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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation SAM & PAM HOOKER FOUNDATION		A Employer identification number 45-2723090	
Number and street (or P O box number if mail is not delivered to street address) 1229 HALL ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code WESTFIELD, NC 27053		B Telephone number (see instructions) (336) 985-3561	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,852	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part 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) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	0	0		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,150	0		1,150
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	36	0		36
	24 Total operating and administrative expenses. Add lines 13 through 23	1,186	0		1,186
	25 Contributions, gifts, grants paid	78,440			78,440
	26 Total expenses and disbursements. Add lines 24 and 25	79,626	0		79,626
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-79,626			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	2,878	4,852	4,852		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,878	4,852	4,852			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons	148,604	230,204			
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	148,604	230,204			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	-145,726	-225,352			
	30	Total net assets or fund balances (see instructions)	-145,726	-225,352			
31	Total liabilities and net assets/fund balances (see instructions) .	2,878	4,852				

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)	1	-145,726
2	Enter amount from Part I, line 27a	2	-79,626
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	-225,352
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	-225,352

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, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	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) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	150,746	1,022	147 500978
2014	38,627	1,863	20 733763
2013	27,075	4,704	5 755740
2012	15,203	3,873	3 925381
2011	6,150	3,827	1 607003
2 Total of line 1, column (d)			2 179 522865
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 35 904573
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 989
5 Multiply line 4 by line 3			5 35,510
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 35,510
8 Enter qualifying distributions from Part XII, line 4			8 79,626

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 instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
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	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (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 managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NC		
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? <i>If "No," attach explanation</i> .	8b	Yes
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address NA	13	Yes	
14	The books are in care of SAM PAM HOOKER Telephone no (336) 985-3561			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country NA	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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 termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
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 before the first day of the tax year beginning in 2016? <input type="checkbox"/>	1c		No
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(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20 , 20 , 20 , 20			
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 statement—see instructions) <input type="checkbox"/>	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 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 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 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to <ul style="list-style-type: none"> (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (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 compensation	Expense account, (e) other allowances
SAMUEL HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	PRESIDENT 1 00	0	0	0
PAMELA HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	VICE PRESIDENT 1 00	0	0	0
HARRISON HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	BOARD MEMBER 1 00	0	0	0
GABRIELLE HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	BOARD MEMBER 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (*continued*)

3 Five highest-paid independent contractors for professional services (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. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 THE SAM AND PAM HOOKER FOUNDATION WAS FOUNDED TO POSITIVELY IMPACT THE CITIZENS OF STOKES COUNTY AND THE SURROUNDING AREA. THE FOUNDATION SUPPORTS EXISTING ORGANIZATIONS WITH A PROVEN, SUCCESSFUL TRACK RECORD TO POSITIVELY IMPACT LIVES, MAKE A DIFFERENCE, AND CREATE POSITIVE CHANGE DURING THE 2016 FISCAL YEAR, THE FOUNDATION SUPPORTED 29 ORGANIZATIONS.	77,440
2 THE FOUNDATION AWARDED SCHOLARSHIPS TO STUDENTS WHO EXEMPLIFY THE ABILITY TO SUCCESSFULLY ACHIEVE HIGH ACADEMIC STANDARDS WHILE SIMULTANEOUSLY ACQUIRING RESPONSIBLE WORK HABITS DURING HIS OR HER HIGH SCHOOL YEAR.	1,000
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	0
b	Average of monthly cash balances.	1b	1,004
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,004
e	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	1,004
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	15
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	989
6	Minimum investment return. Enter 5% of line 5.	6	49

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	49
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	49
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	49
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	49

Part 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	79,626
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	79,626
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	79,626

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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				49
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	6,062			
b From 2012.	15,009			
c From 2013.	26,840			
d From 2014.	38,534			
e From 2015.	150,695			
f Total of lines 3a through e.	237,140			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 79,626				
a Applied to 2015, but not more than line 2a			0	
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.				49
e Remaining amount distributed out of corpus	79,577			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	316,717			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	6,062			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	310,655			
10 Analysis of line 9				
a Excess from 2012.	15,009			
b Excess from 2013.	26,840			
c Excess from 2014.	38,534			
d Excess from 2015.	150,695			
e Excess from 2016.	79,577			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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					
3 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					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 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)) See Additional Data Table	
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	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> 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 SAM PAM HOOKER FOUNDATION 1229 HALL ROAD WESTFIELD, NC 27053 (336) 593-2948 SAMANDPAMHOOKER@GMAIL.COM	
b The form in which applications should be submitted and information and materials they should include SEE ATTACHED SCHOLARSHIP APPLICATION WITH FORM 8453	
c Any submission deadlines ANNUALLY BY MID-APRIL	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE ATTACHED SCHOLARSHIP APPLICATION COVER SHEET WITH FORM 8453	

Part XV **Supplementary Information** (continued)**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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	78,440
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
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.					
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). . .		0		0	0
13 Total. Add line 12, columns (b), (d), and (e).			13		0

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here _____ 2017-08-29 _____
 Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Liz Britton		2017-08-24		
	Firm's name ► DIXON HUGHES GOODMAN LLP				Firm's EIN ► 56-0747981
	Firm's address ► 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				Phone no (828) 254-2254


Form 990PF Part XV Line 1a - 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).

