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## 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.irs.gov/form990pf. OMB No 1545-0052

Ī	or ca	alendar year 2016 or tax year beginning		, and ending		
•		ne of foundation			A Employer identification	number
	ΤΉ	HE JUNE OBLINGER SHOTT FOU	NDATION, INC	1	87-0786480	
		ber and street (or PO box number if mail is not delivered to street ad	B Telephone number			
		.O. BOX 1559	304-324-32	14		
	-	or town, state or province, country, and ZIP or foreign pos ${ t LUEFIELD}$ , ${ t WV}$ 24701	C If exemption application is p	ending, check here		
Ī		heck all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here
		Final return	2 Foreign organizations me	eting the 85% test		
		Address change	2 Foreign organizations me check here and attach co	mputation		
	H CI	theck type of organization: X Section 501(c)(3) exer	· ·		E If private foundation sta	
	<u> </u>	Section 4947(a)(1) nonexempt charitable trust Uir market value of all assets at end of year J Accounting	ther taxable private foundated method: X Cash	Accrual	under section 507(b)(1)	• •
		·   —	er (specify)	Accidai	F If the foundation is in a under section 507(b)(1)	
	<b>→</b>		nn (d) must be on cash b	asis.)		(5), 5.1155
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	$\overline{}$	1 Contributions, gifts, grants, etc., received			N/A	
	l	2 Check X if the foundation is not required to attach Sch. B				
		3 Interest on savings and temporary cash investments			-	
		4 Dividends and interest from securities	171,545.	159,670.		STATEMENT 1
		5a Gross rents				
		b Net rental income or (loss)	<11,887.			
		68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all b assets on line 6a 252,506.	<u> </u>			
_		7 Capital gain net income (from Part IV, line 2)		0.		
2017		8 Net short-term capital gain				
4		9 Income modifications				
		Gross sales less returns and allowances		<del></del>		
¥		b Less Cost of goods sold				
~		c Gross profit or (loss)	·			-
IES.		12 Total. Add lines 1 through 11	159,658.	159,670		
SCANNED MAY	-		0.	0.		0.
8		13 Compensation of offices, turectors, trustees, etc.  14 Other employee-salaries-and-wages	-	<u></u>		
ပ္တ	ű	15 Pension plans, employee benefits				
<b>,</b>	nse	16a Legal fees MAY 1 9 2017 b Accounting fees STMT	2,490.	2,490		0.
	Expense	b Accounting fees STMT 27 C Other professional fees C I STMT 3	29,809.	29,809		0.
	ē E	17 Interest	23,003.	23,003	<u> </u>	
	and Administrative	18 Taxes STMT 4	2,513.	2,177	•	0.
	nistr	19 Depreciation and depletion				
	Ē	20 Occupancy				
	Ä	21 Travel, conferences, and meetings	492.	0		0.
	au	22 Printing and publications	500. 48.	0 48	<del></del>	0.
	ting	23 Other expenses STMT 5	40.	40	•	<u> </u>
	Operating	24 Total operating and administrative expenses. Add lines 13 through 23	35,852.	34,524	•	0.
	Ö	25 Contributions, gifts, grants paid	284,543.			284,543.
		26 Total expenses and disbursements.	-			
	_	Add lines 24 and 25	320,395.	34,524	•	284,543.
		27 Subtract line 26 from line 12;	160 805			
		Excess of revenue over expenses and disbursements	<160,737.	125,146		
		b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)	<u> </u>	123,140	N/A	
		- rejected not income (il negative, enter -o-)		<u> </u>		<del></del>

		0-PE (2016) THE JUNE OBLINGER SHOTT			37-0786480 Page 2		
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>		
_		Column should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	250 104	200 204			
		Savings and temporary cash investments	359,124.	290,204.	290,204.		
	3	Accounts receivable	•				
		Less: allowance for doubtful accounts					
	4	Pledges receivable ►  Less; allowance for doubtful accounts ►					
	_	Grants receivable					
	1	Receivables due from officers, directors, trustees, and other			<del></del>		
	6	disqualified persons					
	7	Other notes and loans receivable			<del></del>		
	<b>'</b>	Less; allowance for doubtful accounts					
s	R	Inventories for sale or use	<del></del>				
Assets	1	Prepaid expenses and deferred charges					
As	)	Investments - U.S. and state government obligations					
	1	Investments - corporate stock STMT 7	2,150,201.	2,038,295.	2,813,907.		
	1	Investments - corporate bonds					
	1	Investments - land, buildings, and equipment basis			<del></del>		
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 8	2,342,210.	2,355,435.	2,844,950.		
	14	Land, buildings, and equipment; basis ▶					
	}	Less accumulated depreciation					
	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	4,851,535.	4,683,934.	5,949,061.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue					
ži į	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilitíes	21	Mortgages and other notes payable					
_	22	Other liabilities (describe >)					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
	23	Foundations that follow SFAS 117, check here	0.				
		and complete lines 24 through 26 and lines 30 and 31.					
es	24	Unrestricted					
auc	25	Temporarily restricted					
Bal	26	Permanently restricted					
Pu	-	Foundations that do not follow SFAS 117, check here					
Ę		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds	4,851,535.	4,683,934.			
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
ţ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.			
Ž	30	Total net assets or fund balances	4,851,535.	4,683,934.			
		Table 10 b 1100 and a same through the land	A 051 525	4 602 024			
=	31	Total liabilities and net assets/fund balances	4,851,535.	4,683,934.	<del></del>		
<u>P</u>	art	Analysis of Changes in Net Assets or Fund B	alances				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		<del></del>		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	4,851,535.		
		r amount from Part I, line 27a		2	<160,737.>		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	4,690,798.		
5 Decreases not included in line 2 (itemize) BASIS ADJUSTMENTS  5 6,864.							
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		4,683,934.		
					Form <b>990-PF</b> (2016)		

