Form **990-PF**

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2017
pen to Public Inspection
L

For calendar year 2017 or tax year beginning			, and ending		Open to Fublic Inspection
Name of foundation				A Employer identification	number
BOWLES RICE FOUNDATION				20-2077682	<u> </u>
Number and street (or P O box number if mail is not delivered			Room/suite	B Telephone number	
600 QUARRIER STREET, P				(304)347-1	.100
City or town, state or province, country, and ZIP or CHARLESTON, WV 25325-		postal code		C If exemption application is p	ending, check here
G Check all that apply: Initial return		Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
Final return		Amended return	•		· —
Address change		Name change		Foreign organizations me check here and attach co	peting the 85% test,
H Check type of organization: X Section 50	1(c)(3) e	xempt private foundation	9 U/	E If private foundation sta	
Section 4947(a)(1) nonexempt charitable trus		Other taxable private founda	ation	under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J	Account	ing method: X Cash	Accrual	F If the foundation is in a	
(from Part II, col. (c), line 16)		Other (specify)	1	under section 507(b)(1	
	rt I, colu	mn (d) must be on cash basi	s.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part 1 Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) in necessarily equal the amounts in column (a))	nay not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		50,000.	,	N/A	(cash basis only)
2 Check I if the foundation is not required to attac	Sch B		<i>"</i>		
Interest on savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·		
4 Dividends and interest from securities		37,651.	37,651.		STATEMENT 1
5a Gross rents		, , , , , , , , , , , ,			
b Net rental income or (loss)				promocratic commence	
6a Net gain or (loss) from sale of assets not on line 10		37,133.		REC	EIVED
b Gross sales price for all 420,7		,	, ,	60	
Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)			37,133.	B APR	19 2018 P
8 Net short-term capital gain		}	<u></u>	<u> </u>	2
9 Income modifications			,	OGD	1.74
Gross sales less returns 10a and allowances			,		
b Less Cost of goods sold		v			
c Gross profit or (loss)					
11 Other income		456.	456.		STATEMENT 2
12 Total. Add lines 1 through 11		125,240.	75,240.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
හි 16a Legal fees					
b Accounting fees STM1	_	7,442.	6,698.		744.
c Other professional fees STMT	4	10,982.	10,982.		0.
g 17 Interest	_	274.	274.	· — —	0.
18 Taxes STMT	5	1,858.	1,858.		0.
.ម្នាំ 19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses				·	
24 Total operating and administrative				<u> </u>	
expenses. Add lines 13 through 23		20,556.	19,812.		744. 70,000.
25 Contributions, gifts, grants paid		70,000.			70,000.
26 Total expenses and disbursements.					
Add lines 24 and 25		90,556.	19,812.		70,744.
27 Subtract line 26 from line 12;					
8 Excess of revenue over expenses and disbursemen	ts	34,684.		<u> </u>	Λ
b Net investment income (if negative, enter -0-)			55,428.		V
c Adjusted net income (if negative, enter -0-)				N/A	5 000 DE (0047)

723511 01-03-18

(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))
2016	65,744.	1,409,788.	.046634
2015	75,080.	1,414,296.	.053086
2014	60,744.	1,410,143.	.043076
2013	48,911.	1,312,284.	.037272
2012	59,570.	1,119,560.	.053208
7			222776

2 Total of line 1, column (d)

Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5

5 Multiply line 4 by line 3

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

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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.

2	233276
3	.046655
4	1,488,961.
5	69,467.
6	554.
7	70,021.
8	70,744.

