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2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 instructions is at www.irs.gov/form990pf.

Open to Public

					Inspection
caler	ndar year 2016, or tax year beginning 01-01-2	016 , an	d ending 12-31-	2016	
			A Employer Id	entification numbe	r
EWES F	-AMILY FOUNDATION		20-1978793		
		s) Room/suite	B Telephone nu	mher (see instruction	15)
о вох	1014		2 relephone na	mber (see motraction	,
			0.75		
field, W	V 24701		C If exemption	application is pending	g, check here
neck al	I that apply \Box Initial return \Box Initial return of	a former public charity	D 1. Foreign or	ganızatıons, check he	ere
	that apply				
	\square Address change \square Name change				
neck ty	$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private	foundation			
Section	1 4947(a)(1) nonexempt charitable trust	le private foundation			
	from Part II col (c)	☑ Cash ☐ Accrua			
	s 5.171.840 ☐ Other (specify)	t he on cash hasis)			
		T T T T T T T T T T T T T T T T T T T		1	
rt I	•	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
	equal the amounts in column (a) (see instructions))	expenses per books	ıncome	income	purposes (cash basis only
1	Contributions, gifts, grants, etc , received (attach				(
	schedule)				
2	Check I I if the foundation is not required to attach				
3		29.391	29.391	29.391	
4	Dividends and interest from securities	126,458	•		
5a	Gross rents	,			
ь	Net rental income or (loss)	_			
6a	Net gain or (loss) from sale of assets not on line 10	-241,567			
b	Gross sales price for all assets on line 6a				
_		.5			
_					
_	• •				
10a	I				
ь	Less Cost of goods sold				
С	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)	34,303	24,005	10,298	
12	Total. Add lines 1 through 11	-51,415	179,854	166,147	
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages	21,600		14,100	7,50
15	Pension plans, employee benefits	1,652		1,074	57
16a	Legal fees (attach schedule)	175		175	
b	Accounting fees (attach schedule)	1,795		1,795	
С	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)		326	3,663	
19	Depreciation (attach schedule) and depletion	408		408	
20	Occupancy				
	· · · · · · · · · · · · · · · · · · ·	192		192	
		06-1 25 027	2.040	20 572	EO
		25,027	3,948	20,5/3	50
24	· -	54 838	4 274	41 980	8,58
25		218,800	7,2/4	71,900	218,80
		223,300			220,00
	25	273,638	4,274	41,980	227,38
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-325,053			
ь	Net investment income (If negative, enter -0-)		175,580		
С	Adjusted net income(If negative, enter -0-)			124,167	
	or townfield, wheek all her and of Box or townfield, where all her and of Box or townfield, which all her and townfield, which all her and of Box or townfield, which all her	the of foundation EWES FAMILY FOUNDATION The province of th	the of foundation EWEST FAMILY FOUNDATION ber and street (or P O box number if mail is not delivered to street address) From the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province, country, and ZIP or foreign postal code rition of the province of the province of the province of the province of the received of the province of the p	A Employer of 201978793 Disc and Street (or P O box number if mail is not delivered to street address) Room/suita B Totephone nu or box number if mail is not delivered to street address Room/suita B Totephone nu or box number if mail is not delivered to street address Room/suita B Totephone nu or box number if mail is not delivered to street address Room/suita B Totephone nu or box number if mail is not delivered to street address Room/suita C If exemption B Totephone nu or box number if mail is not delivered to street address C If exemption D 1. Foreign or box number if mail is not delivered for the street address D 1. Foreign or box number if mail is not delivered for the street in the street i	calendar year 2016, or tax year beginning 01-01-2016 and ending 12-31-2016 A Employer identification numbe 20-1978/35 (A Employer identification numbe 20-1978/35) to re and state of 07-0- box number if mail is not delivered to street address). Room/suite a town, state or previous, country, and 229 or foreign availal code (add, WY 2010). The company of the company of the code of the code (add). WY 2010 The code of the code of the code (add). A memorial of the code (add). The code of the code (add). The code (add). A memorial of the code (add). The

5,300,192

3.946

5,325,234

5,325,234

5,325,234

5,325,234

4,986,452

5,000,181

5,000,181

5,000,181

5,000,181

2

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5

6

5,325,234

-325,053

5,000,181

5,000,181 Form **990-PF** (2016)

2.860

5,158,111

5,171,840

2.860

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		Less
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28

