Form **990-PF** 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 www.lrs.gov/form990pf.

OMB No 1545-0052

For	cale	ndar year 2016 or tax year beginning		, and ending		
Na	me o	f foundation			A Employer identification	number
J	ΓAΜ	FAMILY FOUNDATION, INC	2.		27-0419371	
		and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	
_ <u>F</u>	0.0	BOX 1559			304-325-81	81
Cit	y or t	own, state or province, country, and ZIP or foreign p	postal code		C If exemption application is p	
<u></u>	<u> LU</u>	EFIELD, WV 24701				
G	Checl	call that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations micheck here and attach co	peting the 85% test, proputation
H	_	k type of organization: X Section 501(c)(3) e			E If private foundation sta	
<u>L.</u>			Other taxable private founda	tion	under section 507(b)(1	
		·	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1	
_	<u> </u>	1,166,395. (Part I, cold	ımn (d) must be on cash b	asis.)		<u> </u>
P	art I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	T :	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B		*	N/A	**
	2	Interest on savings and temporary cash investments	***	, , , , ,	***	
	4	cash investments Dividends and interest from securities	26 542	26,542.		
	1	Gross rents	26,542.	40,542.	<u> </u>	STATEMENT 1
	".	Net rental income or (loss)		<u> </u>	· «	
	6.	Net gain or (loss) from sale of assets not on line 10	<6.	<u>``</u>	3 3	
Revenue	"6	Gross sales price for all assets on line to 49.	. , ,	*		
Š	7	Capital gain net income (from Part IV, line 2)		0.		·
٣	8	Net short-term capital gain				777
	9	Income modifications				, ,
	10a	Gross sales less returns and allowances	V. 7.	24	, , , , , , , , , , , , , , , , , , ,	> ,
ra.	b	Less Cost of goods sold	**		* ;	, , , , , , , , , , , , , , , , , , , ,
ကို	C	Gross profit or (loss)		* * * * * * * * * * * * * * * * * * * *		A
2	11	Other income				3 34
Z _	12	Total. Add lines 1 through 11	26,536.	26,542.		;** <
	13	Compensation of officers, directors, trustees, etc	0.	0.	DEO	FIVES 10.
	14	Other employee salaries and wages			REU	CIVE JO
YAW ses	15	Pension plans, employee benefits			MAY	୍ର ପ୍ର
AA Ises	16a	Legal fees			MAY MAY	17 2017 9
5 % Expens	. 6	Accounting fees STMT 2	2,050.	2,050.	<u> </u>	20.
בי אַ	_ C	Other professional fees STMT 3	2,192.	2,192.		FN UT = 0.
ZIUC rative	17	Interest CITY A	005		la constant de la con	Maria Sardy-Maria
,	18	Taxes STMT 4	225.	0.		0.
Ë	19	Depreciation and depletion				
β	20	Occupancy Travel, conferences, and meetings				
γp	21	Printing and publications	-			
<u> </u>	23	Other expenses STMT 5	34.			
5112 Operating and Administrative	24	Total operating and administrative	34.	0.	 	0.
ēra	-7	expenses. Add lines 13 through 23	4,501.	4,242.		_
Ö	25	Contributions, gifts, grants paid	44,300.			44,300.
	26	Total expenses and disbursements.	==,500.			44,300.
		Add lines 24 and 25	48,801.	4,242.		44,300.
_	27		10,001.	<u> </u>		±4,300•
	1-	Excess of revenue over expenses and disbursements	<22,265.	>		ı
	1	Net investment income (if negative, enter -0-)		22,300.		
	1	Adjusted net income (if negative, enter -0-)			N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets column should be for end-of-year amounts only (a) Book Value (b) Book Value	of year
	(c) Fair Market Value
1 Cash - non-interest-bearing 4,124. 14,590.	
2 Savings and temporary cash investments 58,832. 20,606.	
3 Accounts receivable ►	20,000.
Less: allowance for doubtful accounts	
W	· · · · · · · · · · · · · · · · · · ·
4 Pledges receivable	
Less: allowance for doubtful accounts	
5 Grants receivable	
6 Receivables due from officers, directors, trustees, and other	
disqualified persons	
7 Other notes and loans receivable	
Less; allowance for doubtful accounts	
8 Inventories for sale or use	
9 Prepaid expenses and deferred charges	
102 investments - 0.5. and state government obligations	
b Investments - corporate stock STMT 6 159,632. 160,010.	420,591.
c Investments - corporate bonds	
11 Investments - land, buildings, and equipment basis	3
Less accumulated depreciation	* **********
12 Investments - mortgage loans	
13 Investments - other STMT 7 271,823. 276,937.	710,608.
14 Land, buildings, and equipment: basis	720,000
Less accumulated depreciation	
15 Other assets (describe ►)	-
16 Total assets (to be completed by all filers - see the	
	1 166 205
	1,166,395.
17 Accounts payable and accrued expenses	-
18 Grants payable	
g 19 Deferred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable	
21 Mortgages and other notes payable	
22 Other liabilities (describe >)	·
23 Total liabilities (add lines 17 through 22) 0. 0.	
Foundations that follow SFAS 117, check here	1
and complete lines 24 through 26 and lines 30 and 31.	* 1
§ 24 Unrestricted	;
25 Temporarily restricted	. (
26 Permanently restricted	_
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
and complete lines 27 through 31.	
27 Capital stock, trust principal, or current funds 0.	,
28 Paid-in or capital surplus, or land, bldg., and equipment fund	.] !
Retained earnings, accumulated income, endowment, or other funds 494,411. 472,143.	<u> </u>
30 Total net assets or fund balances 494,411. 472,143.	j
	7
31 Total liabilities and net assets/fund balances 494,411. 472,143.	
	· L
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30	
(must agree with end-of-year figure reported on prior year's return)	494,411.
2 Enter amount from Part I, line 27a	<22,265.
3 Other increases not included in line 2 (itemize)	0.
4 Add lines 1, 2, and 3	472,146.
	2/4/140.
	472,143.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	