		OBLINGER S			N,	INC.	8	<u> 37-078</u>	6480	Page 3
(a) List and desc	ribe the kind	(s) of property sold (e.g common stock, 200 sha	., real estate,		( <b>b</b> ) H	low acquired - Purchase - Donation	(c) Date (mo., c	acquired day, yr.)	(d) Date (mo., da	e sold ly, yr.)
1a										
b SEE ATTACHED	STATI	EMENTS								
<u>C</u>		<del> </del>	<del> </del>							
d										
<u>e</u>	T		T		١		L			
(e) Gross sales price		oreciation allowed or allowable)		t or other basis xpense of sale	_	·		Gain or (loss) is (f) minus (		
<u>a</u> .	<del> </del>	<del></del>	<del> </del>	····	-					
<u>b</u>	<del> </del>		<del> </del>							
<u>C</u>	<del> </del>		<del> </del>		$\dashv$					
e 252,506.	<del> </del>			264,39	3					,887.
Complete only for assets shown		lump (b) and owned by	the foundation		٠,		/I) Gaine //	Col. (b) gain		,007.
(i) F.M.V. as of 12/31/69	(j)	Adjusted basis s of 12/31/69	(k) Exc	cess of col. (1)		C	ol. (k), but	Col. (h) gain not less thar s (from col. (	1 -0-) or	
2	<del> </del>		<del> </del>	<del> </del>						
a b					$-\uparrow$					
C	<del>                                     </del>		<u> </u>	<del></del>			<del></del>			
d			<u> </u>	· · · · · · · · · · · · · · · · · · ·						
e			<del>                                     </del>	·					<11	887.
2 Capital gain net income or (net ca	apital loss)	If gain, also enter			}	2				,887.
				•	7					
Net short-term capital gain or (lo If gain, also enter in Part I, line 8,		a in sections 1222(5) ar	10 (6):		٦					
if (loss), enter -0- in Part I, line 8					Pl	3		N/A		
Part V Qualification L	Jnder Se	ction 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	come			
(For optional use by domestic privat	e foundation	s subject to the section	4940(a) tax on	net investment in	come	.)				
		·	,			,				
If section 4940(d)(2) applies, leave t	this part blan	k.								
Was the foundation liable for the sec	ction 4942 ta	x on the distributable an	nount of any ve	ar in the base per	lod?				Yes	X No
If "Yes," the foundation does not qua				•						
Enter the appropriate amount in					ntries					
(a)		(b)			(c)			District	(d) ution ratio	
Base period years Calendar year (or tax year beginn	ına ın)	Adjusted qualifying dis	stributions	Net value of no	nchar	rtable-use asse	ts	(col. (b) div	ution ratio ided by col.	(c))
2015		27	6,735.		5	,798,59	9.	<u></u>		17724
2014			4,622.	<del></del>		,830,21				18818
2013			2,580.			,594,57				15147
2012			0,000.			,011,40				13900
2011			0,100.			,510,67				22192
<del></del>										
2 Total of line 1, column (d)							2	1	. 20	7781
3 Average distribution ratio for the	5-vear base	period - divide the total	on line 2 by 5,	or by the number	of ve	ars				<u> </u>
the foundation has been in existe	-	•		,	,-		3	1	. 04	11556
4 Enter the net value of noncharita	ble-use asse	ts for 2016 from Part X.	line 5				4		5,718	473.
The fire her value of herionalia	5.0 400 4050	10 101 20 10 110111 1 41174					<del>-</del>	<del>                                     </del>	<u> </u>	, = , 5 ,
5 Multiply line 4 by line 3							5		237	637.
o manapiy mio roy mio o							- <del>-</del>	<del> </del>		
6 Enter 1% of net investment inco	me (1% of P	art I line 27h)					6		1	251.
CHILOT 170 OF HOL HIVESURGHE HILOU	(170 ULF)	are is into Eroj					-	<del>                                     </del>		. u . t .
7 Add lines 5 and 6							7	1	238	888.
, nuu mies s anu v							<del>'</del>	<del> </del>	230	, 000.
8 Enter qualifying distributions fro	m Dart VII I	ne Δ					8		221	543.
	· ·		. 1h	lata that == *		1/ 4=			404	, , 4) .
If line 8 is equal to or greater tha See the Part VI instructions.	iii iine 7, che	ok tile dox ili Part VI, line	e iu, and comp	nete that part usin	g a 1'	% tax rate.				
Soo that art vi mon denome.										DE (0040

			<u> 178648</u>		<u>Р</u>	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49-	<del>48 - s</del>	see inst	ruct	tion	s)
1a <sup>-</sup>	Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1.	İ				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1		_ 1	, 25	<u>51.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			_	0.
3	Add lines 1 and 2	3		_ 1	, 25	51.
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	, 25	
6	Credits/Payments:				•	
а	2016 estimated tax payments and 2015 overpayment credited to 2016  6a 2,360.	1				
	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7		2	. 36	50.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u>, , , , , , , , , , , , , , , , , , , </u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10		10		1	10	9.
		11			,	0.
	rt VII-A Statements Regarding Activities	<del></del>				<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Y	es	No
	any political campaign?		1a			X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		16			X
·	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published		"	+-		
	distributed by the foundation in connection with the activities.	20,			•	
c	Did the foundation file Form 1120-POL for this year?		10	.		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		- <u>''</u>	+	_	
u	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.					
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
٠	managers. > \$ 0.					
9	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		İ			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3			X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	$\rightarrow$	$\dashv$	$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/		_	$\neg +$	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/	5		-+	X
J	If "Yes," attach the statement required by General Instruction T.		3	+-	$\dashv$	Λ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				ŀ	
٠	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la</li> </ul>	NA.				
	remain in the governing instrument?	,**	6	١,	K	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7		K	
•	bid the foundation have at least \$6,000 in assets at any time during the year. If Tes, Complete Fart II, Cor (c), and Fart XV		<del>- '</del>	+	-	—-
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	WV		—			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		—			
•	of each state as required by General Instruction G? If "No," attach explanation		86	-   -	K	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	lar	1 00	+*	+	
·	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	· w 1	9			X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	+		$\frac{\Delta}{X}$
	Tes, attach a schedule fishing their fiames and addresses		Form 9			
					- \2	

orm	990-PF (2016) THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0780	5 <u>4</u> 80		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► FRANK WILKINSON Telephone no. ► 304-33	24-3	214	
	Located at ► 500 FEDERAL STREET, BLUEFIELD, WV ZIP+4 ►24			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	_	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >			
Pa	art 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.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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.)			
ı	o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 1		
	before the first day of the tax year beginning in 2016?	1c		<u>X</u>
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)):			
i	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? Yes X No			
	If "Yes," list the years \(\bigs\)			
	Are there any years listed in 2a for which the foundation is <b>not</b> 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.)  N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
3				
	during the year?  Light "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.)  N/A	24		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		X
	b Did the foundation invest during the year any amount in a mainter that would jeopardize its charitable purpose that	70		47
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		х
_				