Form	1 990-PF (2017) BOWLES RICE FOUNDATION 7 20-207	682		Page 4	
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstruc	ction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		_		
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%		5	<u>54.</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-)			<u>0.</u>	
3	Add lines 1 and 2		5	54.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>0.</u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	<u>54.</u>	
6	Credits/Payments:				
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,289.				
b	Exempt foreign organizations - tax withheld at source			1	
	Tax paid with application for extension of time to file (Form 8868) 6c 0 •			,	
	Backup withholding erroneously withheld 6d 0.				
7	Total credits and payments. Add lines 6a through 6d		<u>1,2</u>	<u>89.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			<u> </u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			35.	
	Enter the amount of line 10 to be: Credited to 2018 estimated tax			0.	
	rt VII-A Statements Regarding Activities	τ	Vac	No	
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	 	163	X	
	any political campaign?	1a_	├─	X	
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	16		 ^	
	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.	1.]	х	
	Did the foundation file Form 1120-POL for this year?	1c	_	<u> </u>	
G	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.])	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation] ,	
٠	managers. > \$ 0.		•		
,	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.	<u> </u>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	ì	Ì		
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	}	} ,	
	By language in the governing instrument, or	1	}		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1	1		
	remain in the governing instrument?	_6_	X	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X		
]		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	1	}		
	WV	1	[
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 G2 If "No," attach explanation	8b	X		
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	[٩
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X	V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	L	X	
		rm 990	1_DE	(2017)	

723531 01-03-18

723541 01-03-18

during the year?

b If "Yes," did it have excess business holdings in 2017 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

N/A

3b

4a

orm 990-PF (2017) BOWLES RICE FOUNDATION			20-20776	82	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	n 4945(e))?	Ye	es X No	Yes	No
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			s X No		Ì .
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	<u></u>	[32]		,
4945(d)(4)(A)? See instructions			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f		⊤ ਦ⊓ │		Ì
the prevention of cruelty to children or animals?			s X No	Ì	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	•	n Regulations	N/A	- - 5b	- 1
section 53.4945 or in a current notice regarding disaster assistance? See instr Organizations relying on a current notice regarding disaster assistance, check				<u> </u>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		nad		ŀ	1
expenditure responsibility for the grant?		I/A 🗀 Ye	s No	İ	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	./22		1	,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremiums on		Į.	l	1
a personal benefit contract?	pay prominanto on		s X No	f	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.	,				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	, <u> </u>	
b if "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Mai	nagers, Highly			
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	1 4-1 Eve	
(a) Name and address	(b) Title, and average hours per week devoted	(if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ext account allowa	other
	to position	enter -0-)	compensation	allowa	ilices_
	-				
SEE STATEMENT 8	1	0.	0.	1	0.
			<u> </u>		
	1			İ	
	7	ļ			
		1	!		
	<u> </u>				
	1	1		1	
	_	(
		I INCOME II		Ĺ	
Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Exr	nense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	, other
NONE	devoted to position	 	compensation	allowa	nces
NONE	_	ļ	1		
	 	 			
	1	1		}	
	 				
]			
	† 				
_				_	
	<u> </u>	<u></u>		L	
otal number of other employees paid over \$50,000					0
· · - 		- 	Form	990-PF	(2017)

Youan, Add lines I through 5	Form 99	0-PF (2017)
Total. Add lines 1 through 3	-	0.
	┥	
	-	
	_	
	\exists	
All other program-related investments. See instructions. 3		
All other program-related investments. See instructions		
2		
	7	
1 <u>N/A</u>	\dashv	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amo	ount
Part IX-B Summary of Program-Related Investments		
4	\dashv	
<u></u>		
3		
	-	
2	_	
1 N/A	\dashv	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expe	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Expe	nses
Part IX-A Summary of Direct Charitable Activities		
Total number of others receiving over \$50,000 for professional services		0
NONE		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c)	Compensation
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
	<u>-2077682</u>	Page 7