	AMILY FOUNDATI						4	7-0413) 3 / 1	Page 3
Part IV Capital Gains and Losses for Tax on Investment Income (a) List and describe the kind(s) of property sold (e.g., real estate, P - Purchas			quired (c) Date a	cquired	(d) Date sold				
	use; or common stock, 200 shs			PD	- Purch - Dona	tion	mo., da		(mo., da	
a										
b SEE ATTACHED S	TATEMENT					_				
<u>C</u>	-			-			-			
d e										
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss) (f) minus (i	g)	
a										
b										
C .										
e 49.		-		55.						<6.
Complete only for assets showing ga	ain in column (h) and owned by	the foundation		, , ,		(I) G	ains (Co	ol. (h) gain i	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (ı) col. (ı), ıf any			col. (l	(), but n	ot less than from col. (I	-0-) or	
a									•	
b										
С										
<u>d</u>		 								<6.
<u>e</u>		<u> </u>	- · · · · · · · · · · · · · · · · · · ·							<0.
2 Capital gain net income or (net capita			7	}	2					<6.
Net short-term capital gain or (loss) a lf gain, also enter in Part I, line 8, colu		nd (6):		}				N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	er Section 4940(e) for	r Reduced	Tax on Net	t Inv	estn	nent Inco	me	N/A		
(For optional use by domestic private for						·				
,	,	` '			•					
If section 4940(d)(2) applies, leave this p										
Was the foundation liable for the section				riod?					Yes	X No
If "Yes," the foundation does not qualify to 1 Enter the appropriate amount in each				entries	3					
(a)	(b)	moti detions be	TOTO Making any t	(c)				5	(d) oution ratio	
Base periód years Calendar year (or tax year beginning i	المستأثمان والمناسية	stributions	Net value of n			use assets		Distrib col. (b) div)	ution ratio ided by col.	. (c))
2015	3	35,405.				1,667.				39707
2014		32,074.				0,230.				40588
2013		26,836.			64	4,381.	ļ			41646
2012		21,993.				4,230.				37011 33903
2011		L9,674.	l		26	0,301.			0	33903
2 Total of line 1, column (d)				_			2	-	.1	92855
3 Average distribution ratio for the 5-ye the foundation has been in existence		on line 2 by 5,	or by the numbe	r ot y	ears		3		.0	38571
4 Enter the net value of noncharitable-	use assets for 2016 from Part X	, line 5					4		1,009	,722.
Multiply line 4 by line 3			5		38	,946.				
6 Enter 1% of net investment income (1% of Part I, line 27b)						6			223.
7 Add lines 5 and 6							7		39	<u>,169.</u>
8 Enter qualifying distributions from Pa	art XII, line 4						8		44	,300.
If line 8 is equal to or greater than lin See the Part VI instructions.	e 7, check the box in Part VI, lin	e 1b, and com	plete that part usi	ng a	1% tax	rate.				