Form **990-PF** (2016)

## "Yes" to 6b, file Form 8870. 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (if not paid, enter 0-)  (if not paid, enter 0	onii 990-PF (2010) THE OUNE OBLINGER SHOTT			0/-0/004	80	Page 6
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (3) Provide for any purpose other than religious, charitable, sice influence of the prevention of crully to children or animals?  (5) Provide for any purpose other than religious, charitable, sicentific, literary, or educational purposes, or for the prevention of crully to children or animals?  (5) Provide for any purpose other than religious, charitable, sicentific, literary, or educational purposes, or for the prevention of crully to children or animals?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crully to children or animals?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crully to children or animals?  (6) Provide a grant on an individual or any purpose of charitable, scientific and the exceptions described in Regulations sections (Corporations or Scientific, literary, or educational purposes, or for the preventions (Corporations of Scientific, literary, or educational purposes, or for the preventions (Corporations described in Regulations sections (Corporations of Scientific, literary, or educations described in Regulations sections (Corporations of Scientific, literary, or educations described in Regulations sections (Corporations of Scientific, literary, or educations described in Regulations (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (Corporations) (	<u> </u>	orm 4/20 May Be H	lequired (continu	ued)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly, or indirectly, any voter repetitation drivery					-	
any voter repostration drave?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 494(0)(4)(A)P (see instructions)  (5) Provide for any purpose other than religious, charitable, etc., organization described in section 494(0)(4)(A)P (see instructions)  (5) Provide for any purpose other than religious, charitable, etc., organization described in section 494(0)(4)(A)P (see instructions)  (5) Provide for any purpose other than religious, charitable, etc., organization described in section 494(0)(4)(A)P (see instructions)  (6) Provide for any purpose other than religious, charitable, etc., organization of the sex period of the s		1 "		s LX No	j	
(a) Provide a grant to an individual for travel, study, or other similar purposes?  (b) Provide of any purpose other than a charitable, etc., organization described in section 4945(a)(4)(A)? (see instructions)  (c) Provide for any purpose other than eligibus, charitable, etc., organization described in section 4945(a)(4)(A)? (see instructions)  (d) Provide for any purpose other than eligibus, charitable, etc., organization described in section 4945(a)(4)(A)? (see instructions)  (e) Provide for any purpose other than eligibus, charitable, etc., organization eligibus, and the control of the grant of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the prairies of the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Regulations section 53.4945-5(d).  But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes to 6b, the Form 8870.  But the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes to 6b, the Form 8870.  But the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes to 6b, the Form 8870.  But the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes to 6b, the Form 8870.  But Yes, and the foundation exters any preceded or live any reliable to the transaction?  If Yes to 6b, the Form 8870.  But Yes, and the foundation exters any preceded or live any reliable to the transaction?  If Yes to 6b, the Form 8870.  But the foundation exters any preceded or live any reliable to the transaction?  If Yes to 6b, the form 870.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  Compensation of five highest-paid employe		r to carry on, directly or indire			ł	1
(4) Provide a grant to an organization other than a charitable, etc., organization described in section  4945(3)/4(x)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or aducational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or aducational purposes, or for the prevention of cruelty to children or animals?  (7) Even Sum No Sum November Sum Novemb					-	
4945(0)(4)(A)? (see instructions)  (5) Provide for any purpose offer than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b it any answer is "set" of \$54,1\()5, did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.495 or in a current rotocor regarding disaster assistance (see instructions)?  Organizations relying on a current rotocor regarding disaster assistance check here  or it the answer is "set" to question \$64, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attract the statement required by Regulations section \$3.4945-5(g).  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes to 6b, the Form 8870.  7a A tax in time funding the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Time, and average (c) Compensation (c)			Ye	s LX No		
(5) Provide for any purpose other than neligious, cheritable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  b If any answer is "6s 10 54(1-16), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations relying on a current notice reparding disaster assistance (see instructions)?  N/A Organizations of the part of the same and instruction of the fact that is a current notice reparding disaster assistance (see instructions)?  N/A Organizations of the fact of the part of the fact of the part of the fact of the part of the fact of the part of the part of the part of the fact of the part of		n described in section				
b it any answer is "Yes" to 56, 10-15, ild any of the transactions fall to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of life answer is "Yes" to question 53,49, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53,4945-5(d).  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 66, file Form 8870.  Ta At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes" to 66, file Form 8870.  Ta At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  It ist all officers, directors, trustees, foundation managers and their compensation (fill not paid, compensation)  (a) Name and address  O, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	• • • • • • • • • • • • • • • • • • • •			s LX No		ļ
b it any answer is "res" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  I the answer is "se' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for thing grain?  If "se's," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "se's is 60, life Form 837.  If "yes' to 60, life Form 837.  I say time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  By It "yes' to 60, life Form 837.  I say time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  It is all officers, directors, rustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average for the party of the tax of the party of		or educational purposes, or fo				ļ
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  It list all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  CHATRMAN  CHARMAN  CHARMAN  CHARMAN  CHARMAN  BLUEFIELD, VA 24605  BYRON K. SATTERFIELD  WICE-CHAIRMAN  BLUEFIELD, WY 24701  MARK OBLINGER  ASSISTANT SECRETARY  O.00  O				s LX No	l	
Crganizations relying on a current notice regarding dissater assistance check here  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?  If Yes, "attach the statement required by Regulations section 53.4945-5(d).  If Yes, and statement required by Regulations section 53.4945-5(d).  By Oth the foundation, during the year, peave any flunds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, and the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, and the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, and the foundation of the foundation approximation of the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Parid Employees, and Contractors  It List all officers, directors, furstees, foundation managers and their compensation.  (a) Name and address  (b) If Ite, and average hours per week devoted to position (If not paid, enter-0-) enterprise to the transaction?  PERANK W. WILKINSON  CHATRMAN  CHARMAN  CHARMAN  CHARMAN  CHARMAN  BLUEFIELD, VA 24605  D. 0.0  O. 0.  O.	<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	ler the exceptions described i	n Regulations			
