assets, or p	aid employees			• • • • • •	1 c		X
d If	the and	swer to any of the	ahove is 'Yes ' co	mplete the follows	na schedule. Ca	olumn (h)	ehould always si	how the fair market v	alue of		
th	ie good	ls, other assets, o	r services given by	the reporting fou	ndation If the fo	oundation	received less the	an faır market value ı	n		
а	ny trans	saction or sharing	arrangement, sho	w in column (d) th	e value of the g	goods, oth	er assets, or ser	vices received			
(a) Line	no	(b) Amount involved	d (c) Name	of noncharitable exem	pt organization	(d)	Description of tran	sfers, transactions, and s	haring arrang	gements	<u> </u>
		•	_								
								<u> </u>			
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								-			
	i										
			-			<del>-</del>					
						<del> </del>					<del></del>
			-			+					
					···-	-	<del></del>				
										_	
						-		<del></del>			
						_		<del></del>			
	_										
	i										
2 a ls	the fou	indation directly o	r indirectly affiliate	d with, or related	o, one or more	tax-exem	pt organizations		_	_	
		,	•	er than section 50	1(c)(3)) or in se	ction 5277	' <b></b>		· Yes	X	No
b If		complete the follow	<del></del>								
	(a)	Name of organiza	ation	(b) Type	of organization		(c	) Description of relati	onship		
			<del></del>								
										_	
	Under po	enalties of perjury, I dec	lare that I have examine	d this return, including a	ccompanying sched	fules and stat	ements, and to the be	est of my knowledge and bel	ief, it is true,		
ign	correct,	and complete Declarati	on of preparer (other tha	in taxpayer) is based or	all information of wi	nicn preparer	nas any knowledge				
lere		- 0 s	= 1-6	1					May the If this return	with the	
		mant/	Jans		03/12/2		RESIDENT		preparer s (see instr		
	Signat	ture of officer or trustee	<u> </u>	_//_	Date /	Tı	tle	<del></del>		Yes	No
		Print/Type preparers	name	Dreparer s si	gnature		Date	Check	PTIN		
aid		CHARLES WIL	LIAM WRIGHT,	CPA Colo	10 lon	> PA	05/11/16	self-employed	P00003	273	
repa	rer	Firm s name	TRAINER WE	RIGHT & PAT	ERNO -	/		1	54030		
Ise C		Firm s address	P.O. BOX 2		<del>-</del>			23 93			
	···· <del>y</del>		HUNTINGTON			WV 25	726	Phone no (304)	697-7	7 በ ይ マ	
AA	····-	·		·		117 43	, 2.0	_(504)	Form 990		2015)
- ** *									CHILL MAI		ירווי

Name

#### **Net Gain or Loss From Sale of Assets**

2015

Employer Identification Number 55-0370129 THE HUNTINGTON FOUNDATION, INC. Asset Information: Description of Property . . . . . . FEDERAL HOME LOAN MTG CORP 3% 9-15-41 Date Acquired . 01/09/12 How Acquired ... Purchased Date Sold . . . Various Name of Buyer . . . 13,506. Cost or other basis (do not reduce by depreciation) . . . 13,707. Sales Price . Valuation Method . . . Sales Expense . Total Gain (Loss) -201. Accumulation Depreciation . . Description of Property . . . . . DODGE & COX INCOME FD 147 CAP GAIN DISTRIBUTION Date Acquired . Various How Acquired . . . Purchased Date Sold Name of Buyer Various 4. Cost or other basis (do not reduce by depreciation) . . . 0. Sales Price Valuation Method . . . . Sales Expense . Total Gain (Loss) . . 4. Accumulation Depreciation Description of Property . . . . . . 20 SH CHEMOURS CO COM Date Acquired . 05/29/15 How Acquired Purchased . Date Sold . . . 07/14/15 Name of Buyer 253. Cost or other basis (do not reduce by depreciation) . . . 347. Sales Price . . Valuation Method Sales Expense . Total Gain (Loss) . . -94. Accumulation Depreciation Description of Property . . . . 200 SH FREEPORT-MCMORGAN COPPER & GOLD INC Date Acquired 11/13/14 How Acquired . . Purchased Name of Buyer . . . Date Sold . 11/02/15 2,390. Cost or other basis (do not reduce by depreciation) . . . 4,832. Sales Price . . Valuation Method . . . Sales Expense . -2,442. Accumulation Depreciation . . Total Gain (Loss) . Description of Property . . . . STRATEGIC VALUE FD #662 CAP GAIN DISTRIBUTION Date Acquired Various How Acquired Purchased Name of Buyer . . . \_\_\_\_\_ Date Sold . . . 12/09/15 224. Cost or other basis (do not reduce by depreciation) . . 0. Sales Price . . Valuation Method . . . Sales Expense . 224. Accumulation Depreciation . . Total Gain (Loss) . . Description of Property . . . . . BANK OF AMERICA SECURITIES LITIGATION Date Acquired . Various How Acquired Purchased Date Sold . . . Name of Buyer . . . 510. Cost or other basis (do not reduce by depreciation) . . . 0. Sales Price . Valuation Method . . . Sales Expense . . Total Gain (Loss) 510. Accumulation Depreciation Description of Property . . . . . . Date Acquired . How Acquired . . . Date Sold . . Name of Buyer . . Cost or other basis (do not reduce by depreciation) . . . Sales Price Sales Expense . . Valuation Method . . . Accumulation Depreciation . . . Total Gain (Loss) . . Description of Property . . . . . Date Acquired . How Acquired . . . Date Sold . . Name of Buyer . . Cost or other basis (do not reduce by depreciation) . . . Sales Price . . Sales Expense . . Valuation Method . . . Total Gain (Loss) . Accumulation Depreciation . . .