	1990-PF (2016) JAM FAMILY FOUNDATION, INC.	<u> 27-</u>	<u>04193</u>	<u> 371</u>		Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see in	stru	ctior	<u>1S)</u>
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 X and enter 1%	1	ļ		2	<u>23.</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).			-	-	<u>-</u>
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			<u>0.</u>
3	Add lines 1 and 2	3				<u>23.</u>
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			<u>23.</u>
6	Credits/Payments;					
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 215	•				
	Exempt foreign organizations - tax withheld at source Toward with applications for extension of time to file (Form 8000)					
	Tax paid with application for extension of time to file (Form 8868) Beakup withholding arrangously withhold	-				
	Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d	٠,		-	· j	15.
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7	<u> </u>			<u>13.</u>
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8				8.
9 10		10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11	+			
	art VII-A Statements Regarding Activities	111	<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in	Т		Yes	No
	any political campaign?		ŀ	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?	Ì	1b		X
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi		, j			
	distributed by the foundation in connection with the activities.				ý.	Ĭ
C	Did the foundation file Form 1120-POL for this year?			1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ī			Ĵ.,
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0	•				, , , , , , , , , , , , , , , , , , ,
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ļ			
	managers. ► \$0 .			3	.>	2
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.]			,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				~~~
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ļ	3		<u> </u>
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ļ	4a		X
t	o If "Yes," has it filed a tax return on Form 990-T for this year?	1	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		ļ	5		X
	If "Yes," attach the statement required by General Instruction T.				168 J	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				,	٠,
	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 st	ate law				
_	remain in the governing instrument?		-	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II.	(V		7	X	
٥.	- Catar the atotac to which the foundation consider as with which it is required (accumulations)					;
öä	a Enter the states to which the foundation reports or with which it is registered (see instructions) ►					,
	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 the answer is fees to line 7, has the loundation 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			Ž.	X	'
9		rehnala	}	8b	^	<u> </u>
J	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	nonuai		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
	2.5 and a schedule issuing the analysis of the schedule issuing their names and addresses			10		_ 42

4b

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

	NC.	No. 10. 10. 10.	<u> 27-04193</u>	71 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n 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 hi	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s D No	1
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		1	
a personal benefit contract?		Y6	s X 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?	Y6	s X No	*
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto		nagers. Highly		
Paid Employees, and Contractors	•	0 , 5 .		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	<u> </u>	9	oo mponsaao n	
SEE STATEMENT 8		0.	0.	0.
VIII V			•	
			•	
		 		
				İ
				
2 Compensation of five highest-paid employees (other than those inc	ludad on line 4). If name	onton UNIONE II	L	
2 Compensation of the highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(a) Evpança
(a) Name and address of each employee paid more than \$50,000	'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE				
				ļ
		 		ļ
				1
				<u> </u>
				<u> </u>
			<u></u>	
Total number of other employees paid over \$50,000				0
			Form	990-PF (2016)

