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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 instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
PEOPLES BANK FOUNDATION INC

A Employer identification number
30-0222364

Number and street (or P O box number if mail is not delivered to street address)
138 PUTNAM STREET

Room/suite

B Telephone number (see instructions)
(740) 674-6147

City or town, state or province, country, and ZIP or foreign postal code
MARIETTA, OH 45750

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 489,733

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	372,583			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	8,557	8,557		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	20,315			
	b	Gross sales price for all assets on line 6a 118,284				
	7	Capital gain net income (from Part IV, line 2)		20,315		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	401,455	28,872		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	6,234	6,234		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	572	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	1,975	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	8,781	6,234		0
	25	Contributions, gifts, grants paid	430,167			430,167
	26	**Total expenses and disbursements.** Add lines 24 and 25	438,948	6,234		430,167
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-37,493			
	b	**Net investment income** (if negative, enter -0-)		22,638		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	68,590	19,685	19,685
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	658	586	586
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	220,737	215,848	329,458
	c Investments—corporate bonds (attach schedule)	122,612	138,926	140,004
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	412,597	375,045	489,733
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	412,597	375,045	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	0	0	
	30 **Total net assets or fund balances** (see instructions)	412,597	375,045	
	31 **Total liabilities and net assets/fund balances** (see instructions)	412,597	375,045	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	412,597
2	Enter amount from Part I, line 27a	2	-37,493
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	375,104
5	Decreases not included in line 2 (itemize) ▶	5	59
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	375,045

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	BOB EVANS FUND - PUBLICLY TRADED	P		2017-12-31
b	BOB EVANS FUND - PUBLICLY TRADED	P		2017-12-31
c	BOB EVANS FUND - DIVIDENDS	P		2017-12-31
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	20,178		18,644	1,534
b	94,757		79,325	15,432
c	3,349			3,349
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				1,534
b				15,432
c				3,349
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	20,315
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	591,118	520,325	1 136055
2015	404,520	821,959	0 492141
2014	302,225	853,129	0 354255
2013	262,422	798,554	0 328621
2012	236,835	659,722	0 358992

2	**Total** of line 1, column (d)	2	2 670064
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 534013
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	402,719
5	Multiply line 4 by line 3	5	215,057
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	226
7	Add lines 5 and 6	7	215,283
8	Enter qualifying distributions from Part XII, line 4	8	430,167

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	226
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	226
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	226
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 586		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	586
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	360
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 360 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ BETH WORTHINGTON Telephone no ▶ (740) 374-6147

Located at ▶ 138 PUTNAM STREET MARIETTA OH ZIP+4 ▶ 45750

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 ▶ 15

16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
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, Form 4720, to determine if the foundation had excess business holdings in 2017).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			**5b**	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	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?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**6b**	**No**
	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?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			**7b**	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over $50,000. . . . . ▶ 0

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	345,924
b	Average of monthly cash balances	1b	62,928
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	408,852
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	408,852
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,133
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	402,719
6	**Minimum investment return.** Enter 5% of line 5	6	20,136

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

1	Minimum investment return from Part X, line 6			1	20,136
2a	Tax on investment income for 2017 from Part VI, line 5	2a	226		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	226
3	Distributable amount before adjustments Subtract line 2c from line 1			3	19,910
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	19,910
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	19,910

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	430,167
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	430,167
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	226
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	429,941

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				19,910
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012. 204,379				
b From 2013. 233,405				
c From 2014. 259,826				
d From 2015. 363,882				
e From 2016. 565,246				
f Total of lines 3a through e.	1,626,738			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 430,167				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				19,910
e Remaining amount distributed out of corpus	410,257			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,036,995			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .	204,379			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,832,616			
10 Analysis of line 9				
a Excess from 2013. . . . 233,405				
b Excess from 2014. . . . 259,826				
c Excess from 2015. . . . 363,882				
d Excess from 2016. . . . 565,246				
e Excess from 2017. . . . 410,257				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

KRISTI CLOSE
138 PUTNAM STREE
MARIETTA, OH 45750
(740) 374-6172

b The form in which applications should be submitted and information and materials they should include