c if the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8970.  9 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8970.  9 A tany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tite, and average hours for paid, the paid, additional for paid, and additional for paid fo	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	<u> </u>
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  if "Yes ' Co 6b, the Form 8870.  7a A tany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tile, and average of the circle of the compensation of the position of the posit	Organizations relying on a current notice regarding disaster assistance check h	ere				
## 'Yes,' attach the statement required by Regulations section 53.4945-5(d).  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  ## Yes	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  I List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted of the transaction of the highest period allowance of the property o	expenditure responsibility for the grant?	N	[/A	s L No		
a personal benefit contract?    Yes   X No   6b   Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   If Yes   Co B, the Form 8870. 7a At any time during the lax year, was the foundation a party to a prohibited tax sheller transaction?   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Highly Paid Employees, Highly Paid Employees, Highly Paid Employees, and Contractors   List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Highly Paid Employees, Highly Paid Employees, Compensation (10) Compens	If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If I yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  I List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted in the paid, enter -0-).  PRANK W. WILKINSON  CHAIRMAN  BLUEFIELD, VA 24605  BYRON K. SATTERFIELD  VICE-CHAIRMAN  BLUEFIELD, WV 24701  0.00  0.0.  MARK OBLINGER  ASSISTANT SECRETARY  ASSISTANT SECRETARY  O.00  0.0.  GARY D. CORNWELL  BLUEFIELD, VA 24605  0.00  0.	6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			-	
## "Yes" to 6b, file Form 8870. 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (if not paid, enter 0-)  (if not paid, enter 0	a personal benefit contract?		Ye	s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officiers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted but position (if not paid, enter "0-)  ERANK W. WILKINSON  CHAIRMAN  BLUEFIELD, VA 24605  0.00  0.00  0.00  BYRON K. SATTERFIELD  WICE-CHAIRMAN  BLUEFIELD, WV 24701  0.00  0.00  MARK OBLINGER  ROANOKE, VA 24011  0.00  0.00  0.00  QARY D. CORNWELL  BLUEFIELD, VA 24605  0.00  0.	<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	5b	X
b If Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII	If "Yes" to 6b, file Form 8870.					
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation.   (b) Title, and average   (b) position   (b) position   (c) Compensation   (d) Co	7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if not paid,	b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	
List all officers, directors, trustees, foundation managers and their compensation.   (a) Name and address   (b) Title, and average hours per week devoted to position   (if not paid, enter -0-)		ees, Foundation Ma	nagers, Highly	/		
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (flor paid, enter-0-) allowant (e) Expension (flor paid, enter-0-) allowant (flor paid, ent						
FRANK W. WILKINSON BLUEFIELD, VA 24605  BYRON K. SATTERFIELD BLUEFIELD, WV 24701  MARK OBLINGER ROANOKE, VA 24011  GARY D. CORNWELL BLUEFIELD, VA 24605  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  CHAIRMAN  0.00 0.0. 0.0. 0.0. 0.0. 0.0. 0.0. 0	1 List all officers, directors, trustees, foundation managers and their			7.0.		
FRANK W. WILKINSON BLUEFIELD, VA 24605  BYRON K. SATTERFIELD BLUEFIELD, WV 24701  MARK OBLINGER ROANOKE, VA 24011  GARY D. CORNWELL BLUEFIELD, VA 24605  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  CHAIRMAN  0.00 0.0. 0.0. 0.0. 0.0. 0.0. 0.0. 0	(a) Name and address	(b) Title, and average		employee benefit plans	(e) Exp	ense other
BLUEFIELD, VA 24605  BYRON K. SATTERFIELD  BLUEFIELD, WV 24701  O.00  MARK OBLINGER  ROANOKE, VA 24011  O.00  GARY D. CORNWELL  BLUEFIELD, VA 24605  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  O.00	(a) Name and address		enter -0-)	and deterred compensation	allowa	nces
BYRON K. SATTERFIELD  BLUEFIELD, WV 24701  O.00  MARK OBLINGER  ROANOKE, VA 24011  O.00  GARY D. CORNWELL  BLUEFIELD, VA 24605  O.00  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  O.00  O.0	FRANK W. WILKINSON	CHAIRMAN				
BYRON K. SATTERFIELD  BLUEFIELD, WV 24701  O.00  MARK OBLINGER  ROANOKE, VA 24011  O.00  GARY D. CORNWELL  BLUEFIELD, VA 24605  Can yellow highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee the plant account, or allowance than some person and determined account, or allowance than some person accounts account account accounts account account account accounts account accounts account accounts account accounts account accounts account accounts account accounts account account accounts account accounts account accounts account accounts account accounts account accounts account accounts account account accounts account accounts account accounts account accounts account accounts account accounts account accounts account accounts account accounts account accounts accounts accounts accounts account accounts accounts accounts accounts accounts accounts accou	BLUEFIELD, VA 24605					
BLUEFIELD, WV 24701  MARK OBLINGER ROANOKE, VA 24011  O.00  O.00  O.00  GARY D. CORNWELL BLUEFIELD, VA 24605  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation MONE  (c) Compensation ACCOUNT, COMPENSATION ACCOUNT, COM		0.00	0.	0.		0.
MARK OBLINGER ROANOKE, VA 24011  GARY D. CORNWELL BLUEFIELD, VA 24605  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Experimental (c) Compensation  (e) Compensation  (f) Compensation  (h) Title, and average hours per week devoted to position  (c) Compensation  (e) Experimental (c) Compensation  (e) Experimental (c) Compensation  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position	BYRON K. SATTERFIELD	VICE-CHAIRMAN			_	
MARK OBLINGER ROANOKE, VA 24011  CARY D. CORNWELL BLUEFIELD, VA 24605  COMPENSATION OF THE ASURER BLUEFIELD, VA 24605  COMPENSATION OF THE ASURER  COMPENSATION OF THE ASURE O	BLUEFIELD, WV 24701					
ROANOKE, VA 24011  GARY D. CORNWELL BLUEFIELD, VA 24605  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee paid more than \$50,000  (e) Experimental in and deferred compensation allowance in the compensation of the paid of the compensation of the paid of the compensation allowance in the compensation of the paid of the compensation of the paid of the compensation of the paid of the		_0.00_	_0.	0.		0.
GARY D. CORNWELL BLUEFIELD, VA 24605  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deterred plans and deterred compensation  (e) Experience of the property of the part of the property of th	MARK OBLINGER	ASSISTANT SEC	RETARY			
GARY D. CORNWELL BLUEFIELD, VA 24605  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Experimental of the position of the highest paid and deferred compensation of allowance and deferred compensation of the position of the highest paid and deferred compensation of the highest paid and deferred plans and deferred compensation of the highest paid and deferred plans and deferred compensation of the position of the highest paid and deferred plans and def	ROANOKE, VA 24011					
BLUEFIELD, VA 24605  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Experimental to position  (ii) Compensation  (iii) Compens		0.00	]	0.		0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Computation employee benefit plans and deferred compensation  (e) Expensation  (o) Nome and ederred compensation  (d) Compensation  (e) Expensation  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d) Compensation  (e) Expensation  (d) Compensation  (e) Expensation  (d) Compensation  (e) Expensation  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to	GARY D. CORNWELL	TREASURER				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expersion devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expersion devoted to position	BLUEFIELD, VA 24605	}				
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, or allowand		_0.00_	0.	0.		0.
NONE Compensation allowants	2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
NONE	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account	, other
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<b>7</b>		†				
Total number of other employees haid over %50 000	Total number of other employees paid over \$50,000	<u> </u>	J		<u> </u>	