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Form 990-PF (2016) JAM FAMILY FOUNDATION, INC.	27-0	419371 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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		> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the confer	cal information such as the	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

1 01	H 990-FF (2010) DAM FAMILI FOUNDATION, INC.	4/-	<u> </u>	Page 6
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	966	213.
b	Average of monthly cash balances	1b	58	,885.
C	Fair market value of all other assets	10		
d	Total (add lines 1a, b, and c)	1d	1,025,	,098.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0 •			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	1,025	,098.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		,376.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,009	
6	Minimum investment return. Enter 5% of line 5	6		486.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain		
1	Minimum investment return from Part X, line 6	1	ΕΛ	,486.
	Tax on investment income for 2016 from Part VI, line 5	- ! 	30	, 400.
b	Income tax for 2016. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b			223.
3	Distributable amount before adjustments. Subtract line 2c from line 1	2c 3	50	$\frac{223.}{263.}$
4	Recoveries of amounts treated as qualifying distributions	4	50	. <u>203.</u> 0.
5	Add lines 3 and 4	5	5.0	,263.
6	Deduction from distributable amount (see instructions)	6	30	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	ΕO	,263.
_			50	, 203.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44	,300.
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:			
a	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	44	,300.
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		223.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44	,077.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for t		
	4940(e) reduction of tax in those years.			

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				50,263.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			42,217.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011			į	
b From 2012				ı
c From 2013				,
d From 2014				
e From 2015	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 44,300.				
a Applied to 2015, but not more than line 2a			42,217.	-
b Applied to undistributed income of prior			\	
years (Election required - see instructions)		0.	* * *	
c Treated as distributions out of corpus		*	* '	
(Election required - see instructions)	0.	*, ,		
d Applied to 2016 distributable amount			***	2,083.
e Remaining amount distributed out of corpus	0.	"	* * * * * * * * * * * * * * * * * * * *	i
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		<u> </u>	0.
6 Enter the net total of each column as indicated below:	,		* * **	^ .
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		*	•
b Prior years' undistributed income. Subtract			,	`'
line 4b from line 2b	^	0.	»	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously	,			,
assessed		0.		<u> </u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017				48,180.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				i
may be required - see instructions)	0.			·
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				,
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				İ
e Excess from 2016		<u>.</u>		Form 000-DE (2016)

	ILY FOUNDAT				.19371 Page 10
Part XIV Private Operating F			l-A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2016, enter the date of	the ruling	▶ └		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for		 			
each year listed					
b 85% of line 2a					
c 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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets(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			1		
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
1 Information Regarding Foundati	on Managers:				
List any managers of the foundation w year (but only if they have contributed)	ho have contributed more		tributions received by t	he foundation before the cl	ose of any tax
NONE					
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large por	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribution Check here If the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	s not accept unsolicited req	
					
a The name, address, and telephone null ROBERT M. JONES, 30, 805 TANAGER DRIVE,	4-487-3407		lications should be add	resseo;	
b The form in which applications should			should include:		
WRITTEN APPLICATION				L BE UTILIZI	ED.
c Any submission deadlines:					
d Any restrictions or limitations on awar					
NO SPECIFIC INSTRUCTOR PURPOSES ETC. UNDER			JR CHARITAE	SLE, EDUCATIO	JAAL