GRANT APPLICATION

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

PRINCIPAL AREAS IN OHIO, WEST VIRGINIA, AND KENTUCKY

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				430,167
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	8,557	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	20,315	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		28,872	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	28,872

(See worksheet in line 13 instructions to verify calculations)

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

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

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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 assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2018-05-10	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
INEZ G BOWIE CPA				P00099228
Firm's name ▶ REA & ASSOCIATES INC				Firm's EIN ▶34-1310124
Firm's address ▶ 941 STEUBENVILLE AVE PO BOX 820 CAMBRIDGE, OH 437250820				Phone no (740) 432-5658

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
GEORGE BROUGHTON 3700 STATE ROUTE 60 MARIETTA, OH 45750	DIRECTOR 1 00	0	0	0
KRISTI CLOSE 138 PUTNAM STREET MARIETTA, OH 45750	GRANT COORDINATOR-VP 1 00	0	0	0
BETH WORTHINGTON 138 PUTNAM STREET MARIETTA, OH 45750	TREASURER/DIRECTOR 1 00	0	0	0
CHUCK SULERZYSKI 138 PUTNAM STREET MARIETTA, OH 45750	DIRECTOR 1 00	0	0	0
STACI MATHENEY 138 PUTNAM STREET MARIETTA, OH 45750	CHAIRMAN/PRESIDENT 1 00	0	0	0
TRACY JENSEN 138 PUTNAM STREET MARIETTA, OH 45750	DIRECTOR 1 00	0	0	0
JIM HUGGINS 138 PUTNAM STREET MARIETTA, OH 45750	DIRECTOR 1 00	0	0	0
M RYAN KIRKMAN 138 PUTNAM STREET MARIETTA, OH 45750	SECRETARY 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
6TH AVE CHURCH OF CHRIST 530 20TH ST HUNTINGTON, WV 25703		PC	HEALTH AND HUMAN SERVICES	2,000
ADAMS HOUSE MINISTRIESPO BOX 93 MIDDLEBOURNE, WV 26149		PC	HEALTH AND HUMAN SERVICES	1,500
AKRON CANTON REGIONAL FOOD BANK 350 OPPORTUNITYPARKWAY AKRON, OH 44307		PC	HEALTH AND HUMAN SERVICES	2,000
ARTSBRIDGE INCPO BOX 1706 PARKERSBURG, WV 26102		PC	ARTS ENCOUNTER AT LOCAL MIDDLE SCHOOL	4,000
ASHLAND FIRST UNITED METHODIST CHURCH 1811 CARTER AVE ASHLAND, KY 41101		PC	HEALTH AND HUMAN SERVICES	2,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORETHURSTON AREA FOOD PANTRY 1760 W MARKET ST BALTIMORE, OH 43105		PC	HEALTH AND HUMAN SERVICES	1,500
BELPRE AREA MINISTRIES INC PO BOX 101 BELPRE, OH 45714		PC	HEALTH AND HUMAN SERVICES	1,000
BOYS & GIRLS OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON, OH 44306		PC	AFTER SCHOOL & SUMMER YOUTH PROGRAM SUPPORT	2,000
CATHOLIC CHARITIES WEST VIRGINIA INC 2000 MAIN ST WHEELING, WV 26003		PC	HEALTH AND HUMAN SERVICES	1,500
CHATFIELD COLLEGE20918 SR 251 ST MARTIN, OH 45118		PC	YOUTH AND EDUCATION	20,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK RD SUITE 505 COLUMBUS, OH 43229		PC	SUPPORT SCHOOL BREAKFAST PROGRAM	1,000
CITY OF POINT PLEASANT KRODEL PARK PLAYGROUND 400 VIAND ST POINT PLEASANT, WV 25550		PC	SPRAY PARK AT KRODEL PARK	1,000