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31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

b C

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Temporarily restricted

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 5,102

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

268,421

287,029

305,735

293,629

296,783

2-story brick warehouse, or common stock, 200 shs MLC Co

(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

			Page 3
Income			
≘ ,)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)

(d) Distribution ratio

(col (b) divided by col (c))

0 050681

0 050928

0 054751

0 052094

0 052282

0 260736

0 052147

5,018,644

261,707

263,463

227,384

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1,756

1	La See Additional Data Table						
ŀ	o						
(3						
(d						
•	e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale		Gain o	n) r (loss)) minus (g)
ā	a See Additional Data Table						
ŀ	o						
(5						
(d						
•	e						
	Complete only for assets show	ring gain in column (h) and owned by	the foundation	on 12/31/69		(I)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col(ı) l(j), ıf any	со	ol (k), bùt not	h) gain minus less than -0-) or om col (h))
ā	See Additional Data Table						
ŀ	5						
•	3						
(:						
•	2						
	Capital gain net income or (n	et capital loss) If (los	n, also enter in F ss), enter -0- in l		2		-241,56
3	· -	r (loss) as defined in sections 1222(5					
	If gain, also enter in Part I, li in Part I, line 8	ne 8, column (c) (see instructions) 1	f (loss), enter -0	· · · · · }	3		-124,26
				,			

_						
С						
d						
е						
2	Capital gain net income or (n		in, also enter in Part I, line 7 ess), enter -0- in Part I, line 7	2		-241,567
3	Net short-term capital gain oi	r (loss) as defined in sections 1222(5) and (6)			
	If gain, also enter in Part I, li in Part I, line 8	ne 8, column (c) (see instructions)	If (loss), enter -0-	3		-124,262
Pari	V Qualification Unde	r Section 4940(e) for Reduc	ed Tax on Net Investment In	come	!	
(For o	otional use by domestic private	foundations subject to the section	4940(a) tax on net investment incom	ne)		
If sect	on 4940(d)(2) applies, leave th	his part blank				
		ion 4942 tax on the distributable an lify under section 4940(e) Do not c	nount of any year in the base period omplete this part	7	Yes	☑ No
1	Enter the appropriate amount	ın each column for each year, see ıı	nstructions before making any entrie	s	•	_

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. See the Part VI

Net value of noncharitable-use assets

5,296,325

5,636,018

5,584,059

5,636,489

5,676,548

2

3

4

5

6 7

8

5a During the year did the foundation pay or incur any amount to

Page **6**

	(1) Carry on propaganda, or otherw(2) Influence the outcome of any sp	pecific public election (see sect	cion 4955), or to carry	☐ Yes ✓	No		
	on, directly or indirectly, any void (3) Provide a grant to an individual	=		· ·	No		
	(4) Provide a grant to an individual	**	No				
	ın section 4945(d)(4)(A)? (see ii		No				
	(5) Provide for any purpose other th						
	educational purposes, or for the			∟ Yes 💌	No		
D	If any answer is "Yes" to 5a(1)-(5), Regulations section 53 4945 or in a					ь	
	Organizations relying on a current n	• •	•	•		-	
С	If the answer is "Yes" to question 5a						
	tax because it maintained expenditu			· · □ Yes □	No		
	If "Yes," attach the statement requir	red by Regulations section 53	4945-5(d)	□ les □	10		
6а	Did the foundation, during the year,	receive any funds, directly or	indirectly, to pay premit	ıms on			
	a personal benefit contract?			· 🗌 Yes 🗸			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?	6	ь	No
7 _	If "Yes" to 6b, file Form 8870	- 4b - 5-, , , d-4, , , , , , , , , , , , , , , , , , ,					
7a h	At any time during the tax year, was If yes, did the foundation receive an			∟ tes 💌		ь	
		Officers, Directors, Trust					
Pa	and Contractors	incers, Directors, Trust	ices, roundation ric	magers, mgmy raid Er	прюус	-3,	
1	List all officers, directors, trustee	es, foundation managers an	nd their compensation	(see instructions).			
	(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred		pense ac her allow	
See /	Additional Data Table	(B) devoted to position		compensation			
2	Compensation of five highest-pai	d employees (other than th	hose included on line 1	L—see instructions). If no	ne, ente	r "NONE	."
Na	(a) ame and address of each employee pa more than \$50,000	Title, and average hours per week	(c) Compensation	Contributions to employee benefit plans and deferred		ense acc er allowa	,
IONI	· '	(-,		(d) compensation			
ION	<u> </u>						
	I number of allers are also as						_
ota	I number of other employees paid over	er \$50,000			Fa 4	000 PF	(2016)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc	
1		
2		
2		
3		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u>'</u>	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
2		
All other program-related investments. See instructions		
3		
<u> </u>		
		