Form 990-PF (2016) JAM FAMILY 1 Part XV Supplementary Information	FOUNDATION, INC.	<u> </u>	27-0419	371 Page 11
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,	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				
BLOSSBURG MEMORIAL LIBRARY	NONE	PUBLIC	CHARITABLE	
BLOSSBURG, PA	NONE	LODBIC	CHARTIADDD	500.
BLUE RIDGE JR GOLF TOUR	NONE	PUBLIC	CHARITABLE	
BLUEFIELD, VA 24605		102210		2,000.
BLUEFIELD COLLEGE BLUEFIELD VA 24605	NONE	PUBLIC	EDUCATIONAL	3,000,
	No.			
BLUEFIELD LIONS BLUEFIELD WV 24701	NONE	PUBLIC	CHARITABLE	450.
CHRIST EPISCOPAL CHURCH BLUEFIELD, WV 24701	none	PUBLIC	CHARITABLE	2,000.
	ONTINUATION SHE	ET(S)	► 3a	44_300.
b Approved for future payment NONE				
				
Total			> 3b	0.

Form **990-PF** (2016)

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	Amount		
a b			-			
	_		-+			
c						
d e	1					
1			<u> </u>		-	
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash		**				
investments						
4 Dividends and interest from securities			14	26,542.		
5 Net rental income or (loss) from real estate:					,	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	<6.>	_	
9 Net income or (loss) from special events			 - 			
O Gross profit or (loss) from sales of inventory						
1 Other revenue:		·				
a						
b						
C						
d	_					
e						
2 Subtotal. Add columns (b), (d), and (e)		(0.	26,536.		
3 Total. Add line 12, columns (b), (d), and (e)				13	26,53	
See worksheet in line 13 instructions to verify calculations.)					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					

Part XVII	Information Regarding Transfe Exempt Organizations	rs To and Transactions a	nd Relationships With Nonch	naritable
1 Did the or	ganization directly or indirectly engage in any of th	e following with any other organization	n described in section 501(c) of	Yes No
	(other than section 501(c)(3) organizations) or in	= = = = = = = = = = = = = = = = = = =		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	from the reporting foundation to a noncharitable ϵ		zations:	
(1) Cash		nompt of gamzadon of,		1a(1) X
(2) Othe				1a(2) X
b Other trai				10(2) - 12
	of assets to a noncharitable exempt organization			1b(1) X
• •	hases of assets from a noncharitable exempt orga	nization		1b(2) X
	al of facilities, equipment, or other assets			1b(3) X
	bursement arrangements			1b(4) X
• •	s or loan guarantees			1b(5) X
	ormance of services or membership or fundraising	solicitations		1b(6) X
c Sharing	of facilities, equipment, mailing lists, other assets, o	or paid employees		1c X
d If the ans	wer to any of the above is "Yes," complete the follo	wing schedule. Column (b) should alv	vays show the fair market value of the good	ls, other assets,
	es given by the reporting foundation. If the foundat			
column (d) the value of the goods, other assets, or services			
(a) Line no	(b) Amount involved (c) Name of nor	ncharitable exempt organization	(d) Description of transfers, transactions, a	and sharing arrangements
		N/A		
		· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
			 	
			<u></u>	 -
			<u> </u>	
	indation directly or indirectly affiliated with, or relat	· · ·	zations described	
	1 501(c) of the Code (other than section 501(c)(3)	or in section 5277		Yes X No
b If "Yes," o	complete the following schedule.	(h) Type of organization	(a) Description of solution	
	(a) Name of organization	(b) Type of organization	(c) Description of relation	onsnip
	N/A			
			<u> </u>	
Linds	or penalties of perjury, I declare that I have examined this rel	urn including accompanying schedules and	etatements, and to the best of my knowledge.	
	pelief, it is true, correct, and complete Declaration of prepar			May the IRS discuss this return with the preparer
Here		18/2/17	Marie	shown below (see instr)?
	nature of officer or trustee	Date	Title	X Yes No
		Date reparer's signature	Date Check X If PT	IN
	Thing Type property 3 teams	opuror o dignature	self- employed	11 1
Paid	CARV D CORMIETT	Van Lorens III	f	001212070
Preparer	GARY D. CORNWELL Firm's name BROWN, EDWARDS	& COMPANY, L.L.		01312078
Use Only		& COMPANY, L.L.	F. Firm's EIN ► 54-	.0204008
300 Oill)	Firm's address ▶ P.O. BOX 169	7		
	BLUEFIELD, W		Phone no. 304.	325 0157
	DUCEFIELD, W	V 21/17		Form 990-PF (2016)
				1 OHH 220-F 1 (2010)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2016