Part X Minimum Investment Return (All domestic foundations must complete this part. F	Foreign foundations, se	ee instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
Average monthly fair market value of securities	1a	1,388,467.
b Average of monthly cash balances	1b	1,388,467. 123,169.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	1,511,636.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets		0.
3 Subtract line 2 from line 1d	3	1,511,636.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	22,675.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,488,961.
6 Minimum investment return. Enter 5% of line 5	6	74,448.
Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating for	oundations and certain	
foreign organizations, check here and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	74,448.
2a Tax on investment income for 2017 from Part VI, line 5	554.	
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	_2c	554.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	73,894.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	73,894.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	73,894.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
Expenses, contributions, gifts, etc total from Part I, column (d), line 26	<u>1a</u>	70,744.
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	70,744.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	554.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	70,190.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation qualifies for t	the section
4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
4. Dieterbritable assessed to 2047 to 10 124	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				52 224
2 Undistributed income, if any, as of the end of 2017				73,894.
a Enter amount for 2016 only			···· 66 E64	
b Total for prior years:			66,564.	
g rotal for prior yours.		· 0.		
3 Excess distributions carryover, if any, to 2017:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
a From 2012				
b From 2013				
c From 2014		·		
d From 2015	*			
e From 2016		. *		
f Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·	* *		
4 Qualifying distributions for 2017 from			,	
Part XII, line 4: ►\$70,744.	,	3	,	
a Applied to 2016, but not more than line 2a	* ^	¢ ,	66,564.	
b Applied to undistributed income of prior			20,304.	<u> </u>
years (Election required - see instructions)	· ·	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.1	*	, *	
d Applied to 2017 distributable amount	,	1		4,180.
e Remaining amount distributed out of corpus	0.	······································		4,100.
5 Excess distributions carryover applied to 2017	0.	*		0.
(If an amount appears in column (d), the same amount must be shown in column (a))		,	,	,
6 Enter the net total of each column as indicated below:		* * * * * * * * * * * * * * * * * * * *	***	, v , v ,
·	\ \frac{1}{2}	* *	,	*
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		*	
b Prior years' undistributed income. Subtract line 4b from line 2b		0.	*	* s*
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017, Subtract	······································			
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				69,714.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				1
section 170(b)(1)(F) or 4942(g)(3) (Election				,
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			ì
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:				
a Excess from 2013				ı
b Excess from 2014				
c Excess from 2015				ı
d Excess from 2016	l			ı
e Excess from 2017				

Form 990-PF (2017) BOWI	LES RICE FOUN	DATION			077682 Page 10
Part XIV Private Operat	ing Foundations (se	e instructions and Part V	/II-A, question 9)	N/A	
1 a If the foundation has received a	ruling or determination letter	that it is a private operating)		
foundation, and the ruling is effi	ective for 2017, enter the date	e of the ruling	▶		
b Check box to indicate whether t	he found <u>ation is a private op</u> e	erating foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted			Prior 3 years		
income from Part I or the minin	num (a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X fo	or				
each year listed	<u> </u>			<u> </u>	4
b 85% of line 2a					
c Qualifying distributions from Pa	rt XII,				į.
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not	:				
used directly for active conduct	of				Í
exempt activities			<u> </u>		
e Qualifying distributions made di	rectly			/	
for active conduct of exempt ac	tivities.				
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)	V(1)				
b "Endowment" alternative test - e	nter		/		
2/3 of minimum investment retu shown in Part X, line 6 for each			´		
listed				+	
c "Support" alternative test - enter	ſ				1
(1) Total support other than grant investment income (interes					
dividends, rents, payments					
securities loans (section					
512(a)(5)), or royalties)			+		
(2) Support from general publi and 5 or more exempt	C				1
organizations as provided if	n				1
section 4942(j)(3)(B)(iii)	· /		 		
(3) Largest amount of support	Trom				
an exempt organization					
(4) Gross investment income Part XV Supplementary	y Information (Com	plete this part only	if the foundation	had \$5 000 or mo	re in assets
	ring the year-see in		ii tile loulidation	rnau φο,σσο σι mic	ne ili assets
1 Information Regarding Fou					
a List any managers of the founda	-	nore than 2% of the total cor	ntributions received by the	e foundation before the clo	nea of any tay
year (but only if they have contr			in inductions received by the	e louridation before the cic	Se of any tax
NONE	, , ,	· · · · · ·			
b List any managers of the founda	ation who own 10% or more	of the stock of a corporation	(or an equally large port	inn of the ownership of a r	partnership or
other entity) of which the found			i (or air equally large port	ion of the ownership of a p	arthorship of
NONE	·				
2 Information Regarding Cor	stribution Grant Gift L	on Scholarchin etc. F	Programs:		
Check here ► X if the foun				not accept uncolicited rea	ugete for funde. If
the foundation makes gifts, gran					uests for fullus. II
a The name, address, and telepho					
a The hame, address, and telepho	ile ildiliber of efficie address	of the person to whom appr	ications should be addres	sscu.	
b The form in which applications s	should be submitted and info	rmation and materials they	should include;		
e Any culturation deadlinest					
c Any submission deadlines:					
d Any restrictions or limitations of	awards, such as by geogra	phical areas, charitable field	s, kinds of institutions, or	other factors:	