<u>4,377.</u>

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

Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
6,251.	4,688.		1,563.
232.	174.		58.
801.	601.		200.
20.	15.		5.
10,104.	7,578.	_	2,526.
100.	75.		25.
	6,251. 232. 801. 20. 10,104.	6,251.     4,688.       232.     174.       801.     601.       20.     15.       10,104.     7,578.	6,251. 4,688. 232. 174. 801. 601. 20. 15. 10,104. 7,578.

<u>17,508.</u> <u>13,131.</u>

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Total

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to	Foun- dation status of re-	Purpose of grant or contribution	Person or Business Checkbox
(none or business)	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year				
J W SCOTT COMMUNITY CENTER			COMPUTER	Person or
1637 8TH AVE			EQUIMENT	Business X
HUNTINGTON WV 25703	N/A	N/A		9,620.
HENRIETIA PAYNE BOYS & GIRLS CLUB			PLUMBING	Person or
734 14TH STREET WEST			RENOVATIONS	Business X
HUNTINGTON WV 25704	N/A	N/A		16,932.
MISSION WEST VIRGINIA INC			EDUCATIONAL	Person or
168 MIDLAND TRAIL			ENHANCEMENT	Business X
HURRICANE WV 25526	N/A_	N/A	FUND	25,000.
MARSHALL UNIVERSITY MEDICAL SCHOOL			OPERATIONAL	Person or
1600 MEDICAL CENTER DR _			SUPPORT	Business X
HUNTINGTON WV 25701	N/A	N/A	GERIATRICIAN	115,205.
MARSHALL UNIVERSITY MEDICAL SCHOOL		<b> </b>	OPERATIONAL	Person or
1600 MEDICAL CENTER DR			SUPPORT	Business X
HUNTINGTON WV 25701	A/N	N/A	CERTIFICATION	71,353.
MARSHALL UNIVERSITY MEDICAL SCHOOL			SCHOLARSHIPS	Person or
1600 MEDICAL CENTER DR			 	Business X
HUNTINGTON WV 25701	N/A	N/A		46,082.

Total

284,192.

Form 990-PF, Page 10, Part XV, line 3b Line 3b statement

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	contributor			
<b>b</b> Approved for future payment				
AMERICAN FOUNDATION FOR THE BLIND			OPERATIONAL	Person or
1000 5TH AVENUE			SUPPORT	Business X
HUNTINGTON WV 25701	N/A	N/A		36,907.
MARSHALL UNIVERSITY MEDICAL SCHOOL			OPERATIONAL	Person or
1600 MEDICAL CENTER DR	L	L	SUPPORT	Business X
HUNTINGTON WV 25701	N/A	N/A		90,336.
BOY SCOUTS OF AMERICA			OUTREACH	Person or
823 ADAMS AVENUE	ļ		SITES	Business X
HUNTINGTON WV 25704	N/A	N/A		29,036.
UNITED WAY OF THE RIVER CITIES			OPERATIONAL	Person or
820 MADISON AVE	<del> </del>		SUPPORT	Business X
HUNTINGTON WV 25704	N/A	N/A		63,215.
MISSION WEST VIRGINIA INC			YOUTH	Person or
168 MIDLAND TRAIL SUITE 1	L		SCHOLARSHIP	Business X
HURRICANE WV 25526	N/A	N/A	FUND	25,000.
MARSHALL UNIVERSITY MEDICAL SCHOOL			OPERATIONAL	Person or Business X
1600 MEDICAL CENTER DR	   N/A	N/A	SUPPORT GERIATRICIAN	115,205.
MARSHALL UNIVERSITY MEDICAL SCHOOL	IV/ A	IN/A	OPERATIONAL	Person or
1600 MEDICAL CENTER DR			SUPPORT	Business X
HUNTINGTON WV 25701	N/A	N/A	CERTIFICATION	71,353.
MARSHALL UNIVERSITY MEDICAL SCHOOL		14/ 17	SCHOLARSHIPS	Person or
1600 MEDICAL CENTER DR				Business X
HUNTINGTON WV 25701	   N/A	 N/A		46,082.

Total

477,134.

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

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
IRAINER, WRIGHT & PATERNO	ECHARCEN STYTS, THA POTUPIS, ETC	<u>8,415.</u>	6,732.		1,683.	

Total

8,415.

6,732.

1,683.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FRAZIER & OXLEY LC	SECRETARIAL SERVICES	350.	297.		53.
Total		350.	297.		53.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

	End o	f Year	End of Year		
Line 10a - Investments - US and State Government Obligations:	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV	
FEDERAL HOVE LOAN MORTGAGE CERTIFICATES			4,797,286.	4,797,286.	
Total			4,797,286.	4,797,286.	

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year			
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
VARIOUS CORPORATE EQUITY ACCOUNTS UNREALIZED GAIN/(LOSS) ON AFS	1,025,620. 248,672.	1,025,620. 248,672.		
Total	1,274,292.	1,274,292.		

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

	End of Year			
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value		
VARIOUS CORPORATE BONDS	172,245.	172,245.		
Total	172,245.	172,245.		

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
OFFICE FURNITURE - PRIOR ACQUISTIONS	3,731.	3,731.	0.

ΤHI	F HI	INT	ING	NO	FOL	INDA	ATION.	INC

55-0370129

4

Form 990-PF, Page 2, Part II, Line 14
L-14 Stmt

Continued

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	<b>(c)</b> Book Value
OFFICE EQUIPMENT - COPIER	13,667. 870.	13,667. 870.	0.
Total	18,268.	18,268.	0.