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523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions

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 www.irs.gov/form990pf.

inten	ai nov	relide Service	moor it and mooparate	miss dodone to at with mis	age in terminate op in	Open to Fubile inspection
For	alen	dar year 2015 or tax year beginning OCT	1, 2015	, and ending	SEP 30, 2016	
		foundation			A Employer identification	number
J	OA	N BIEBERSON MCDONALD CH	ARITABLE TRU	ST		
_ <u>M</u>	<u>EM</u>	SCHOLARSHIP FD FOR WHE	ELING PARK H	•S	54-6478362	
		nd street (or P O box number if mail is not delivered to street	· ·	Room/suite	B Telephone number	
		NANCY WILSON, 4037 KIN		D	740-284-16	82
		own, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is p	ending, check here
_W	EI:	RTON, WV 26062			-	
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2. Foreign organizations me	eting the 85% test
		Address change	Name change		Foreign organizations me check here and attach co	mputation
H_(_	type of organization: X Section 501(c)(3) e			E If private foundation sta	
<u>_</u>			Other taxable private founda		under section 507(b)(1)	(A), check here
		rket value of all assets at end of year J Account	-	Accrual	F If the foundation is in a	. —
		Part II, col. (c), line 16)	ther (specify)	hacie I	under section 507(b)(1)	(B), check here
Po		Analysis of Revenue and Evnenses				(d) Disbursements
Po	irt i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	for charitable purposes
			0.40.000 por 000.00			(cash basis only)
	1	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B			,	
	2	Interest on sayings and temporary				
	3	cash investments Dividends and interest from securities	17,215.	17,215.	17 215	STATEMENT 1
		Gross rents	17,213.	11,413.	11,213.	DIVIDENT T
Revenue		Net rental income or (loss)				
		Net gain or (loss) from sale of assets not on line 10	31,784.			
	b	Gross sales price for all assets on line to assets on line to a ssets on line to a sset on line to a sse	RECEIVE			
	7	Capital gain net income (from Part IV, line 2)		231,784.		
	8	Net short-term capital gain	DEC 1 9 20	127	0.	
	9	Income modifications	N 250 20 86	19 1/		
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold	OGDEN, L	17		
	C	Gross profit or (loss)		===== (<)		
	11	Other income				
	12	Total. Add lines 1 through 11	48,999.	48,999.	17,215.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
G	15	Pension plans, employee benefits	ļ		ļ	
JSe		Legal fees	077			ļ
be		Accounting fees STMT 2	875.	875.	875.	0.
ũ	1	Other professional fees		<u> </u>	ļ	
Operating and Administrative Expenses	17	Interest	170	170	179.	
stra	18	Taxes STMT 3	179.	179.	1/9.	0.
Ë	19	Depreciation and depletion			-	
퉏	20 21	Occupancy Travel, conferences, and meetings			 	
þ	22	Printing and publications				
g	23	Other expenses STMT 4	6,127.	6,127.	6,127.	0.
ţ	24	Total operating and administrative	0,127.	0,127	0,127	
er 2	-	expenses. Add lines 13 through 23	7,181.	7,181.	7,181.	0.
Ö	25	Contributions, gifts, grants paid	35,000.	,,191	,,231.	35,000
	26	Total expenses and disbursements				
	-	Add lines 24 and 25	_ 42,181.	7,181.	7,181.	35,000
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	6,818.			
	l	Net investment income (if negative, enter -0-)		41,818.		
	C	Adjusted net income (if negative, enter -0-)			10,034.	