CLERMONT COMMUNITY SERVICES CLERMONT COUNTY HOMELESS SHELTER 2400 CLERMONT CENTER DR BATAVIA, OH 45103		PC	HEALTH AND HUMAN SERVICES	750
CLERMONT SENIOR SERVICES INC 2085 JAMES E SAULS SR D BATAVIA, OH 45103		PC	HEALTH AND HUMAN SERVICES	2,000
CLINTON COUNTY COMMUNITY ACTION FOOD PANTRY 789 N NELSON AVE WILMINGTON, OH 45177		PC	HEALTH AND HUMAN SERVICES	750
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLINTON COUNTY FOUNDATION 290 PRAIRIE AVE WILMINGTON, OH 45177		PC	PARK LEGACY FUND	6,000
CLINTON COUNTY FOUNDATION 290 PRAIRIE AVE WILMINGTON, OH 45177		PC	HEALTH AND HUMAN SERVICES	750
CLINTON COUNTY SERVICES FOR THE HOMELESS INC 36 GALLUP ST WILMINGTON, OH 45177		PC	HEALTH AND HUMAN SERVICES	750
COMMUNITY ACTION PROGRAM OF WASHINGTON-MORGAN COUNTIES OHIO 218 PUTNAM STREET MARIETTA, OH 45750		PC	BACKPACK PROGRAM SUPPORT	2,500
CONSUMER CREDIT COUNSELING SERVICE OF THE MID OHIO VALLEY 2715 MURDOCH AVE PARKERSBURG, WV 26101		PC	FINANCIAL EDUCATION PROGRAM SUPPORT	2,500
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSLIGHT OF HOPE 33483 HUNTINGTON RD ASHTON, WV 25503		PC	HEALTH AND HUMAN SERVICES	1,000
CUYAHOGA COMMUNITY COLLEGE 700 CARNEGIE AVE CLEVELAND, OH 44115		PC	FOR WOMEN IN TRANSITION PROGRAM	2,000
DOWNTOWN ATHENS KIWANIS SCHOLARSHIP FUND PO BOX 494 ATHENS, OH 45701		PC	SUPPORT SCHOLARSHIPS	1,000
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORP 1035 ROSEMARY BLVD SUITE J AKRON, OH 44306		PC	FINANCIAL COUNSELING PROGRAM SUPPORT	1,500
FIRST CONGREGATIONAL CHURCH 318 FRONT ST MARIETTA, OH 45750		PC	HEALTH AND HUMAN SERVICES GRANT TO	2,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD PANTRY NETWORK OF LICKING COUNTY 823 STEELE AVE NEWARK, OH 43055		PC	HEALTH AND HUMAN SERVICES GRANT TO	2,500
FOOD PROGRAM AND CLOTHESLINE OF JACKSON 210 PEARL ST JACKSON, OH 45640		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
FOUNDATION FOR APPALACHIAN OHIO P O BOX 456 35 PUBLIC SQUARE NELSONVILLE, OH 45764		PC	YOUTHA ND EDUCATION	11,400
FRANKLIN AREA COMMUNITY SERVICES 345 S MAIN ST FRANKLIN, OH 45005		PC	HEALTH AND HUMAN SERVICES GRANT TO	750
FRIENDS AND NEIGHBORSPO BOX 26 COOLVILLE, OH 45723		PC	HEALTH AND HUMAN SERVICES	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES KYOWVA AREA INC 1102 MEMORIAL BLVD P O BOX 7365 HUNTINGTON, WV 25776		PC	GRANT FOR HUMAN SERVICES	2,000
GRACE PANTRY1101 STEUBENVILLE AVE CAMBRIDGE, OH 43725		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
GREATER AKRON MUSICAL ASSOC DBA AKRON SYMPHONY 92 NORTH MAIN ST AKRON, OH 44308		PC	ARTS AND CULTURE GRANT FOR	4,000
GREATER CLEVELAND FOOD BANK INC 15500 S WATERLOO RD CLEVELAND, OH 44110		PC	HEALTH AND HUMAN SERVICES GRANT TO	2,500
HELPING HANDS OF GREENUP PO BOX 633 GREENUP, KY 41144		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,500
Total 3a . . . . . ▶				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOCKING ATHENS PERRY COMMUNITY ACTION PO BOX 220 GLOUSTER, OH 45732		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