Form 990-PF (2016) THE JUNE OBLINGER SHOTT FOUNDATION,		<u> -0786480 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	<del></del>
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inf	ormation such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	Expenses
1 N/A		_
2		
3		
		_
4		
Det IV Pla		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.  3		
		$\dashv$
	<u> </u>	
Total, Add lines 1 through 3		0.

Form **990-PF** (2016)

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e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2016. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015			0.		
4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012 b Excess from 2014 d Excess from 2015					
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017  Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015				0.	
lines 4d and 5 from line 1 This amount must be distributed in 2017  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2014 c Excess from 2014 d Excess from 2015					
be distributed in 2017  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)  Excess distributions carryover from 2011 not applied on line 5 or line 7  Excess distributions carryover to 2017.  Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012  b Excess from 2013  c Excess from 2014  d Excess from 2015					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015					284,533
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	<del> </del>				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012  b Excess from 2013  c Excess from 2014  d Excess from 2015					
may be required - see instructions)  8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2014 d Excess from 2015	•				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	1 11 11 11 11 11	0			
not applied on line 5 or line 7  9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	* '				· · · ·
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	1	0			
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015		<u></u>			·· <del>-</del> -
10 Analysis of line 9:  a Excess from 2012  b Excess from 2013  c Excess from 2014  d Excess from 2015		0			
a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015	<del></del>				
b Excess from 2013 c Excess from 2014 d Excess from 2015	1				
c Excess from 2014 d Excess from 2015				1	
d Excess from 2015					
e Excess from 2016   I	e Excess from 2016				

	990-PF (2016) THE JUN	E OBLINGER	SHOTT FOUND	ATION, INC		86480 Page 10
	t XIV Private Operating F			I-A, question 9)	N/A	<del></del>
	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	•	•	· · ► ∟ <sub></sub>	1.0.00.00	404.45
	Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	42(j)(5)
	Enter the lesser of the adjusted net	Tax year (a) 2016	(h) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
	income from Part I or the minimum	(a) 2010	<b>(b)</b> 2015	(6) 2014	(0) 2013	(e) Iulai
	investment return from Part X for				,	
	each year listed					
_	85% of line 2a					
	Qualifying distributions from Part XII,	j			}	
	line 4 for each year listed				<u> </u>	
_	Amounts included in line 2c not					
	used directly for active conduct of					
	exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
3	Subtract line 2d from line 2c Complete 3a, b, or c for the					
	alternative test relied upon: "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	<del> </del>	<del>                                     </del>			
_	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					<u></u>
	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	<u> </u>				
Pa	rt XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
1	Information Regarding Foundation	on Managers:	<del></del>			
a	List any managers of the foundation wh			tributions received by th	e foundation before the clos	se of any tax
	year (but only if they have contributed i	more than \$5,000). (See	section 507(d)(2).)			
NO:	NE			<u></u>		·
b	List any managers of the foundation who ther entity) of which the foundation has			(or an equally large port	tion of the ownership of a pa	artnership or
NO	NE					
2	Information Regarding Contribut	tion, Grant, Gift, Loar	n, Scholarship, etc., P	rograms:		
	Check here ► if the foundation the foundation makes gifts, grants, etc.	,	•	_	not accept unsolicited requi complete items 2a, b, c, and	
a	The name, address, and telephone num	nber or e-mail address of	the person to whom app	lications should be addre	essed;	
SE	E STATEMENT 9					
	The form in which applications should	be submitted and inform	ation and materials they s	should include:		
C	Any submission deadlines:					
d	Any restrictions or limitations on award	ds, such as by geographi	cal areas, charitable fields	s, kinds of institutions, or	other factors:	