JOAN BIEBERSON MCDONALD CHARITABLE TRUST JOAN BIEBERSON MCDONALD CHARITABLE TRUST

Form 990-PF (2015) MEM SCHOLARSHIP FD FOR WHEELING PARK H.S

Fo	rm 99	00-PF (2015) MEM SCHOLARSHIP FD FOR		H.S 54-	6478362 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
		column should be for that of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and temporary cash investments			
	3	Accounts receivable >	-		
	١.	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			
	′	Other notes and loans receivable Less: allowance for doubtful accounts	-		
//		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
	í	Investments - corporate stock STMT 5	892,247.	899,065.	1 042 670
	1	Investments - corporate bonds	072,241.	033,003.	1,043,679.
	1	Investments - land, buildings, and equipment basis			
	''	Less accumulated depreciation	-		
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the		-	
		instructions. Also, see page 1, item I)	892,247.	899,065.	1,043,679.
	17	Accounts payable and accrued expenses	<u> </u>	0,	
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilitres	20	Loans from officers, directors, trustees, and other disqualified persons			
iabi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
če	24	Unrestricted			
alar	25	Temporarily restricted			
Ä	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
SSE	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	892,247.	899,065.	
ž	30	Total net assets or fund balances	892,247.	899,065.	
		Table 1900	000 047	000 065	
_	31	Total liabilities and net assets/fund balances	892,247.	899,065.	
P	art	Analysis of Changes in Net Assets or Fund B	Balances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
'		t agree with end-of-year figure reported on prior year's return)	30		002 247
2		amount from Part I, line 27a		1 2	892,247. 6,818.
		increases not included in line 2 (itemize)		2 3	0.
		ines 1, 2, and 3		4	899,065.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	899,065.

JOAN BIEBERSON MCDONALD CHARITABLE TRUST MEM SCHOLARSHIP FD FOR WHEELING PARK H.S

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 1a SEE ATTACHED STATEMENTS C d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а 185,761 153,977. 31,784. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (1) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any ď 31,784. If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 31,784. If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 0. Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 36,500 1,075,574 .033935 2014 36,000. 1,060,707. 2013 .033940 31,500. 959,470. .032831 2012 29,600. 900,131. 2011 .032884 904,613. 2010 31,000. .034269 2 Total of line 1, column (d) 2 .167859 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 .033572 3 1,018,879. 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 Multiply line 4 by line 3 34,206. 5 Enter 1% of net investment income (1% of Part I, line 27b) 418. ĸ 7 Add lines 5 and 6 34,624. 7 35,000. 8 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

54-6478362

Page 3

See the Part VI instructions.

	JOAN BIEBERSON MCDONALD CHARITABLE TRUST			
_	n 990-PF (2015) MEM SCHOLARSHIP FD FOR WHEELING PARK H.S 54-64783			age 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	CTIOI	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		4	<u> 18.</u>
	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-)			0.
	Add lines 1 and 2		4	18.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u> 18.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		4	10.
	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868)			
	I Backup withholding erroneously withheld Table and payments. Add less 6s through 6d			Λ
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			18.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		- 4	10.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11 art VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Т	Yes	No
14	any political campaign?	1a		X
	b) Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10		
	distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c	ĺ	х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	16		
u	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.	l		
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
٠	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities	_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
Ů	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T.	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
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	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	- 1		
	WV			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

JOAN BIEBERSON MCDONALD CHARITABLE TRUST 54-6478362 MEM SCHOLARSHIP FD FOR WHEELING PARK H.S. Form 990-PF (2015) Page 5 Part VII-A | Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no. $\triangleright 740-284-1682$ 14 The books are in care of ▶ NANCY L. WILSON Located at ► 401 MARKET STREET, SUITE 401, STEUBENVILLE, ZIP+4 **►43952** 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 15 N/AYes No At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 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 c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2015? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5): a 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 L Yes X No before 2015?

If "Yes," list the years ▶_ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? 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) N/A 3Ь X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

JOAN BIEBERSON MCDONALD	MEDITANC DANK	TT C	E4 64702	60 Dans
Form 990-PF (2015) MEM SCHOLARSHIP FD FOR W Part VII-B Statements Regarding Activities for Which			54-64783	62 Page 6
	Offit 4720 Way be I	nequired (contin	uea)	
• 5a During the year did the foundation pay or incur any amount to.	- 404E(a\\Q		es X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)			S LAL NO	
(2) Influence the outcome of any specific public election (see section 4955); o	n to carry on, directly or indire		es X No	
any voter registration drive?		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	S LAL NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in Section		es X No	
4945(d)(4)(A)? (see instructions)	ar advantional avenues or i		es LALINO	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	ın Regulations		}
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check it	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		
expenditure responsibility for the grant?	\boldsymbol{N}	I/A 🔲 Ye	es No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No 📗	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	itable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
A Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(-) Evpapas
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
S. JANE ANDERSON, ESQUIRE	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401	to position TRUSTEE		compensation	account, other allowances
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952	to position TRUSTEE 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON	to position TRUSTEE		compensation	account, other allowances
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401	to position TRUSTEE 0.00 TRUSTEE		compensation	account, other allowances
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952	to position TRUSTEE 0.00 TRUSTEE 0.00	0.	Compensation O .	account, other allowances
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY	to position TRUSTEE 0.00 TRUSTEE	0.	Compensation O .	account, other allowances
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE	TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE	0.	O .	account, other allowances 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY	to position TRUSTEE 0.00 TRUSTEE 0.00	0.	Compensation O .	account, other allowances
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062	TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE	0.	O .	account, other allowances 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI	TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE	0.	O .	account, other allowances 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE	TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE	0.	O. O.	200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062	TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE	0.	O. O.	200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those incompany)	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.
S. JANE ANDERSON, ESQUIRE 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 NANCY L. WILSON 401 MARKET STREET, SUITE 401 STEUBENVILLE, OH 43952 JAMES R. SHOCKLEY 1232 ELMHURST DRIVE WEIRTON, WV 26062 SUSAN KRUKOWSKI 1424 OVERLOOK DRIVE WEIRTON, WV 26062 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 Induded on line 1). If none, (b) Title, and average hours per week	0 . 0 . 0 . enter "NONE."	O . O . (d) Contributions to employee benefit plans and detered	200. 200. 200. 200.