Total. Add lines 1 through 3		•
<u>-</u>		Form 990-PF (2016)

1b

2

За 3b

4

5

227.384

227.384

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

b

2

3

4

5

Page 9

227,384

20,036

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Part XIII	U

b Total for prior years

From 2011. . . .

b From 2012. c From 2013. . .

d From 2014.

e From 2015.

XII, line 4 > \$

indicated below:

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 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 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

4 Qualifying distributions for 2016 from Part

a Applied to 2015, 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).

20.807

28.931 9,605

7,213

771 28,931

9.605

7.213

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Part XIII	Undi

- (a) (b) (c) (d)
- stributed Income (see instructions)
- Corpus Years prior to 2015 2015 2016

66,556

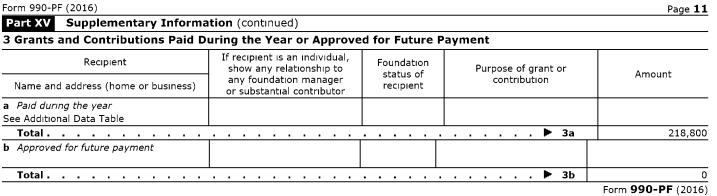
20,036

46.520

46.520

- 1 Distributable amount for 2016 from Part XI, line 7
- 247,420
- 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only.

NONE



Part XVI-A Analysis of Income-Producing	Activities				rage ==
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
c					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash					
 investments Dividends and interest from securities Net rental income or (loss) from real estate 					
a Debt-financed property					
b Not debt-financed property					<u> </u>
6 Net rental income or (loss) from personal property					
7 Other investment income.8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)			1	.3	
(See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the		hment of Exem	pt Purposes		
Explain below how each activity for which the accomplishment of the foundation's exinstructions)	income is report	ted ın column (e) o	f Part XVI-A contrib		
maructions y					
•				Fo	rm 990-PF (2016)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Exempt Organiz				and managed		wiid I					
		ganization directly or inc Code (other than section	directly enga								on 501	Yes	No
a Tra	nsfers 1	from the reporting found	dation to a n	oncha	rıtable ex	empt organizatio	on of	of		-			
											. 1a(1	.)	No
(2)	Other	assets									. 1a(2	' 	No
b Oth	ner tran	sactions										1	
(1)	Sales	of assets to a nonchari	table exemp	t orga	ınızatıon.						. 1b(1	.)	No
		ases of assets from a n		-							1b(2	-	No
		al of facilities, equipmen									1b(3		No
		bursement arrangemen	•								. 1b(4	_	No
(5)	Loans	or loan guarantees.									. 1b(5	_	No
(6)	Perfor	mance of services or me	embership oi	r fund	raising so	licitations					. 1b(6	5)	No
c Sha	aring of	facilities, equipment, m	nailing lists, c	other .	assets, or	paid employees	5						No
d If t	he ansv	ver to any of the above	ıs "Yes," cor	nplete	the follow	wing schedule C	Colun	mn (b) s	hould alv	ways show the fair m	narket value		
		ds, other assets, or serv											
ın a	any trar	nsaction or sharing arrai	ngement, sh	ow in	column (d	d) the value of t	the g	goods, ot	her asse	ts, or services receiv	/ed		
(a) Line	e No │	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	1	(d) Desc	cription of	transfers, transactions,	and sharing ar	rangeme	nts
`		` '				, 3				, ,			
			<u> </u>										
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	+						-						
							+						
							1						
							1						
							1						
2a īs t	he four	ndation directly or indire	ectly affiliated	d with	or relate	ed to one or mo	re ta	ay-eyemi	nt organi	zations			
		in section 501(c) of the	•			•					. 🗆 Yes	✓ 1	No
		` '	•	tilali	Section 50) I (C)(3)) OI III S	ectio	311 327.	• •		. 🗀 163	ات	10
DII	res, co	omplete the following so (a) Name of organizatio			1 0	b) Type of organiza	ation	. 1	İ	(c) Description	of relationship		
		(a) Name of organization			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	by Type of organiza	acion			(c) Bescription	or relationship		
		er penalties of perjury, i											
	1	y knowledge and belief		orrect,	, and com	plete Declaratio	on of	f prepare	er (other	than taxpayer) is ba	ised on all inf	ormatio	n of
Sign		h preparer has any kno	wieage			I				E.			
Here	: 	*****				2017-04-30		\ **	****		lay the IRS disc with the prepare		
	 7 3	Signature of officer or tr	rustee			Date		Tit	tle		see instr)?		
		<u>-</u>		ı									
		Print/Type preparer's	name	Prep.	arer's Sıgı	nature]۱	Date		Check if self-	PTIN		
											P012	02600	
		RAYMOND A FROY	JR					2017-	05-11	employed ▶ 🗹			
Paid													
_	arer	Firm's name ► Rayn	nond A Froy	Jr cpa	рс		1			·	irm's EIN ► 5	4-1440	656
Use	Only	·									Firm's EIN ▶5	7-1449	
		Firm's address ► 12	41 Hockman	Pike									
		Blu	uefield, VA 2	24605						F	Phone no (30	4) 922-	4704