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480 Form 990-PF (2016) Part XV Supplementary Information (continued) 3 · Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year BLUE RIDGE JUNIOR GOLF TOUR NONE CHARITABLE - GOLF PC BLUEFIELD, VA TOURNAMENT TITLE SPONSORSHIP 1,000. CHARITABLE - GOLF TEAM NONE PC BLUEFIELD COLLEGE GOLF TEAM BLUEFIELD VA TOURNAMENT PLAY 4,000. BLUEFIELD HIGH SCHOOL BASKETBALL TEAM NONE PC CHARITABLE -BASKETBALL SHOOTING BLUEFIELD, WV MACHINE 6,100. BLUEFIELD HIGH SCHOOL NONE PC CHARITABLE - ATHLETICS BLUEFIELD WV PROGRAMS 10,000. BLUEFIELD PRESERVATION SOCIETY NONE PC CHARITABLE - YOUTH AND BLUEFIELD, WV FAMILY FUN PARK AT THE LEMONADE FESTIVAL 6 348 SEE CONTINUATION SHEET(S Total ▶ 3a 284 543. b Approved for future payment NONE **▶** 3b Total

Form 990-PF (2016)

Part XVI-A	Anal	vsis of	Income-P	roducina	<b>Activities</b>
1 WIL / 1 / 1	711141	,010 01		I Caaciiig	Activities

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	( <b>d)</b> Amount	Related or exempt function income
	Code				
a					
b	<u> </u>	<del>2</del>			
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			14	171,545.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			<u> </u>		
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal			ł		
property			ļ		
7 Other investment income			ļ		
8 Gain or (loss) from sales of assets other					
than inventory			18	<11,887.	>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a 2007 OMEGA DRILLING			İ		
b PROGRAM 2 LP	211110				
<u> </u>					
d					
de		0		150 650	0
d e e Subtotal. Add columns (b), (d), and (e)		0.		159,658.	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		159,658.	0. 159,658.
d e e Subtotal. Add columns (b), (d), and (e)		0.		159,658.	0. 159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	0. 159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t  Line No. Explain below how each activity for which inco	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	159,658.

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

1	Did the orga	anization directly or indire	ectly engage in any o	f the following	with any other organizatio	n described in secti	on 501(c) of		Yes	No
	the Code (o	ther than section 501(c)	(3) organizations) or	in section 527	, relating to political organi	izations?				
a	Transfers fr	om the reporting founda	tion to a noncharitab	le exempt org	anization of:					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other a	issets						1a(2)		_X_
þ	Other trans									
	• •	of assets to a noncharitab						1b(1)		<u>X</u>
	• •	ises of assets from a non		ganization				1b(2)		X
		of facilities, equipment, o	or other assets					1b(3) 1b(4)		X
· · · · · · · · · · · · · · · · · · ·										X
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations										X
_	· · · · · · · · · · · · · · · · · · ·									X
	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other									
u		•		_	d less than fair market valu				cis,	
		the value of the goods, o			o 1000 man nam mannot van	o in any mandadison	or onaring arrangomong or			
a)L	<del></del>	b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring ari	angeme	nts
<u> </u>	<del></del>	·		N/A						
_										
						<u> </u>				
			<u> </u>							
							<del></del>			
						<del> </del>				
				<del></del>						
					<del></del>					
	<del></del>			<del></del>		<del> </del>				
22	Is the four	dation directly or indirect	l tly affiliated with or r	elated to one	or more tax-exempt organi	zations described	·			
44		501(c) of the Code (other				zations accornace	Γ	Yes	X	No
h		mplete the following sch		(0), 01 000.			_			
		(a) Name of org			(b) Type of organization		(c) Description of relationsh	np		
_		N/A					<del> </del>			
						L				
		<u>.</u>								
_					<u> </u>	L	. <del></del>		_	
_					ig accompanying schedules and n taxpayer) is based on all inforn		May	the IRS	discuss	this
Si	ign   ***********************************	N	18 0//		- dela		sho	rn with th	(see ins	er tr)?
П	Z		twell _		0/0//	1 /seaso	ser 1	【 Yes	· L	J No∫
Signature of officer or trustee Date Title  Print/Type preparer's name Preparer's signature Date						<del>,</del>	Check X If PTIN			
						Date	self- employed			
P	aid	CARY D CO	DATIJET T	1/2	/mill/	05/11/17	·	217	070	
	reparer	GARY D. CO Firm's name ► BRO	CAMETIT THEFT	DC SO	OMPANY, L.L.		Firm's EIN ► 54-0!	1312		
	se Only	Timis name > DRU	MIN' EDMYK	ا سور در	OMERMI, D.D.	F •	THIRSEIN > 54-U:	J U 4 O	vo	
_	<b>,</b>	Firm's address <b>P</b> .	O. BOX 16	97	<u> </u>		<del> </del>			
		1			01		Phone no. 304.32	25.8	157	
										/2016)

Part IV   Capital Gains and Los	ses for Tax on Investment Income		<del> </del>	(c) Date acquired	
(a) List and 2-story bri					
1a .80 SHS DOMINION RESOURCES INC				06/28/13	(mo., day, yr.)
b 1,000 SHS DOMINION RESOURCES INC				06/28/13	
c 1,500 SHS GULF	P	05/25/11			
d 500 SHS ISHARES		<u>E SERIES A PFD</u> IELD CORPORATE BON	D P	04/19/11	06/23/16
e 500 SHS ISHARES	B IBOXX \$ HIGH Y	IELD CORPORATE BON	D P	10/12/11	06/23/16
1 .65 SHS RMR GRO	OUP INC CL A		P	04/21/11	01/05/16
g .20 SHS RMR GRO	OUP INC CL A		P	04/12/11	
h .85 SHS BLACK 8			P	01/29/14	
	ADO REALTY TRUST			05/25/11	
	RHAEUSER CO 6.37	5% PREF CONV SER A	<u> </u>	06/28/13	06/23/16
k CAPITAL GAINS I	DIVIDENDS		<del> </del>		
<u> </u>			<del> </del>	<u></u>	
m			<del> </del>	<del> </del>	
<u>n</u>			-	<del> </del>	
			<u> </u>	<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(n) (e) (	) Gain or (loss) plus (f) minus (g)	
FO	(or unowable)	40.	(0) F	, (a) (i) iiiiida (g)	10
59.		50,010.			$\frac{19.}{<11,370.}$
38,640.		37,650.			311.
c 37,961. d 42,214.		45,865.			<3,651.>
40 014	<del></del>	42,635.			< <u>421.&gt;</u>
e 42,214. f 9.		8.			1.
	· · · · · · · · · · · · · · · · · · ·	2.			0.
$\frac{g}{h}$ 103.		86.			17.
37,500.		37,806.			<306.>
49,109.		50,291.			<1,182.>
k 4,695.			<del></del> -		4,695.
1					
m					
n					
0					
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69		sses (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		of col. (h) gam ove not less than "-0-")	r col. (k),
a					19.
b					<11,370.>
C					311.
d					<3,651.>
e					<421.>
f					1.
g					0.
<u>h</u>					17.
<u>.                                    </u>		ļ			<306.>
<del></del>		<del>                                     </del>			<1,182.>
<u>k</u>			·		4,695.
<u> </u>	<del> </del>	<del>                                     </del>			
<u>m</u>					
<u>n</u>					<del>_</del>
0			<del></del>		
2 Capital gain net income or (net ca	apital loss) { If gain, also ente	r in Part I, line 7 0-" in Part I, line 7 }			<11,887.
	ss) as defined in sections 1222(5) a	nd (6):			
If gain, also enter in Part I, line 8,	, column (c).	<b>&gt;</b>		1-	
If (loss), enter "-0-" in Part I, line	8		. L	N/A	