Total number of other employees paid over \$50,000

JOAN BIEBERSON MCDONALD CHARITA Form 990-PF (2015) MEM SCHOLARSHIP FD FOR WHEELING		6478362 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		0170001 (ago)
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers produced by the served of the served o		35,000.
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year of N/A	in lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		

0 • Form **990-PF** (2015)

Total. Add lines 1 through 3

	• •		BIEBE										
	m 990-PF (2015)	MEM	SCHOLA	<u>RSHIP</u>	FD FOF	WHEE	<u>LING</u>	<u>PARK</u>	<u> H.S</u>		54	<u> 1-6478362</u>	Page 8
P:	art X Minimun	n Inves	tment Ret	urn (All do	omestic foun	dations mi	ıst comp	olete this p	art Foreig	n found	dations	s, see instructions)
	Fair market value of ass	sets not us	ed (or held for	use) directly	/ in carrying ou	ıt charıtable	etc., pur	poses:					
a	Average monthly fair m	arket value	e of securities							L	1a	1,034	<u>,395.</u>
b	Average of monthly cas	sh balance:	S							L	1b		
C	Fair market value of all	other asse	ts							L	1c		
d	Total (add lines 1a, b, a	and c)								L	1d	1,034	,395.
е	Reduction claimed for t	olockage o	r other factors	reported on	lines 1a and					Ì			
	1c (attach detailed expl	anation)					1e			0.			
	Acquisition indebtedne	ss applicat	ole to line 1 ass	ets							2	_	0.
	Subtract line 2 from lin	e 1d								L	3	1,034	<u>,395.</u>
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)						L	4	15	<u>,516.</u>				
	Net value of noncharit	able-use a	ssets. Subtrac	t line 4 from	line 3. Enter h	ere and on l	Part V, lin	e 4			5	1,018	<u>,879.</u>
	Minimum investment i	return. Ent	er 5% of line 5								6	50	,944.
P			nount (see heck here ▶				(j)(5) pri	vate operat	ing foundati	ons and	certain	1	
•	Minimum investment re	eturn from	Part X, line 6								1		
a	Tax on investment inco	me for 20	15 from Part VI	, line 5			2a						
b	Income tax for 2015. (1	This does r	ot include the	tax from Par	t VI.)		2b						
C	Add lines 2a and 2b										2c		
	Distributable amount be	efore adjus	tments. Subtra	act line 2c fro	om line 1					L	3		
	Recoveries of amounts	treated as	qualifying dist	rıbutıons							4	·	
	Add lines 3 and 4										5		
	Deduction from distribu	utable amo	unt (see instru	ctions)							6		
	Distributable amount a	as adjusted	. Subtract line	6 from line 5	5. Enter here a	nd on Part X	III, line 1				7		
P:	art XIIİ												

Qualifying Distributions (see instructions)

4940(e) reduction of tax in those years.