HOPE UNITED METHODIST CHURCH MY BROTHER'S PLACE P O BOX 620 WELLSTON, OH 45692		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
INTER PARISH MINISTRY INC 3RD AND NORTH STREETS BATAVIA, OH 45103		PC	HEALTH AND HUMAN SERVICES GRANT TO	750
INTERCHURCH SOCIAL SERVICES 306 WEST GAMBIER ST MOUNT VERNON, OH 43050		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
INTERFAITH HOSPITALITY OF WARREN COUNTY 203 E WARREN ST LEBANON, OH 45036		PC	HEALTH AND HUMAN SERVICES GRANT TO	750
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF OKI PARTNERS INC - DAYTON OH 2 120 W SECOND ST SUITE 316 DAYTON, OH 45402		PC	YOUTH AND EDUCATION	2,000
LANCASTER FESTIVAL INC 117 W WHEELING ST LANCASTER, OH 43130		PC	ARTS AND CULTURE GRANT FOR ARTISTS	2,500
LIVE HEALTHY APPALACHIAP O BOX 930 ATHENS, OH 45701		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
LOWELL AREA MISSION BASKET FOOD PANTRY INC 305 4TH ST LOWELL, OH 45744		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
LUTHERAN SOCIAL SERVICES CALDWELL FOOD PANTRY 315 MAIN ST CALDWELL, OH 43725		PC	HEALTH AND HUMAN SERVICES GRANT TO	2,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SOCIAL SERVICES FAIRFIELD COUNTY FOOD PANTRY 2045 E MAIN ST LANCASTER, OH 43130		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,500
MARIETTA COLLEGE215 FIFTH ST MARIETTA, OH 45750		PC	YOUTH AND EDUCATION	25,000
MARIETTA COMMUNITY FOUNDATION EXECUTIVE DIRECTOR PO BOX 77 MARIETTA, OH 45750		PC	BUILDING BRIDGES TO CAREERS PROGRAM	3,000
MARIETTA COMMUNITY FOUNDATION EXECUTIVE DIRECTOR PO BOX 77 MARIETTA, OH 45750		PC	HUMAN SERVICES GRANT FOR	7,000
MARIETTA MEMORIAL401 MATTHEW ST MARIETTA, OH 45750		PC	HEALTH AND HUMAN SERVICES	10,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEIGS COOPERATIVE PARISH 260 MULBERRY AVE PO BOX 171 POMEROY, OH 45769		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,500
MHS ALUMNI & FRIENDS FOUNDATION 100 LYNN AVE MARIETTA, OH 45750		PC	GRANT FOR YOUTH & EDUCATION	1,000
MORGAN COUNTY MINISTRIES PO BOX 303 MCCONNELSVILLE, OH 43756		PC	HEALTH AND HUMAN SERVICES GRANT TO	2,000
MUSKINGUM VALLEY HEALTH CENTERS 716 ADAIR AVE ZANESVILLE, OH 43701		PC	HEALTH AND HUMAN SERVICES GRANT FOR	10,000
NEWPORT COMMUNITY FOOD PANTRY 245 GREENE ST NEWPORT, OH 45768		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NFS MINISTRIES INC LATROBE STREET MISSION PO BOX 91 PARKERSBURG, OH 26101		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
OHIO DISTRICT OF PENTECOSTAL CHURCH OF GOD P O BOX 423 COSHOCTON, OH 43812		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,500
OHIO HEALTH FOUNDATION 55 HOSPITAL DR ATHENS, OH 45701		PC	HEALTH AND HUMAN SERVICESGRANT FOR	5,000
OLD MAN RIVERS703 PIKE ST PARKERSBURG, WV 26101		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,500
PARADE OF THE HILLS COMMUNITY ASSOCIATION P O BOX 157 NELSONVILLE, OH 45764		PC	ARTS AND CULTURE	2,500
Total . . . . . ▶ **3a**				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKEVILLE AREA FAMILY YMCA 424 BOB AMOS DR PIKELVILLE, KY 41501		PC	HEALTH AND HUMAN SERVGICES GRANT TO	1,500