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480
Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		<u></u>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
BLUEFIELD STATE COLLEGE FOUNDATION	NONE	PC	CHARITABLE - FOR	
BLUEFIELD, WV			ENHANCEMENTS TO THE ATHLETIC HALL OF FAME	15,000
BOY SCOUTS OF AMERICA	NONE	PC	CHARITABLE	
CHARLESTON, WV				1,000
CASE, INC.	NONE	PC	CHARITABLE - DOWNTOWN	
BLUEFIELD, WV			MERCHANTS STREET FAIR	1,000
COMMUNITY FOUNDATION OF THE VIRGINIAS	NONE	PC	CHARITABLE - ADDITIONS	
BLUEFIELD, WV			of New Children's	
			STATIONS AT FAMILY	
			FRIENDLY TRAIL	10,000
GRAHAM HIGH SCHOOL	NONE	PC	CHARITABLE -	
BLUEFIELD, VA			RESURFACING TWO GYM	
		-	FLOORS	3,500
GREATER BLUEFIELD COMMUNITY CENTER	NONE	PC	CHARITABLE - PURCHASE	
BLUEFIELD, WV	NONE		OF DESERT AIRE SYSTEM	125,000
RESCUE MISSION OF ROANOKE	NONE	PC	CHARITABLE	
ROANOKE, VA	<del></del>	<del> </del>		10,000,
TOWN OF BLUEFIELD VA	NONE	PC	CHARITABLE - ICELESS	
Town of Buolification via			SKATING RINK FOR TOWN	
			CHRISTMAS TREE	
			LIGHTING CELEBRATION	6,095,
GRAHAM HIGH SCHOOL	NONE	PC	CHARITABLE - PHYSICAL	
BLUEFIELD, VA			EDUCATION UV SPLASH 5K	1,000,
GRAHAM HIGH SCHOOL	NONE	PC	CHARITABLE	
BLUEFIELD, VA		<u> </u>		10,000,
Total from continuation sheets				257 095

THE JUNE OBLINGER SHOTT FOUNDATION, INC. 87-0786480

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye				·
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
GREATER BLUEFIELD COMMUNITY CENTER BLUEFIELD, WV	NONE	PC	CHARITABLE - IMPROVEMENTS TO MEN'S AND WOMEN'S LOCKER ROOMS	35,000.
BLUEFIELD STATE COLLEGE BLUEFIELD, WV	NONE	PC	CHARITABLE - IMPROVEMENTS TO JUNE SHOTT FIELD AT BLUEFIELD STATE	34,500.
COMMUNITY FOUNDATION OF THE VIRGINIAS BLUEFIELD, WV	NONE	PC	CHARITABLE - CITY PARK	5,000.
Total from continuation sheets				

FORM. 990-PF	DIVIDENDS	AND INTERI	EST FROM SECUR	ITIES ST	'ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIRST CENTURY BANK TRUST ACCOUNT	176,240.	4,69	5. 171,545.	159,670.	
TO PART I, LINE 4	176,240.	4,69	5. 171,545.	159,670.	
FORM 990-PF		ACCOUNTI	NG FEES	Si	CATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		2,490.	2,490.		0.
TO FORM 990-PF, PG 1,	LN 16B	2,490.	2,490.		0.
FORM 990-PF	OT	HER PROFES	SIONAL FEES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TRUST FEES	<del></del>	29,809.	29,809.		0.
TO FORM 990-PF, PG 1,	LN 16C	29,809.	29,809.		0.
FORM 990-PF		TAX	ES	Sī	PATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SECRETARY OF STATE AN REPORT FEE	NUAL	25. 311.	0.		0.
EXCISE TAX FOREIGN TAX WITHHOLDI	NG	2,177.			0.
EXCISE TAX			2,177.		

FORM. 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
AGENT FEE	48.	48.		0.	
TO FORM 990-PF, PG 1, LN 23	48.	48.		0.	
	FOOTN	OTES	S'	TATEMENT 6	