JAM FAMILY FOUNDATION, INC. 27-0419371 Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number JAM FAMILY FOUNDATION, INC. 27-0419371 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ROBERT M. JONES Person Payroll 0. Noncash 805 TANAGER DRIVE (Complete Part II for noncash contributions) BLUEFIELD, VA 24605 (a) (c) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for

noncash contributions)

Employer identification number

JAM FAMILY FOUNDATION, INC.

27-0419371

Part II	Noncash Property (See instructions) Use duplicate copies of Par	rt II if additional space is needed.	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	2,028 SHARES CITIZENS FINANCIAL SERVICES INC STOCK		
		\\$101,907.	12/14/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule	R /Form	900 0	00 E7 A	* 000 DEV	/2016\
JUITEUUIE	D (1 O1111	33U. 3	JUICE. U	いっつい・ドトリ	120101

Page 4

ame of orga	nization		Employer identification number
J <u>AM</u> FA Part III	MILY FOUNDATION, INC. Exclusively religious, charitable, etc., contribute year from any one contributor. Complete column completing Parl III, enter the total of exclusively religious,	umns (a) through (e) and the follow	27-0419371 n section 501(c)(7), (8), or (10) that total more than \$1,000 for ring line entry. For organizations eas for the year (Enter this into once) \$\Bigsir \frac{1}{3} = \frac{1}{3} \frac{1}{
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee

IAM FAMILY FOUND Part IV Capital Gains and Lo	ATION , INC .	27-0419	9371 F	PAGE 1	OF 1
	d describe the kind(s) of property sold	. e.g., real estate	(b) How acquired	(c) Date acquired	(d) Date sold
2-story b	rick warehouse; or common stock, 20	0 shs. MLC Co.	P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)
	F FRAC SHARE BP		P		03/31/16
	F FRAC SHARE CIT		P		07/08/16
		PLC SPON ADR	<u>P</u>		12/29/16
	F FRAC SHARE BP		<u> P</u>		09/28/16
	F FRAC SHARE BP	PLC SPON ADR	P	 	<u>07/06/16</u>
<u>f</u>					
			· · · · · · · · · · · · · · · · · · ·		
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m		<u> </u>	<u> </u>	·	ļ <u>-</u>
<u> </u>					
0	(4) Depresenting allowed	(a) Cost or other hasis) Corp or (loop)	1
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		ı) Gaın or (loss) plus (f) mınus (g)	
15.	 	29.		. (7	<14.
19.					19.
5.		8.			<3.
		4.			<2.
8.		14.			<6.
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1					
)					
)					
Complete only for assets show	ing gain in column (h) and owned by t		(I) Lo	sses (from col. (h) of col. (h) gain ove) ur col (k)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	but	not less than "-0-")	37 COL (K),
· · · · · · · · · · · · · · · · · · ·	40011401100	over con (j), it any			<14.
)					19.
;			· · · · · · · · · · · · · · · · · · ·		<3.
					<3. <2. <6.
					<6.
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l	<u></u>				
					
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n			_		
1					
0					
	e If nam also enter	in Part I, line 7			
Capital gain net income or (net o	capital loss) { If gain, also enter "-C	-" in Part I, line 7	2		<6.
	oss) as defined in sections 1222(5) ar	nd (6):			
If gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line	i, column (c).	P	3	N/A	
ii (1000), onioi -o- mirairi, iiilo			<u> </u>	IN/A	