POINT PLEASANT PRESBYTERIAN CHURCH - SERVICE COMMITTEE PO BOX 415 POINT PLEASANT, WV 25550		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
PRATER CREEK FOOD PANTRY INC 30 STRATTON BRANCH RD STANVILLE, KY 41659		PC	HUMAN SERVICES GRANT TO	3,000
ROBERT E EVANS EDUCATION FUND 138 PUTNAM ST MARIETTA, OH 45750		PC	SCHOLARSHIPS AND TUITION ASSISTANCE	5,000
RONALD MCDONALD HOUSE CHARITIES OF THE TRI-STATE 1500 17TH STREET HUNTINGTON, WV 25701		PC	HEALTH AND HUMAN SERVICES	2,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RURAL ACTION INC 9030 HOCKING HILLS DR THE PLAINS, OH 45780		PC	HUMAN SERVICES GRANT TO	1,000
SALVATION ARMY - MT VERNON 206 EAST OHIO AVE MOUNT VERNON, OH 43050		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
SALVATION ARMY EMERGENCY PANTRY P O BOX 774 NEWARK, OH 43058		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
SAMARITAN OUTREACH PO BOX 242 537 N EAST STREET HILLSBORO, OH 45133		PC	HEALTH AND HUMAN SERVICES GRANT TO	750
SERENITY HOUSEPO BOX 454 GALLIPOLIS, OH 45631		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,500
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH PARKERSBURG UNITED METHODIST CHURCH - BACKPACK FOOD 1813 RAYON DR PARKERSBURG, WV 26101		PC	HUMAN SERVICES GRANT TO	1,500
SOUTHEASTERN OHIO PORT AUTHORITY 710 COLEGATE DR MARIETTA, OH 45750		PC	ECONOMIC DEVELOPMENT GRANT	12,000
THE FREESTORE FOODBANK FOUNDATIO 1141 CENTRAL PARKWAY CINCINNATI, OH 45202		PC	HEALTH AND HUMAN SERVICES GRANT TO	500
TRI COUNTY FOOD PANTRYPO BOX 41 LOWER SALEM, OH 45745		PC	HEALTH AND HUMAN SERVICES GRANT TO	1,000
UNITED APPEAL OF ATHENS COUNTY 469 RICHLAND AVE ATHENS, OH 45701		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CLINTON COUNTY INC 100 W MAIN ST WILMINGTON, OH 45177		PC	HEALTH AND HUMAN SERVICES GRANT	5,000
UNITED WAY OF COSHOCTON CO INC 402 MAIN ST COSHOCTON, OH 43812		PC	HEALTH AND HUMAN SERVICES GRANT	2,000
UNITED WAY OF FAIRFIELD COUNTY PO BOX 2299 LANCASTER, OH 43130		PC	HEALTH AND HUMAN SERVICES GRANT	2,000
UNITED WAY OF GALLIA COUNTY PO BOX 771 GALLIPOLIS, OH 45631		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF GREATER CINCINNATI AREA 2085 JAMES E SAULS SR DRIV BATAVIA, OH 45103		PC	HEALTH AND HUMAN SERVICES GRANT	5,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF GUERNSEYNOBLE COUNTIES PO BOX 5 CAMBRIDGE, OH 43725		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF JACKSON COUNTY P O BOX 242 JACKSON, OH 45640		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF KNOX CO OH INC 110 EAST HIGH ST MOUNT VERNON, OH 43050		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF LICKING CO OHIO P O BOX 4490 NEWARK, OH 43058		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MEIGS COUNTY PO BOX 424 MIDDLEPORT, OH 45760		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF MUSKINGUM PERRY & MORGAN COUNTIES 526 PUTNAM AVE ZANESVILLES, OH 43701		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF NORTHEASTERN KY ATTN JERRI COMPTON PO BOX 2285 ASHLAND, KY 41105		PC	HEALTH AND HUMAN SERVICES GRANT	2,000