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	35,000.
b	Program-related investments - total from Part IX-B	1b	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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	35,000.
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	5	418.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,582.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	undation qualifies for the	section

Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years:				
,,				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (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	_			
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
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				NI LUIE
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016	4,4			
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	<u>. </u>			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a				
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		I 1		1

JOAN BIEBERSON MCDONALD CHARITABLE TRUST MEM SCHOLARSHIP FD FOR WHEELING PARK H.S

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling

X 4942(1)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2015 (b) 2014 (c) 2013 (d) 2012(e) Total income from Part I or the minimum investment return from Part X for 9,556 10,598 11,682 41,870. 10.034 each year listed 8,529 8,123. 9,008. 9,930 35,590. **b** 85% of line 2a c Qualifying distributions from Part XII, 36,500 36,000 31,500 139,000. 35,000 line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of 0 0 0 0. 0 exempt activities e Qualifying distributions made directly for active conduct of exempt activities. 36,500. 36,000. 31,500. 139,000. Subtract line 2d from line 2c 35,000 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: 0. (1) Value of all assets (2) Value of assets qualifying 0. 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 0. listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 0. 0 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in 0 0. section 4942(j)(3)(B)(iii) (3) Largest amount of support from 0 0. an exempt organization 30,601 48,999. 53,596. 47,935. 181 (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 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: WHEELING PARK HIGH SCHOOL GUIDANCE DEPARTMENT, 304-243-0400 1976 PARKVIEW ROAD, WHEELING, WV 26003 b The form in which applications should be submitted and information and materials they should include: SEE ATTACHED COPY OF TWO PAGE SCHOLARSHIP APPLICATION c Any submission deadlines: APRIL 15TH EACH YEAR d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE THE ATTACHED SELCTION CRITERIA FORM PROVIDED TO ALL PROSPECTIVE

54-6478362

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APPLICANTS

JOAN BIEBERSON MCDONALD CHARITABLE TRUST

Form 990-PF (2015) MEM SCHOLARSHIP FD FOR WHEELING PARK H.S 54-6478362 Page 11
Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid duning the year				
ALBERT, DONAE ASHLEY	NONE	N/A	COLLEGE SCHOLARSHIP	
323 WARDEN RUN ROAD				
WHEELING, WV 26003				4,000
APDWGDEDG GADLY	NONE	N/A	COLLEGE CONOLARGUER	
ARENSBERG, CARLY 899 MOUNT VIEW ROAD	NONE	N/A	COLLEGE SCHOLARSHIP	
WHEELING, WV 26003				2,000
COODER DAVITAN	NONE	N/A	COLLEGE SCHOLARSHIP	
COOPER, DAVIAN 7 WOODLAND DRIVE	NONE	N/A	COLDEGE SCHOLARSHIP	
WHEELING WV 26003				1,000
HARRIMAN, AUBREY 149 TRILLIUM LANE	NONE	N/A	COLLEGE SCHOLARSHIP	
WHEELING, WV 26003				1.000
HOSEY, JORDAN 217 DEBBIE ANN DRIVE	NONE	N/A	COLLEGE SCHOLARSHIP	
WHEELING WV 26003				3_000
	CONTINUATION SHE	ET(S)	▶ 3a	35_000
b Approved for future payment				
NONE				
1012				
Total		<u> </u>		

JOAN BIEBERSON MCDONALD CHARITABLE TRUST

MEM SCHOLARSHIP FD FOR WHEELING PARK H.S

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Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	1	(b)	(C) Exclu-	(d)	(e) Related or exempt		
1 Program service revenue:	(a) Business code	Amount	sion	Amount	function income		
				· · · · · · · · · · · · · · · · · · ·			
a b							
e							
- Fore and contracts from accomment again	20100		1 1				
g Fees and contracts from government agen	icies		1				
2 Membership dues and assessments			+ +				
3 Interest on savings and temporary cash							
investments			14	17,215.			
4 Dividends and interest from securities			14	17,215.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property			-		· · · · · · · · · · · · · · · · · · ·		
b Not debt-financed property			1				
6 Net rental income or (loss) from personal							
property					-		
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			18	31,784.			
9 Net income or (loss) from special events			1				
10 Gross profit or (loss) from sales of inventory			\perp				
11 Other revenue:			1				
a			1				
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0.		48,999.	0.		
13 Total Add line 12, columns (b), (d), and (e)				13	48,999.		
(See worksheet in line 13 instructions to verify ca	alculations.)						
	ctivities to the Acco						
Line No. Explain below how each activity the foundation's exempt purpose				uted importantly to the accomp	ousament of		
	-						
							
	<u> </u>		•	 .			
	<u></u>						
							

JOAN BIEBERSON MCDONALD CHARITABLE TRUST

Form 990-PF (2015)