Part XV Supplementary Information	on (continued)			
3 Grants and Contributions Paid During the		Payment		
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	**	
Paid duning the year		1		
DISCOVER THE REAL WEST VIRGINIA	none	₽C	TO DIVERSIFY WEST	
405 CAPITOL STREET			VIRGINIA'S ECONOMY AND	
CHARLESTON, WV 25301			GIVE EXISTING	
			INDUSTRIES THE TOOLS	
		<u> </u>	THEY NEED TO BE	10,000.
LEGAL AID OF WEST VIRGINIA	NONE	PC	HIGH QUALITY LEGAL	
922 QUARRIER STREET	\	1	SERVICES FOR THE POOR	
CHARLESTON, WV 25301		<u> </u>	AND VULNERABLE	15,000.
VISION SHARED	NONE	PC	TO SUPPORT THE	
2011 QUARRIER STREET		4	PROGRAMS OF VISION	
CHARLESTON, WV 25311			SHARED IN DEVELOPING A	
			STRATEGY THAT WILL	
			SUSTAIN WEST VIRGINIA	5,000.
WVU FOUNDATION	NONE	PC	COLLEGE OF LAW	
P.O. BOX 6130			1 1	
MORGANTOWN, WV 26506		 		25,000.
YMCA OF THE KANAWHA VALLEY	NONE	PC	TO SUPPORT THE	
100 YMCA DR.		1	PROGRAMS OFFERED AT	
CHARLESTON, WV 25311			THE LOCAL YMCA THAT	
		1	HELP GUIDE A HEALTHY	
			SPRIRIT, MIND, AND	10,000.
	ONTINUATION SHEE	T(S)	▶ 3a	70,000.
b Approved for future payment				
NONE				
		ļ		
	}		1	
		 		
	}			
Total		1	▶ 3b	0.

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XVI-A	Analysis	of Income-	Producing	Activities
------------	----------	------------	-----------	------------

	Unsalsås	id husiness income	<u> </u>	T. (1)	
Enter gross amounts unless otherwise indicated.	(a) Business	d business income (b) Amount	(C) Exclu- sion code	ded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7	
a	h		!	 	
	 				
d	 		 		
e	<u> </u>		 		
1					
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	37,651.	
5 Net rental income or (loss) from real estate:				,	
a Debt-financed property			<u> </u>		
b Not debt-financed property			L_		
6 Net rental income or (loss) from personal	1 1		ĺ		
property	 		1	456	
7 Other investment income	1		14	456.	
8 Gain or (loss) from sales of assets other	1 1		10	27 122	
than inventory			18	37,133.	
9 Net income or (loss) from special events			├		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			\vdash		
	1 1		ł		
a	 		 		
c			 		
d			 		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		75,240.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	75,240.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	mpt	Purposes	
Line No. Explain below how each activity for which incom	ne is reported in	n column (a) of Part Y\/I_A	contrib	uited importantly to the accomi	nlishment of
the foundation's exempt purposes (other than b			COMMIN	died importantly to the accomp	pholiment of
	<u>, , , , , , , , , , , , , , , , , , , </u>				
					
					
					
					
					
					
					
					
					