m 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns a - d		
	kind(s) of property sold (e g , real ouse, or common stock, 200 shs ML	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
LPL FINANCIAL SHORT TERM	TRANSACTIO		Р	2015-12-31	2016-12-30	
LPL FINANCIAL LONG TERM T	RANSACTION		Р	2015-12-30	2016-12-31	
LPL FINANCIAL CAPITAL GAIN	DISTRIBU		Р	2015-12-30	2016-12-31	
FROM SCH K-1S NET SEC 123	1 TRANSAC			2015-12-30	2016-12-31	
FROM SCH K-1 NET LONG TER	RM CAPITAL			2015-12-30	2016-12-31	
SEC 751 ADJUSTMENT			Р	2015-05-27	2016-02-05	
m 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	1	
(e) Gross sales price	Depreciation allowed (f) (or allowable)		r other basis pense of sale		or (loss) (f) minus (g)	
151,173			234,781	-83		
797,790			940,321		-142,531	
23,427					23,427	
			336		-336	
2,135					2,135	
			40,654	-40,65		
m 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I		
Complete only for assets show	ring gain in column (h) and owned b	by the foundation	on 12/31/69		(h) gain minus	
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(၊) ol(յ), ıf any	col (k), but not less than -((I) Losses (from col (h))		
			-			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation WILLIAM G SKEWES CHAIRMAN OF THE 0 **BOARD** 6242 ENGRAM ROAD 0.00 New Smyrna Beach, FL 32169 JAMES C MULKEY DIRECTOR 0 0 0.00 115 ATLANTIC AVE Pounding Mill VA 24637

I rounding rim, vit 2 1037				
RONALD CAMPBELL	DIRECTOR	0	0	0
105 WINDSOR CIRCLE Bluefield, VA 24605	0 00			
MARTHA CALLAWAY	DIRECTOR 0 00	0	0	0