MEM SCHOLARSHIP FD FOR WHEELING PARK H.S

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Part XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With Non	charitable	е	
1 Did the or			of the followin	g with any other organizati	on described in sect	on 501(c) of		Yes	No
				27, relating to political organ		1011 00 1(0) 0.			
	from the reporting founda								
(1) Cash			•	•			1a(1)		X
(2) Other	assets						1a(2)		X
b Other tran	sactions:								
(1) Sales	of assets to a noncharital	ble exempt organızat	ion				1b(1)	1	X
(2) Purch	ases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
(3) Renta	l of facilities, equipment,	or other assets					1b(3)	-	X
(4) Reiml	bursement arrangements						_ 1b(4)		X
	s or loan guarantees						1b(5)	-	X
` '	rmance of services or me	•	_				1b(6)		X
-	facilities, equipment, ma					markat valva of the so	1c		X
or service:		oundation. If the four	idation receiv	edule. Column (b) should all ed less than fair market val				sets,	
	(b) Amount involved	····		e exempt organization	(d) Description	of transfers, transactions	s, and sharing a	rangeme	
(4) 2	(5) /	(0)	N/A		(1)		<u>, , , , , , , , , , , , , , , , , , , </u>		
			-1,		,				
							-		
	· · · · · · · · · · · · · · · · · · ·								
					-				
					<u> </u>				
					_				
ın section	ndation directly or indirec 501(c) of the Code (othe omplete the following sch	r than section 501(c)		or more tax-exempt organ tion 527?	izations described		Yes	X] No
<i>y</i> 11 100, 00	(a) Name of org			(b) Type of organization		(c) Description of rela	ationship		
	N/A								
		x=-x-							
				<u> </u>		 			
Sign Here	elief, it is true, correct, and con	mplete. Declaration of pro		ng accompanying schedules and an taxpayer) is based on all infor	TRUST	r has any knowledge	May the IRS return with the shown below	he prepar w (se <u>e_ins</u>	rer
Sigi	nature of officer or thustee		Droppersis	Date	Title	Check 😿 if	PTIN		
	Print/Type preparer's na	ame	Preparer's s	signature	Date	Check X if I self- employed	- 1114		
Paid	TAMES DOTE	VCEC	2		10/20/14	con omployed	P00438	2507	,
Preparer	JAMES BRID			.T.D.	10/20//	Firm's EIN ▶ 25			
Use Only	runi s name	TEN & DEID	GEO, L	INE		I IIII S LIN P 2.	, TO#0(<i>, , ,</i> , ,	
	Firm's address ▶ 23	2 THTRD A	VENUE						
	1	RNEGIE. P		Phone no. 412	2-276-3	3100	J		

n					<u> </u>
0					<875
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 } }		2	
3	Net short-term capital gain or (loss) as defined in If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	sections 1222(5) and (6):	}	3	

135.

m

54-6478362 MEM SCHOLARSHIP FD FOR WHEELING PARK H.S PAGE Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a 18.075 SH VANGUARD EQUITY INCOME FUND 10/01/1009/07/16 10/01/1009/07/16 b 16.097 SH AMERICAN WASHINGTON MUTUAL FUND P <u> 10/01/1009/07/16</u> c 125.163 SH WESMARK BALANCED FUND Ρ 10/01/1009/07/16 d 529.231 SH WESMARK SMALL CAP GROWTH FUND P e CAPITAL GAINS DIVIDENDS g h 1 m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 1,158. 1,224. 66. 199. b 664. 465. 1,560. 1,461. 99. 5,775. 6,938. 1,163. d 29,730. 29,730. ŧ g h 1 m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 66. a 199. b 99. C 1,163. d 29,730. е g k m n 0 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter *-0-* in Part I, line 7} \end{array}\}$ 2 Capital gain net income or (net capital loss) 31,784. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