Form **990-PF** (2017)

723621 01-03-18

'Lait VAII	Exempt Organ		siers to a	no transactions	and Relationsi	nps with Noncharit	able		
1 Did the o	rganization directly or indi		of the followin	ng with any other organiz	ation described in sec	tion 501(c)	T	Yes	No
	an section 501(c)(3) organ			• •		10.7 00 1(0)			<u> </u>
-	s from the reporting founda	•		• •	-			l i	1
(1) Cast				•			1a(1)		х
(2) Othe							1a(2)		X
b Other tra	nsactions:								
(1) Sale	s of assets to a noncharital	ble exempt organiza	tion				16(1)		X
(2) Puro	chases of assets from a nor	ncharitable exempt o	organization				1b(2)		X
	tal of facilities, equipment,		-				1b(3)		X
	nbursement arrangements						1b(4)		X
(5) Loar	ns or loan guarantees						1b(5)		X
(6) Perf	ormance of services or me	mbership or fundrai	sıng solıcıtatıo	ons			1b(6)		X
c Sharing o	of facilities, equipment, ma	iling lists, other asse	ets, or paid em	ployees			1c		X
d If the ans	swer to any of the above is	"Yes," complete the	following sche	edule. Column (b) should	l always show the fair	market value of the goods, o	ther ass	ets,	
or service	es given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market v	alue in any transactio	n or sharing arrangement, sh	iow in		
	d) the value of the goods, of								
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	on of transfers, transactions, and s	haring arra	angemen	its
		·	<u> N/A</u>						
									
									
					- 				
									
					_ +				
						 			
		· 							
2a Is the fou	ndation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt org	anizations described				
ın section	501(c) (other than section	1 501(c)(3)) or in se	ction 527?				Yes	X	No
b If "Yes," c	omplete the following sche	dule		, -					
	(a) Name of org	anization		(b) Type of organization	n	(c) Description of relationsh	пр		
	N/A			<u> </u>	_				
				ļ					
				ļ					
					- 				
Under	penalties of perjury, I declare th	nat I have examined this	return including	accompanying schedules an	t statements and to the hi	est of my knowledge			
	elief, it is eque, correct, and comp					May	the IRS d	scuss the	nis T
Here	Though D	Herore)	•	13/20/18	PRESI	shov	wn below?	See ins	t T
Sign	nature of officer or trustee	HOUR .		Data Data	Title	DEMI	Yes		J No
	Print/Type preparer's na	pre -	Preparer's si	ionature	Date	Check If PTIN			
	J			· g · · · · · · · ·		self- employed			
Paid	SUSAN S. DU	ILL	SUSAN	S. DULL	03/08/18		233	523	
Preparer	Firm's name ► DIX				1-0,00,10	Firm's EIN ► 56-07			
Use Only									
	Firm's address ▶ P.(O. BOX 17	47						
	CHA	ARLESTON,	<u>wv</u> 25	326		Phone no. (304)			
						Fo	rm 990	PF	(2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

E	OWLES RICE FOUNDATION	20-2077682
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule X For an organizati property) from ar	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule contributions totaling by one contributor. Complete Parts I and II See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, of the during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount Z, line 1. Complete Parts I and II.	r 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a nutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educations of more than animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a is exclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it role, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box , charitable, etc.,
but it must answer "No" o	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

BOWLE	S_RICE_FOUNDATION		-2077682
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOWLES RICE MCDAVID GRAFF & LOVE PLLC 600 QUARRIER STREET CHARLESTON, WV 25301	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

BOWLES RICE FOUNDATION

20-2077682

art II Nond	cash Property (see instructions). Use duplicate copies of Pa		-2077682
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