SAMUEL HOOKER
PAMELA HOOKER

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EXODUS MINISTRIES 408 EAST KING STREET KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF THE MINISTRY	500
FRIENDS OF SAURATOWN MOUNTAINS 1790 HANGING ROCK PARK RD DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE PRESERVATION OF SAURATOWN MOUNTAINS	500
GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214	NONE	PUBLIC CHARITY	TO SUPPORT THE MISSION OF THE GIDEONS INTERNATIONAL	600
HEROES HELPING HEROES 256 JEFFERSON AVE MOUNDSVILLE, WV 26041	NONE	PUBLIC CHARITY	TO SUPPORT THE SEEDS OF HOPE CAMP	500
HOPE PREGNANCY CENTER 117 CHARLES RD KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS TO THE PREGNANCY CENTER	500
Total ► 3a				78,440

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KING OUTREACH MINISTRY 413 KINGSWAY DRIVE KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE MINISTRY	500
KING POST 290 PO BOX 432 KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF THE POST	500
MONARCH 350 PEE DEE AVE STE A ALBERMARLE, NC 28001	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF THE FUND	500
MOUNT OLIVE BAPTIST CHURCH 5413 NC HWY 66 SOUTH KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE CHURCH AND THE HONDURAS MISSION TRIP	14,020
POST 290 AUXILIARY PO BOX 125 STAFFORD, VA 22555	NONE	PUBLIC CHARITY	TO SUPPORT THE VETERANS OF THE AMERICAN LEGION	500
Total 				78,440
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIVERWOOD THERAPEUTIC CENTER 6825 ROLLING VIEW DRIVE TOBACCOVILLE, NC 27050	NONE	PUBLIC CHARITY	TO SUPPORT THE ONGOING PROGRAMS OF THE THERAPEUTIC RIDING CENTER	500
SALVATION ARMY 1255 N TRADE STREET WINSTON SALEM, NC 27101	NONE	PUBLIC CHARITY	TO SUPPORT THE SALVATION ARMY	1,000
SAMARITAN MINISTRIES 1243 N PATTERSON AVE WINSTON SALEM, NC 27101	NONE	PUBLIC CHARITY	TO SUPPORT THE MINISTRY	500
SAURATOWN TRAILS ASSOCIATION 1790 HANGING ROCK PARK RD DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE TRAILS ASSOCIATION	500
SAURATOWN VOLUNTEER FIRE DEPARTMENT 4475 NC HWY 66 S KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE FIRE DEPARTMENT	500
Total ►				78,440
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SENIOR CENTER - MEALS ON WHEELS 700 N MAIN ST DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE SENIOR CITIZENS	500
STOKES ART COUNCIL HIGHWAY 86 NORTH DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE ARTS COUNCIL	100
STOKES COUNTY HISTORICAL SOCIETY 403 MAIN STREET DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE HISTORICAL SOCIETY	500
STOKES DOMESTIC VIOLENCE CENTER 1012 MAIN STREET DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF THE CENTER	500
STOKES FRIENDS OF YOUTH 153 JEFFERSON CHURCH ROAD KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF STOKES FRIENDS OF YOUTH	500
Total ► 3a				78,440

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
STOKES HABITAT FOR HUMANITY PO BOX 310 KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF HABITAT FOR HUMANITY	500
STOKES PARTNERSHIP FOR CHILDREN 151 JEFFERSON CHURCH RD KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF THE PARTNERSHIP FOR CHILDREN	500
STOKES SCAN PO BOX 6522 MOUNT AIRY, NC 27030	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF STOKES SCAN	500
UNITED FUND OF STOKES COUNTY 102 MAIN ST DANBURY, NC 27016	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS THAT THE UNITED FUND SUPPORTS	500
MISSION OF HOPE HAITI 1907 CYPRESS CREEK RD STE 106 CEDAR PARK, TX 78613	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF MISSION OF HOPE HAITI	49,400
Total 3a				78,440