CONTINUATION FOR 990-PF,

PART IV

JOAN BIEBERSON MCDONALD CHARITABLE TRUST

JOAN BIEBERSON MCDONALD CHARITABLE TRUST MEM SCHOLARSHIP FD FOR WHEELING PARK H.S 54-6478362

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient JOHNSON, KELSI BRIANNA NONE N/A 206 DEBBIE ANN DRIVE COLLEGE SCHOLARSHIP 2,000. WHEELING, WV 26003 JOHNSON, KENDRA NONE N/A COLLEGE SCHOLARSHIP 206 DEBBIE ANN DRIVE 2,000. WHEELING, WV 26003 NONE N/A COLLEGE SCHOLARSHIP PAPPAS, MICHAEL 715 NORTH ERIE STREET 3,000. WHEELING, WV 26003 NONE N/A COLLEGE SCHOLARSHIP PEDELOSE, JACOB 15 CLAY AVENUE 3,000. WHEELING, WV 26003 POLING, JUSTIN NONE N/A COLLEGE SCHOLARSHIP 2122 MARSHALL AVENUE WHEELING, WV 26003 COLLEGE SCHOLARSHIP 1,000. NONE N/A ROSE, DEVON ALEXANDER 44 WASHINGTON AVE COLLEGE SCHOLARSHIP 4,000. BENWOOD, WV 26031 NONE COLLEGE SCHOLARSHIP RUTH, ERICA N/A 105 WINDCREST DRIVE 1,500. WHEELING, WV 26003 THOMPSON, TERRANN R NONE N/A COLLEGE SCHOLARSHIP 62 25TH STREET WHEELING, WV 26003 3,000. NONE N/A TREVARI, STEFAN COLLEGE SCHOLARSHIP 119 POPLAR AVENUE WHEELING, WV 26003 2,000. COLLEGE SCHOLARSHIP WILLIAMS, JESSE NONE N/A 631 JENKINS AVENUE TRIDELPHIA, WV 26059 2,500. **Total from continuation sheets** 24,000.

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES ST	STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
AMERICAN BOND FUND OF AMERICA AMERICAN	533.	0.	533.	533.	533.	
INVESTMENT COMPANY OF AMERICA AMERICAN	3,394.	2,627.	767.	767.	767.	
WASHINGTON MUTUAL INVESTMENT FUND ARTISAN MID CAP	3,802.	2,463.	1,339.	1,339.	1,339.	
FUND FEDERATED TOTAL	6,631.	6,631.	0.	0.	0.	
RETURN BOND FUND FIDELITY FLOATING RATE HIGH INCOME	1,238.	9.	1,229.	1,229.	1,229.	
FUND	978.	0.	978.	978.	978.	
FIDELITY STRATEGIC INCOME FUND	1,698.	0.	1,698.	1,698.	1,698.	
HARBOR INTERNATIONAL FUND INVESCO	1,083.	653.	430.	430.	430.	
INTERNATIONAL GROWTH FUND METROPOLITAN WEST	331.	0.	331.	331.	331.	
TOTAL RETURN BOND FUND OPPENHEIMER	88.	0.	88.	88.	88.	
DEVELOPING MARKETS FUND	143.	0.	143.	143.	143.	
PIMCO TOTAL RETURN FUND	2,626.	1,416.	1,210.	1,210.	1,210.	
VANGUARD EQUITY INCOME FUND VANGUARD SHORT	5,821.	2,380.	3,441.	3,441.	3,441.	
TERM INV GRADE BOND FD	849.	0.	849.	849.	849.	
WESMARK BALANCED FUND	1,758.	1,193.	565.	565.	565.	
WESMARK GOVERNMENT BOND FUND WESMARK GROWTH	2,676.	0.	2,676.	2,676.	2,676.	
FUND WESMARK SMALL	6,696.	5,758.	938.	938.	938.	
COMPANY GROWTH FUND	6,600.	6,600.	0.	0.	0.	
TO PART I, LINE 4	46,945.	29,730.	17,215.	17,215.	17,215.	
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FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	875.	875.	875.	0.	
TO FORM 990-PF, PG 1, LN 16B =	875.	875.	875.	0.	
FORM 990-PF	TAX	ES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX ON EXCESS INVESTMENT INCOME FOREIGN TAX ON DIVIDEND INCOME	73. 106.	73.	73. 106.	0.	
TO FORM 990-PF, PG 1, LN 18 =	179.	179.	179.	0.	
FORM 990-PF	OTHER E	XPENSES	នា	PATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
TRUSTEE EXPENSE REIMBURSEMENTS ASSET MANAGEMENT FEES	1,050. 5,077.		1,050. 5,077.	0.	
TO FORM 990-PF, PG 1, LN 23	6,127.	6,127.	6,127.	0.	

STATEMENT

TO FORM 990-PF, PART IX-A, LINE 1

FORM 990-PF

	
BOOK VALUE	FAIR MARKET VALUE
68,493. 44,936. 21,247. 185,908. 145,097. 67,038. 6,801.	94,528. 45,037. 31,556. 186,341. 201,135. 85,435. 6,801.
E ACTIVITIES TO	STATEMENT 6
	0. 28,390. 33,310. 36,175. 42,153. 16,298. 65,166. 18,137. 31,652. 39,207. 27,566. 60. 21,431. 68,493. 44,936. 21,247. 185,908. 145,097. 67,038. 6,801. 899,065.