MARTHA CALLAWAY	DIRECTOR	0	0	
67 FRANKLIN STREET Welch, WV 24801	0 00			
JENNIFER AUSTIN	DIRECTOR	0	0	

0.00

2289 KEGLEY RIVER ROAD

Princeton, WV 24740 MATTHEW MARTIN

DIRECTOR 0

0 00

CO 3008 EAST CUMBERLAND ROAD Bluefield, WV 24701

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount		
, ,	or substantial contributor					
a Paid during the year						
FOUR SEASONS YMCA 106 GRATTON ROAD Tazewell, VA 24651	NONE		OPERATING FUND	32,000		
BIG CREEK PEOPLE IN ACTION HC 32 BOX 541 War, WV 24892	NONE		OPERATING FUND	25,000		
BLUEFIELD COLLEGE 300 COLLEGE DRIVE Bluefield, VA 24605	NONE		OPERATING FUND	25,000		
FIVE LOAVES TWO FISHES FOOD BANK 171 RIVERSIDE DRIVE Welch, WV 24801	NONE		OPERATING FUND	24,500		
BLUEFIELD STATE COLLEGE 219 ROCK STREET Bluefield, WV 24701	NONE		OPERATING FUND	16,500		
CITY OF BLUEFIELD WV FIRE DEPARTMEN 200 ROGERS STREET Bluefield, WV 24701	NONE		OPERATING FUND	10,000		
WEST VIRGINIA CHAMBER FOUNDATION CO 1624 KANAWHA BLVE Charleston, WV 25311	NONE		OPERATING FUND	10,000		
BEYOND WISHES THERAPEUTIC RIDING PR HC 71 BOX 26B 1153 HARTWELL ROAD Hinton, WV 25951	NONE		OPERATING FUND	10,000		
RECOVERY POINT 321 PRESTON STREET Bluefield, WV 24701	NONE		OPERATING FUND	8,000		
GREATER BLUEFIELD COMM CENTER 703 COLLEGE AVE Bluefield, WV 24701	NONE		OPERATING FUND	7,000		
ABLE CENTER P O BOX 1164 201 SYLVIA LANE Bluefield, WV 24701	NONE		OPERATING FUND	6,500		
CENTER FOR CHRISTIAN ACTION P O BOX 608 Pocahontas, VA 24635	NONE		OPERATING FUND	5,000		
COALFIELD COMM ACTION GROUP P O BOX 61 Raysal, WV 24879	NONE		OPERATING FUND	5,000		
TOYS FOR TOTS P O BOX 5268 Princeton, WV 24740	NONE		OPERATING FUND	3,500		
MCDOWELL CO 4-H LEADERS ASSOC P O BOX 860 Welch, WV 24801	NONE		OPERATING FUND	2,000		
Total				218,800		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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 during the year						
SECOND CHANCE FOR CATS 874 LITTLESBURG ROAD Bluefield, WV 24701	NONE		OPERATING FUND	2,000		
MCDOWELL PUBLIC LIBRARY SYSTEM 90 HOWARD STREET Welch, WV 248012442	NONE		OPERATING FUND	2,000		
OAKVALE ELEMENTARY SCHOOL 2503 GOODWINS CHAPEL ROAD Princeton, WV 24739	NONE		OPERATING FUND	2,000		
MOUNTVIEW BASEBALL CLUB 950 MOUNT VIEW ROAD Welch, WV 24801	NONE	_	OPERATING FUND	1,500		
BLUEFIELD HIGH SCHOOL PROJECT GRADU P O BOX 2014 Bluefield, WV 24701	NONE		OPERATING FUND	1,500		
MOUNTVIEW HIGH SCHOOL PROJECT GRADU 950 MOUNT VIEW ROAD Kimball, WV 24853	NONE		OPERATING FUND	1,500		
PIKEVIEW HIGH SCHOOL PROJECT GRADUA 3566 EADS MILL ROAD Princeton, WV 24739	NONE		OPERATING FUND	1,500		
PRINCETON SENIOR HS PROJECT GRADUAT 1321 STAFFORD DRIVE Princeton, WV 24740	NONE		OPERATING FUND	1,500		
TAZEWELL HIGH SCHOOL PROJECT GRADUA P O BOX 174 Tazewell, VA 24651	NONE		OPERATING FUND	1,500		
RIVER VIEW HIGH SCHOOL PROJECT GRAD BOX 800 Bradshaw, WV 24817	NONE		OPERATING FUND	1,500		
PAUL MILLER HOME BOX 880 Thorpe, WV 24888	NONE		OPERATING FUND	1,500		
GRAHAM HIGH SCHOOL 210 VALLEYDALE STREET Bluefield, VA 24605	NONE		OPERATING FUND	1,500		
ALIVE P O BOX 5462 Princeton, WV 24740	NONE		OPERATING FUND	1,000		
KIWANIS CLUB 105 MAPLE AVENUE Welch, WV 24801	NONE		OPERATING FUND	1,000		
PET HAVEN RESCUE CENTER P O BOX 24	NONE		OPERATING FUND	2,000		

218,800

Falls Mills, VA 24613

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future 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 during the year						
RICHLANDS HIGH SCHOOL 138 TORNADO ALLEY Richlands, VA 24641	NONE		OPERATING FUND	1,000		
EAST TENNESSEE LADY FURY SOFTBALL 153 ROSEFIELD DRIVE Kingsport, TN 37660	NONE		OPERATING FUND	1,000		
BLUEFIELD VA LITTLE LEAGUE INC P O BOX 661 Bluefield, VA 24605	NONE		OPERATING FUND	1,000		
TAZEWELL LITTLE LEAGUE P O BOX 988 North Tazewell, VA 24630	NONE		OPERATING FUND	1,000		
BLUEFIELD HIGH SCHOOL 535 W CUMBERLAND ROAD Bluefield, WV 24701	NONE		OPERATING FUND	500		
MCDOWELL CHAMBER OF COMMERCE 92 MCDOWELL STREET Welch, WV 24801	NONE		OPERATING FUND	500		
VETERANS AND BUSINESSMENS LUNCHEO P O BOX 792 Welch, WV 24801	NONE		OPERATING FUND	300		