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FUR-EVER FRIENDS OF NC PO BOX 15742 WINSTON SALEM, NC 27113	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF FUR-EVER FRIENDS OF NC	20
LUCI COLLINS FOUNDATION PO BOX 111 WALNUT COVE, NC 27052	NONE	PUBLIC CHARITY	TO SUPPORT THE LUCI COLLINS FOUNDATION	200
POPLAR SPRINGS CHURCH OF CHRIST 7120 NC HWY 66 S KING, NC 27021	NONE	PUBLIC CHARITY	TO SUPPORT THE POPLAR SPRINGS CHURCH OF CHRIST	1,600
UNIVERSITY OF NORTH CAROLINA AT CHA 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 28223	NONE	INDIVIDUAL	SCHOLARSHIP	1,000
YOUNG LIFE OF THE FOOTHILLS PO BOX 327 MOUNT AIRY, NC 27030	NONE	PUBLIC CHARITY	TO SUPPORT THE PROGRAMS OF YOUNG LIFE OF THE FOOTHILLS	500
Total 				78,440
3a				

TY 2016 Accounting Fees Schedule**Name:** SAM & PAM HOOKER FOUNDATION**EIN:** 45-2723090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,150	0		1,150

TY 2016 Other Expenses Schedule**Name:** SAM & PAM HOOKER FOUNDATION**EIN:** 45-2723090**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Fees	36	0		36

Sam & Pam Hooker Foundation Education & Work Ethic Scholarship

The Education and Work Ethic Scholarship in the amount of \$1,000 will be awarded to a West Stokes High School senior who exemplifies the ability to successfully achieve high academic standards while simultaneously acquiring indispensable work ethics during his or her high school years.

Qualifications for Eligibility:

- West Stokes High School Senior
- Be a B-student (GPA 3.0) or higher on high school transcripts
- Will have worked a part-time job for a minimum of 6 months prior to high school graduation
- Will be attending an accredited four year college or university

Student's Application Submission Requirements:

- Completed scholarship application
- Essay
- Verification of employment (i.e. letter of recommendation from supervisor **and/or** copy of pay check stub)

Deadline for application submission is **April 18th**. Please return application, essay, and verification of employment to the Guidance Office. The Guidance Office will provide your official transcript to the Foundation.

Should you have any questions during the application process, please feel free to contact Pam Hooker at pamhooker@gmail.com or by phone at 336-413-4713. Thank you for your interest in pursuing this scholarship opportunity, and congratulations on your upcoming graduation.

Sam & Pam Hooker Foundation
Education & Work Ethic Scholarship Application

PERSONAL DATA			
Applicant's Name: _____			
Last	First	Middle	
Home Address: _____ _____			
Home Phone: () _____		Email Address: _____	

REFERENCES			
Please list three references.			
	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Phone			
Street			
City			
State/Zip			

Volunteer Experience
Please list any volunteer experiences.

Extracurricular Activities
Please list any extracurricular activities (athletics, clubs, religious groups, etc.) in which you are involved.

<u>SCHOOLS TO WHICH YOU HAVE APPLIED:</u>		Check if Accepted
1st Choice: _____	Location: _____	<input type="checkbox"/>
2nd Choice: _____	Location: _____	<input type="checkbox"/>
3rd Choice: _____	Location: _____	<input type="checkbox"/>

<u>SAT SCORES</u>			
Verbal: _____	Math: _____	Writing: _____	TOTAL: _____

EMPLOYMENT HISTORY

List all previous employment. Begin with current or last employment. Use additional paper if necessary.

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed: From: _____ To: _____

Reason for Leaving: _____ May we contact? ☐ Yes ☐ No

Position(s) Held: _____

Descriptions of Duties: _____

Supervisor(s): _____

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed: From: _____ To: _____

Reason for Leaving: _____ May we contact? ☐ Yes ☐ No

Position(s) Held: _____

Descriptions of Duties: _____

Supervisor(s): _____

Company Name: _____

Address: _____
Street City State Zip

Telephone Number: _____ Employed: From: _____ To: _____

Reason for Leaving: _____ May we contact? ☐ Yes ☐ No

Position(s) Held: _____

Descriptions of Duties: _____

Supervisor(s): _____

In essay format, please address the following:

- How will the skills you have gained from working benefit you in pursuing your college education?
- What are your career aspirations?
- Name one person/experience that has greatly influenced your life and how?
- Why are you the best candidate for this scholarship?

I certify that all of the information I have included in and with my application is true. I understand if I am selected for the scholarship, I may be required to submit further proof of my acceptance to or enrollment in an accredited four year college or university. Further, I understand that official verification will be required of my attained grades and test scores. I agree that if I am selected for the scholarship, my name, photograph, and/or essay answers may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program. I also certify that I have read and understand the information above.

Applicant's Signature

Date