FORM. 990-PF	CORPORATE STOCK			STATEMENT 7
DESCRIPTION		BOOK '	VALUE	FAIR MARKET VALUE
	-			
BB&T CORP SER PFD			37,755.	36,791.
DIGITAL REALTY TRUST INC PFD			38,447.	·
DOMINION RESOURCES INC PFD			38,600.	59,127.
HOSPITALITY PROERTIES TRUST REDI	EEMABLE CUM PFD		39,931.	37,830.
QWEST CORP PFD			38,610.	37,050.
SCE TR I TR PFD SER			37,067.	34,980.
US CELLULAR CORP SR NOTE			37,470.	37,485.
WELLTOWER INC PFD			22,840.	30,090.
WEYERHAEUSER CO 6.375% PFD			44,940.	48,144.
CROWN CASTLE INTL CORP PFD			49,128.	51,541.
STANLEY BLACK & DECKER INC CORP			51,294.	58,148.
AIR PRODUCTS & CHEMICALS INC			32,999.	57,528.
ALLSCRIPTS HEALTHCARE SOLUTIONS	INC		30,299.	15,315.
APACHE CORP			26,368.	18,025.
AT&T INC			26,760.	42,530.
BANK OF AMERICA CORP			59,441.	48,620.
BB&T CORP			34,655.	47,020.
BERKSHIRE HATHAWAY INC CL B			32,648.	65,192.
BRISTOL-MYERS SQUIBB CO		•	19,475.	58,440.
CHEMOURS CO		,	1,803.	4,418.
CISCO SYSTEMS INC			29,745.	45,330.
CITIGROUP INC			24,900.	8,915.
COCA-COLA CO COLGATE-PALMOLIVE CO			36,830.	41,460.
DU PONT E I DE NEMOURS & CO			36,410.	65,440.
ELI LILLY & CO			35,517.	73,400.
EXXON MOBIL CORP			40,778.	73,550.
FIRST CENTURY BANKSHARES INC			39,780. 55,188.	45,130.
FIRST COMMUNITY BANCSHARES INC			26,8 <b>41</b> .	233,993.
GENERAL DYNAMICS CORP			33,247.	23,419.
GENERAL ELECTRIC CO			42,840.	86,330.
GENERAL MOTORS CO			24,640.	63,200.
GOVERNMENT PROPERTIES INCOME TR	וופת פבית		37,027.	23,900. 28,598.
HARTFORD FINL SVCS GROUP INC	ODI REII		38,609.	65,805.
HCP INC			24,912.	23,776.
HONEYWELL INTERNATIONAL INC			24,993.	81,095.
INTEL CORP			26,070.	36,270.
INTERNATIONAL BUSINESS MACHINES	CORP		39,135.	49,797.
JOHNSON & JOHNSON	COILI		31,939.	57,605.
KRAFT HEINZ CO			18,742.	43,660.
MERCK & CO INC			37,690.	58,870.
METLIFE INC			30,817.	40,417.
MICROSOFT CORP			24,175.	62,140.
MONDELEZ INTL INC CL A			20,491.	44,330.
NEXTERA ENERGY INC			25,391.	45,992.
PEPSICO INC			33,750.	52,315.
PFIZER INC			22,779.	42,224.
· ——·		•	,,,,,	40,004.

THE JUNE OBLINGER SHOTT FOUND	ATION, INC.		87-0786480
PROCTER & GAMBLE CO RMR GROUP INC CL A SENIOR HOUSING PROERTIES TRUST SOUTHERN CO SYSCO CORP UNITED TECHNOLOGIES CORP VERIZON COMMUNICATIONS INC WASTE MANAGEMENT INC NESTLE SA ADR VODAFONE GROUP PLC ADR FIRST TRUST PREFERRED SEC & INC ADVANSIX INC COM	ETF	31,430. 398. 30,972. 29,156. 29,345. 56,770. 52,425. 30,820. 29,290. 53,195. 25,084. 134.	42,040. 1,264. 28,395. 39,352. 55,370. 56,235. 81,458. 70,910. 35,938. 26,629. 24,687. 620.
QUALITY CARE PPTYS INC COM VERSUM MATERIALS INC COM		2,600. 2,939.	2,480. 5,614.
TOTAL TO FORM 990-PF, PART II, 1	LINE 10B	2,038,295.	2,813,907.
FORM 990-PF (	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
2007 OMEGA DRILLING PROGRAM 2 LIMITED PARTNERSHIP	COST	4,690.	5,000.
BLACKSTONE GSO SENIOR FLOATING I	RATE COST	46,665.	45,200.
ISHARES CORE TOTAL US BOND MARK!	ET COST	195,120.	
ISHARES MBS MKT MBB ISHARES 1-3 YEAR CREDIT BOND MK' LOOMIS SAYLES STRATEGIC ALPHA Y PIMCO 0-5 YEAR HIGH YLD CORP BD POWERSHARES EMERGING MKTS SOVER	COST IDX COST	53,702. 52,734. 203,400. 49,263.	216,120. 53,170. 52,470. 197,000. 49,930.
DEBT WESTERN ASSET GLOBAL CORP DEFINE OPPOR FUND INC	ED COST	53,327. 35,730.	·
FIRST TRUST NASDAQ-100 EQUAL WE: GUGGENHEIM S&P 500R EQUAL WEIGH MKT		49,995. 171,664.	•
ISHARES HIGH DIVIDEND MKT ISHARES S&P 100 MKT ISHARES SELECT DIVIDEND MKT ISHARES RUSSELL MID-CAP MKT ISHARES CORE S&P SMALL CAP MKT ISHARES RUSSELL 2000 MKT ISHARES GLOBAL INDUSTRIALS MKT ISHARES MSCI EAFE MKT ISHARES MSCI EMERGING MARKETS MI ISHARES MSCI EMU INDEX MKT EZU MARKET VECTORS AGRIBUSINESS ETF WISDOMTREE EMERGING MARKETS HIGH	COST COST	57,089. 66,849. 42,652. 115,154. 115,220. 44,105. 56,767. 277,709. 265,899. 34,250. 27,313.	82,250. 99,300. 88,570. 232,518. 275,040. 67,425. 75,360. 288,650. 210,060.
DIV		58,058.	37,340.

INC.		87-0786480
COST	74,916.	54,830.
COST	46.455	
COCH	46,177.	23,620.
COST	50.735.	39,160.
COST	81,340.	81,991.
COST	24,912.	23,256.
i	2,355,435.	2,844,950.
	COST COST	COST 74,916. COST 46,177. COST 50,735. COST 81,340. COST 24,912.

FORM, 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FRANK W. WILKINSON PO BOX 1559 BLUEFIELD, WV 24701

TELEPHONE NUMBER

304-324-3214

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED APPLICATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOCUS OF THE FOUNDATION IS TO SUPPORT ORGANIZATIONS THAT POSITIVELY IMPACT CHILDREN THROUGH ATHLETICS IN THE AREAS OF SOUTHERN WEST VIRGINIA AND SOUTHWEST VIRGINIA.