Total . . 3a 218,800

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TY 2016 Accounting Fe	ees Schedu	ıle			
_					
		(EWES FAM) 0-1978793	ILY FOUNDATI	ON	
Category	Amoun	t Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPERATION FEES		1,795	0	1,795	0

efile GRAPHIC print - DO NOT PROCESS						DLN: 934	91131017107	
Name: SKEWES FAMILY FOUNDATION EIN: 20-1978793								
Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
SEC 59 E 2 EXPENDITURES LI	2015-12-31	3,389	56	5	678	678	0	734

lote: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.					
TY 2016 Depreciation Schedule					
Name:	SKEWES FAMILY FOUNDATION				
EIN:	20-1978793				

DLN: 93491131017107

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	EIN: 20-1978793								
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNISHINGS	2010-07-01	4,573	3,960	М	7	408	0	408	

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TY 2016 General Explanation Attachment

Name: SKEWES FAMILY FOUNDATION

EIN: 20-1978793

General Explanation Attachment							
ldentifier	Return Reference	Explanation					
1		Form 990PF- General Explanation Attachment 1	IRC SECTION 751 STATEMENTSTHE TAXPAYER HAS REPORTED ORDINARY INCOME UPON THE DISPOSITION OF UNITS IN THE FOLLOWING LIMITED PARTNERSHIPS, AS PROVIDED BY THE GENERAL PARTNERS OR THE MANAGING MEMBER. THE AMOUNTS WERE DETERMINED IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 751 DETAILED INFORMATION IS AVAILABLE IN THE OFFICE OF THE GENERAL PARTNERS OR THE MANAGING MEMBER UPON REQUEST 65-1177591 LINN ENERGY, LLCTHIS AMOUNT IS REPORT UNDER OTHER INCOME AND IDENTIFIED ON STATEMENT NO 106				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491131017107				
TY 2016 Investments - Other Schedule						
Name: S	SKEWES FAMILY F	FOUNDATION				

EIN: 20-19/0/93						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
LPL FINANCIAL INVESTMENT ACCOUNT		4,486,452	4,495,521			
ANNUITIES		500,000	662,590			

20 1079702

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TY 2016 Legal Fees Schedule					
Name: SKEWES FAMILY FOUNDATION EIN: 20-1978793					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL FEES	175	0	175	0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491131017107	
TY 2016 Other Expenses Schedule					
Name	: SKEWES FAMILY	Y FOUNDATION			
EIN	: 20-1978793				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE SUPPLIES AND POSTAGE	521	0	339	182	
INTERNET SERVICE & WEB SITE	926	0	602	324	
OFFICE EQUIP REPAIRS	221	0	221	0	
OTHER EXPENSES	2,366	0	2,366	0	

2,890

13,520

3,525

380

2,890

380

0

0

13,520

3,525

BOND PREMIUM

SCH K-1 OBI LOSS

SCH K-1 OTHER PASS THRU ITEMS

SCH K-1 INVESTMENT INTEREST EX

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TY 2016 Other Income Schedule

Name: SKEWES FAMILY FOUNDATION

ETNI: 20 1070702

EIN: 20-19/8/93				
Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
SCH K-1 LINN ENERGY LLC	3,249	56	3,193	
SEC 751 ORDINARY GAIN ADJ	3,899	3,899	0	
SCH K-1 ROYALTIES	6	6	0	
SCH K-1 SEC 1250 GAIN	347	347	0	
DISTRIBUTION FROM UNQUAL ANNUI	19,697	19,697	0	
EXPENSE REIMBURSEMENTS	7,105	0	7,105	

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TY 2016 Taxes Schedule					
	0:/E\\ E0 E4/				
name:	SKEWES FAI	MILY FOUNDATION	1		
EIN:	20-1978793				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXCISE TAX ON PRIOR YEAR	3,608	0	3,608	0	
ANNUAL REGISTRATION FEE	55	0	55	0	
FOREIGN TAX PAID ON DIVIDENDS	326	326	0	0	