CORPORATE STOCK

EXPENSES

35,000.

JOAN BIEBERSON McDONALD WHEELING PARK HIGH SCHOOL SCHOLARSHIP FUND

I. Purpose: The purpose of this scholarship is to assist individuals to be able to pursue

an education at a post high school technical school, college (2-year or 4-year,) Community College, university, or accredited trade, industrial, or

technical institution.

II. Value The sum of the scholarship(s) will be not less than \$1,000, or may be a

greater amount, as determined by the Trustees.

III. Qualifications:

1. Recipient(s) should be a person(s) of high integrity, moral standards and ethical behavior.

- 2. It is preferred that the recipient(s) participated as a member(s) of a Wheeling Park High School sports program.
- 3. The recipient(s) must be either a graduating senior(s) of Wheeling Park High School or a previous-year recipient of an award from this scholarship trust.
- 4. The recipient(s) should have demonstrated a good academic achievement and the ability to succeed at an institution of higher learning.
- 5. Financial need should exist so that the awarding of the scholarship shall make a difference as to the recipient's(s') ability to pursue a higher education.
- 6. Grades are important, but shall not be the sole or overwhelming determinant in making the award(s). Great importance shall be given to the factors previously mentioned above.
- 7. It is not necessary that the student(s) attend a four-year college or university, junior college, or community college. Consideration shall also be given to those who express an interest in attending a program which leads to a job skill certification at an accredited trade, industrial, or technical institution.
- 8. Race, color, creed, national origin, gender, age, or physical disability shall not be considered as negative factors making the determination of the award(s). Equal opportunity shall be given to any student to make application and to be considered.
- 9. Previous recipients are eligible to re-apply for this scholarship throughout the course of their educational career.
- IV. Selection: The scholarship(s) will be awarded upon the recommendation of the Trustees, who shall also be responsible for any follow-up actions.
- V. Applications: Application blanks may be secured from the Guidance Department of the Wheeling Park High School. Completed applications **must** be returned to the Wheeling Park High School Guidance Department on or before **MARCH 25, 2016.**
- VI. Notification: The recipient(s) of the scholarship(s) will be notified at the Wheeling Park High Senior Awards ceremony or, if a previous recipient, by mail.

JOAN BIEBERSON McDONALD WHEELING PARK HIGH SCHOOL SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

APPLICATION MUST BE <u>FULLY</u> COMPLETED <u>BY APPLICANT</u> OR APPLICANT MAY BE DISQUALIFIED

NAME (Last)	(I	First)		(Mıddle)
Street Address	City	State	Zip Code	Telephone No
Social Security No. (Optional)		Date of Birt	th	
Father or Guardian's Name			Occupation	
Father or Guardian's Employer		City		Telephone No
Mother or Guardian's Name			Occupation	
Mother or Guardian's Employer		Cıty		Telephone No
Other Dependent Family Members	in Same Househo	old [.]		
Name	Relationship	Age		dependent family nployed full time or a
· · · · · · · · · · · · · · · · · · ·		<u></u>		
Post Secondary School or College	for which applica	nt's scholarship	is requested.	
Student is: Accepted	Pending 🗆		· · · · · · · · · · · · · · · · · · ·	
Student will live on campus	Student will com	mute 🗆		
Subject area applicant plans to pur	sue			
High School Grade Point Average				

Are you the beneficiary of any other Scholarship Award or Financial Aid? Yes No No
If "yes," please list, stating the full name(s) of all scholarship(s), grant(s) or award(s) and the amount of same. Please do not abbreviate.
List memberships and participation in school organizations and activities, including sports Please include positions of leadership held, if any. Please do not abbreviate club organization names.
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List memberships and participation in organizations and activities outside of school, including positions leadership held, if any. Please do not abbreviate names.
leadership held, if any. Please do not abbreviate names.
leadership held, if any. Please do not abbreviate names.
leadership held, if any. Please do not abbreviate names.
List school or civic honors awarded.
List school or civic honors awarded.

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	NDWRITTEN statemen nd the reasons why you fe			
Do you have or have you ever had a part time or full time job either during the school year or during to summer? Yes \square No \square				
	e list name, address, and t t during the last four (4) y			

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