BOWLES RICE FOUNDATION Coclusions in Rigidous, charitable, etc., combinations to equationise described in section 591(b)(7), (6), or (10) has that that more than \$1,000 for combination of the combinatio	Name of org	anization		Employer identification number
Part II Exclusively religious, charitable, etc., postribution to organizations described in section 501(etc.)*, (8), or (10) that total more than \$1,000 for the section of complete grant, near the local described columns (a) through (a) and the following the efficiency completes grant, near the local described columns (a) through (a) and the following the efficiency proposed or form the discharation of the first additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	R∩WT.FS	S RICE FOUNDATION		20-2077682
completing Part II. where the stool of exclusively relapose, shoreholds, so, combibilities of \$1,000 or less for the year. (It intrinsing out \$2.00 or (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferce's name, address, and ZIP + 4 (e) Transfer of gift (f) Purpose of gift (e) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) No. (h) Purpose of gift (e) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferce's name, address, and ZIP + 4 Relationship of transferor to transferce (e) Transfer of gift (f) No. (h) Purpose of gift (e) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferce's name, address, and ZIP + 4 Relationship of transferor to transferce (e) Transfer of gift (f) No. (h) Purpose of gift (e) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) No. (h) Purpose of gift (e) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held	Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
Use duplicate copies of Part III if additional space is needed. (a) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferse's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift Transferse's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (g) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferse's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (g) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. Form (b) Purpose of gift (d) Description of how gift is held		the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follous.charitable, etc., contributions of \$1,000 or	OWING LINE ENTRY. For organizations less for the year (Enter this info once) \$
(e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (g) No. (h) Purpose of gift (h) Purpose				
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (e) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (form I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (e) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (form I) (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held				
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (form Part I) (e) Transfer of gift (form Part I) (e) Transfer of gift (form Part I) (form Part I) (g) No. (h) Purpose of gift (e) Use of gift (d) Description of how gift is held (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (form Part I) (g) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held				
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift	ſ		(e) Transfer of gif	ft
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	ļ. -	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held				
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	(a) No.			
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held				
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held				
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	1		(e) Transfer of git	ft
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held	}	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held				
(e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held				
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift				
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	L			
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	[(e) Transfer of gif	ft
(e) Transfer of gift	-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(e) Transfer of gift				
(e) Transfer of gift				
	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of gif	t
	-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)		. 	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
EDBOTAL OLYMPTOS	NO.VIII		CUDDODE EUR CDECINIA	
SPECIAL OLYMPICS 3055 MOUNT VERNON RD	NONE	PC PC	SUPPORT THE SPECIALY	
			OLYMPICS PROGRAM IN WV IN MEMORY OF PHYLLIS	
HURRICANE, WV 25526			POTTERFIELD	5,000
	 		-	
			1	
	Ì			
		1		
		}		
	Ì	1		
	 	 		
		1		
		1		
	 	 		
		1		
		1		
	 			
		1	1	
		1		
		}		
	 	 	+	
		1		
		}		
		1		
	 	 	+	
	†		 	
		}		
		}		
Total from continuation sheets				5,000

FÒRM 990-PF	DIVIDEND	S AND	INTER	EST	FROM SECU	RITIES	S1	PATEMENT 1
SOURCE	GROSS AMOUNT	G	APITAL GAINS /IDEND		(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM
ACCRUED INTEREST	45	•		0.	45		45.	
CAPITAL GAINS DISTRIBUTIONS	205			0.	205	3.	05.	
DIVIDENDS	32,091	•		0.	32,091	32,0	91.	
INTEREST	5,310	•		0.	5,310	5,3	10.	
TO PART I, LINE 4	37,651	·		0.	37,651	37,6	51.	
FORM 990-PF		ΓO	THER I	NCO	<u></u> 1Е	 	SI	PATEMENT 2
					 			