JAM FAMILY FOUNDATION, INC. 27-0419371 Part XV **Supplementary Information** 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager or substantial contributor Name and address (home or business) recipient PUBLIC CYSTIC FIBROSIS FOUNDATION NONE CHARITABLE BETHESDA, MD 20814 250. DICKINSON COLLEGE NONE PUBLIC EDUCATIONAL CARLISLE, PA 2,500. DREXEL UNIVERSITY SCHOOL OF MEDICINE NONE PUBLIC EDUCATIONAL 1_000, PHILADELPHIA PA 19102 GRAHAM HIGH SCHOOL ACADEMIC NONE PUBLIC EDUCATIONAL FOUNDATION BLUEFIELD, VA 24605 2,900. GRAHAM YOUTH SPORTS NONE PUBLIC CHARITABLE BLUEFIELD VA 24605 250. GREATER BLUEFIELD COMMUNITY CENTER NONE PUBLIC CHARITABLE BLUEFIELD WV 24701 2,000, KIAWAH CONSERVANCY NONE PUBLIC CHARITABLE KIAWAH ISLAND, SC 29455 1,000, LOWCOUNTRY OPEN LAND TRUST NONE PUBLIC CHARITABLE CHARLESTON, SC 29401 250. OPERATION HOME NONE PUBLIC CHARITABLE N CHARLESTON, SC 29405 3,500.

PCH FOUNDATION

PRINCETON, WV 24740

Total from continuation sheets

PUBLIC

CHARITABLE

10.750.

36 350.

NONE

27-0419371

JAM FAMILY FOUNDATION, INC.
Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		 -		
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	oona louisii	
SACRED HEART CHURCH BLUEFIELD WV 24701	NONE	PUBLIC	CHARITABLE	500
BUODETERD, WV 24/UI				500.
SALVATION ARMY BLUEFIELD WV 24701	NONE	PUBLIC	CHARITABLE	1,000.
<u> </u>			 	1,000.
SMILE TRAIN NEW YORK, NY 10010	NONE	PUBLIC	CHARITABLE	500.
UNION MISSION BLUEFIELD WV 24701	NONE	PUBLIC	CHARITABLE	7,000.
WAKE FOREST UNIVERSITY WINSTON-SALEM NC 27109	NONE	PUBLIC	EDUCATIONAL	500.
EAST RIVER SOCCER ASSOCIATION BLUEFIELD, WV 24701	NONE	PUBLIC	CHARITABLE	500.
BLOSSBURG, PA	NONE	PUBLIC	CHARITABLE	500.
DOMARY	NONE	DIIDI TO	CUADIMADIR	
PRINCETON, WV 24740	NONE	PUBLIC	CHARITABLE	100.
OUR LADY OF MERCY COMMUNITY OUTREACH	NONE	PUBLIC	CHARITABLE	
JOHNS ISLAND, SC 29457				250.
BLUEFIELD WV BEAUTIFICATION COMMISSION	NONE	PUBLIC	CHARITABLE	
BLUEFIELD, WV 24701				500.
Total from continuation sheets				1

JAM FAMILY FOUNDATION, INC. 27-0419371

Part XV Supplementary Informatio				
Grants and Contributions Paid During the	If recipient is an individual			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
LUEFIELD VA BEAUTIFICATION	NONE	PUBLIC	CHARITABLE	
LUEFIELD, VA 24605				50
RINCETON SHRINERS	NONE	PUBLIC	CHARITABLE	
RINCETON, WV 24740	 		 	10
	 			
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	<u> </u>		<u> </u>	

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	RITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND:	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIRST CENTURY BANK TRUST	26,542.	(0. 26,542.	26,542.	
TO PART I, LINE 4 =	26,542.		26,542.	26,542.	
FORM 990-PF		ACCOUNTI	NG FEES	S	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BROWN, EDWARDS & COM	IPANY,	2,050.	2,050.		0.
TO FORM 990-PF, PG 1	 L, LN 16B 	2,050.	2,050.		0.
FORM 990-PF	TO	HER PROFES	SIONAL FEES	S	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FIRST CENTURY BANK, FIDUCIARY FEES	N.A.	2,192.	2,192.		0.
TO FORM 990-PF, PG 1	L, LN 16C	2,192.	2,192.		0.