DESCRIPTION			;	REV		(B) NET INVEST- MENT INCOM		(C) ADJUSTED NET INCOME
MISCELLANEOUS					456.	450	 6.	
TOTAL TO FORM 990-PF	r, PART I,	LINE	11 ==		456.	450	6. == =	
FORM 990-PF	F, PART I,		COUNTI	NG F		450	=====	'ATEMENT 3
FORM 990-PF	F, PART I,		COUNTI	NET		(C) ADJUSTEI NET INCOM	si	(D)
	F, PART I,	ACC (A EXPEN PER E	COUNTI	NET	'EES (B) 'INVEST-	(C) ADJUSTEI NET INCOM	si	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION ACCOUNTING FEES		ACC (A EXPEN PER E	COUNTI	NET	'EES (B) 'INVEST- IT INCOME	(C) ADJUSTEI NET INCOM	si	(D) CHARITABLE PURPOSES 744
FORM 990-PF DESCRIPTION	., LN 16B	ACC (A EXPEN PER E	COUNTII	NET MEN	(B) : INVEST- IT INCOME 6,698.	(C) ADJUSTEI NET INCOM	ST D ME	(D) CHARITABLE
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1	., LN 16B	ACC (A EXPEN PER E	COUNTINAL SES SOOKS 7,442.	NET	FEES (B) INVEST- IT INCOME 6,698.	(C) ADJUSTEI NET INCOM	ST OME ST	(D) CHARITABLE PURPOSES 744
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1	., LN 16B	ACC (A EXPEN PER E 7 7 THER F (A EXPEN PER B	COUNTINAL SES SOOKS 7,442.	NET	TEES (B) TINVEST- IT INCOME 6,698. 6,698. IAL FEES (B) TINVEST-	(C) ADJUSTEI NET INCOM	ST OME ST	(D) CHARITABLI PURPOSES 744 744 CATEMENT 4 (D) CHARITABLE

FÖRM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER' BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LICENSES FOREIGN TAXES	25. 1,833.	25. 1,833.		0.	
TO FORM 990-PF, PG 1, LN 18	1,858.	1,858.		0.	

FORM 990-PF	U.S. A	ND STATE/CIT	Y GO	VERNMENT	OBLIGATIONS	STATEMENT 6
DESCRIPTION			U.S. T'VO	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY		_	х		184,147.	185,421.
TOTAL U.S. GOVER	RNMENT OBL	IGATIONS		-	184,147.	185,421.
TOTAL STATE AND	MUNICIPAL	GOVERNMENT	OBLI	GATIONS		
TOTAL TO FORM 99	00-PF, PAR	r II, LINE 1	0A	=	184,147.	185,421.
FORM 990-PF		CORPO	RATE	STOCK		STATEMENT 7
DESCRIPTION					BOOK VALUE	FAIR MARKET VALUE
SMITH BARNEY				-	1,155,676.	1,300,628.
TOTAL TO FORM 99	0-PF, PAR	r II, LINE 1	0в	-	1,155,676.	1,300,628.

	LIST OF OFFICERS, I AND FOUNDATION MANA		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
THOMAS A. HEYWOOD 600 QUARRIER STREET CHARLESTON, WV 25301	PRESIDENT 0.50	0.	0.	0.
CHAZZ PRINTZ 101 S. QUEEN STREET MARTINSBURG, WV 25401	DIRECTOR 0.50	0.	0.	0.
JUDY MARGOLIN 600 QUARRIER STREET CHARLESTON, WV 25301	TREASURER 0.50	0.	0.	0.
MELODY SIMPSON 600 QUARRIER STREET CHARLESTON, WV 25301	SECRETARY 0.50	0.	0.	0.
BRECK MARTIN 501 AVERY STREET PARKERSBURG, WV 26101	DIRECTOR 0.50	0.	0.	0.
AMY TAWNEY 600 QUARRIER STREET CHARLESTON, WV 25301	DIRECTOR 0.50	0.	0.	0.
SETH WILSON 600 QUARRIER STREET CHARLESTON, WV 25301	DIRECTOR 0.50	0.	0.	0.
MARC MONTELEONE 600 QUARRIER STREET CHARLESTON, WV 25301	DIRECTOR 0.50	0.	0.	0.
RHONDA HARVEY 600 QUARRIER STREET CHARLESTON, WV 25301	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGI	E 6, PART VIII	0.	0.	0.