FORM 990-PF 	TAX	ES		STATEMENT	<u>4</u>
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
VA ANNUAL REGISTRATION FEE EXCISE TAX	25. 200.	0			0 · 0 ·
TO FORM 990-PF, PG 1, LN 18 =	225.	0	•		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK CHECKING ACCOUNT FEE	34.	0	•		0.
TO FORM 990-PF, PG 1, LN 23	34.	0	•		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	6
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	ı
CHEMOURS CO DU PONT E I NEMOURS & CO ALTRIA GROUP INC AT&T INC DUKE ENERGY CO EMERSON ELECTRIC CO MERCK & CO PHILIP MORRIS INTERNATIONAL : SOUTHERN CO WELLS FARGO & CO WELLTOWER INC BP PLC SPONSORED ADR BP	INC		490. 9,655. 41,100. 11,714. 9,969. 8,789. 11,011. 34,447. 9,578. 3,771. 7,533. 11,953.	1,32 22,02 120,36 19,13 15,52 11,15 17,66 55,35 14,75 121,24 13,38 8,67	0.4. 9.4. 0.1. 7.2.

FORM GUILER OF COMPR					
FORM 990-PF OTHE	R INVESTMENTS		STATI	EMENT	
DESCRIPTION	VALUATION METHOD	BOOK VALUE		MARKE' ALUE	r
VANGUARD DIVIDEND APPREC IDX	COST	24,00		42,5	90.
VANGUARD MID CAP INDEX INV	COST	70,90		129,9	
VANGUARD SMALL CAP VALUE INDEX	COST	32,56		78,3	
VANGUARD EMERGING MKTS STOCK IDX	COST	46,27		38,49	
VANGUARD GLOBAL EQUITY INV	COST	33,57		33,0	
VANGUARD INTERNATIONAL GROWTH VANGUARD PRECIOUS METALS AND MINING	COST COST	45,69	94.	54,1	70.
INV	6 COS1	23,91	9.	10,2	Λ Δ.
CITIZENS FINANCIAL SERVICES INC	COST	23,31	0.	323,7	
TOTAL TO FORM 990-PF, PART II, LINE	E 13	276,93	37.	710,6	08.
TRUSTEES AND F	TITLE AND	COMPEN-	EMPLOYEE BEN PLAN		SE
NAME AND ADDRESS	AVRG HRS/WK	SATION	CONTRIB		
ROBERT M. JONES, JR.				ACCOO.	 IJ.T.
805 TANAGER DRIVE BLUEFIELD, VA 24605	DIRECTOR 0.00	0.	0.		
805 TANAGER DRIVE		0.			0.
805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE	0.00 DIRECTOR		0.		0.
805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 ALEXA L. STONEBURNER 889 TUPELO BAY DRIVE MOUNT PLEASANT, SC 29464 JEREMY R. JONES	0.00 DIRECTOR 0.00 DIRECTOR 0.00	0.	0.		0.
805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 ALEXA L. STONEBURNER 889 TUPELO BAY DRIVE MOUNT PLEASANT, SC 29464	0.00 DIRECTOR 0.00 DIRECTOR 0.00	0.	0.	7000	0.
805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 ALEXA L. STONEBURNER 889 TUPELO BAY DRIVE MOUNT PLEASANT, SC 29464 JEREMY R. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 MARGARET C. JONES	0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	0. 0.	0. 0. 0.	7000	0.
805 TANAGER DRIVE BLUEFIELD, VA 24605 CYNTHIA J. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605 ALEXA L. STONEBURNER 889 TUPELO BAY DRIVE MOUNT PLEASANT, SC 29464 JEREMY R. JONES 805 TANAGER DRIVE BLUEFIELD, VA 24605	0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	0.	0.	7000	0.