UNITED WAY OF RIVER CITIES 820 MADISON AVE HUNTINGTON, WV 25704		PC	HEALTH AND HUMAN SERVICES GRANT	2,500
UNITED WAY OF SUMMIT CO OH 90 NORTH PROSPECT ST AKRON, OH 44304		PC	HEALTH AND HUMAN SERVICES GRANT	2,500
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE MID OHIO VALLEY 520 GRAND CENTRAL AVE UNIT 201 VIENNA, WV 26105		PC	HEALTH AND HUMAN SERVICES GRANT	3,500
UNITED WAY OF THE UPPER OHIO VALLEY 51 11TH ST WHEELING, WV 26003		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF TUSCARAWAS CO INC P O BOX 525 NEW PHILADELPHIA, OH 44663		PC	HEALTH AND HUMAN SERVICES GRANT	1,000
UNITED WAY OF WARREN COUNTY OHIO 645 OAK ST C LEBANON, OH 45036		PC	HEALTH AND HUMAN SERVICES GRANT	1,500
UNITED WAY OF WASHINGTON COUNTY 307 LL PUTNAM ST MARIETTA, OH 45750		PC	HEALTH AND HUMAN SERVICES GRANT	9,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE COMMUNITY COLLEGE 710 COLEGATE DR MARIETTA, OH 45750		PC	YOUTH AND EDUCATION GRANT FOR	5,000
WEST FORK BAPTIST CHURCH WEST FORK FOOD PANTRY 10127 WEST FORK RD GEORGETOWN, OH 45121		PC	HEALTH AND HUMAN SERVICES GRANT TO	750
WILMINGTON COLLEGE 1870 QUAKER WAY WILMINGTON, OH 45177		PC	YOUTH AND EDUCATION FOR CLINTON CO	2,000
WILMINGTON COLLEGE 1870 QUAKER WAY WILMINGTON, OH 45177		PC	YOUTH AND EDUCATION FOR SCHOLARSHIPS	28,600
CITY OF MARIETTA223 PUTNAM STREET MARIETTA, OH 45750		PC	HEALTH AND HUMAN SERVICES GRANT	10,000
Total . . . . . ▶ **3a**				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARAMOUNT ARTS CENTER 1300 WINCHESTER AVE ASHLAND, KY 41101		PC	HEALTH AND HUMAN SERVICES	4,000
CEDAR INC1144 GOODALE BLVD COLUMBUS, OH 43212		PC	SCHOLARSHIPS AND TUITION ASSISTANCE	1,000
YMCA OF PARKERSBURG 1800 30TH STREET PARKERSBURG, WV 26101		PC	SUMMER YOUTH CAMPS PROGRAM SUPPORT	2,500
AHA A HAND ON ADVENTURE A CHILDREN'S MUSEUM 1708 RIVER VALLEY CIRCLE SOUTH LANCASTER, OH 43130		PC	PROGRAM SUPPORT FOR REDUCED YOUTH ADMISSION	2,000
SHOES AND CLOTHES FOR KIDS 3500 LORAIN AVE STE 301 CLEVELAND, OH 44113		PC	YOUTH AND EDUCATION	2,100
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON ELEMENTARY CENTER 1103 PLUM ST PARKERSBURG, WV 26101		PC	PLAYGROUND EQUIPMENT	2,500
LEGION OF AMERICAN VETERANS INC GRANT 53 W MAIN ST CHILLICOTHE, OH 45601		PC	BASEBALL PROGRAM SUPPORT	2,500
ASHLAND IN MOTION BOOKER T WASHINGTON SCHOOL 1620 WINCHESTER AVE ASHLAND, KY 41101		PC	MURAL GRANT	2,000
RECOVERY RESOURCES 3950 CHESTER AVE CLEVELAND, OH 44114		PC	HEALTH AND HUMAN SERVICES	5,000
PROJECT RISE ABOVE 361 NEWBURY STREET BOSTON, MA 02115		PC	HEALTH AND HUMAN SERVICES	500
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYD COUNTY NATIONAL LITTLE LEAGUE 1700 GREENUP AVENUE ASHLAND, KY 41101		PC	YOUTHA ND EDUCATION	1,000
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON 1 PERKINS SQ AKRON, OH 44308		PC	HEALTH AND HUMAN SERVICES	5,000
GILHAM-FRANK VFW POST 8804 OLD ROUTE 56 DOWNTOWN NEW MARSHFIELD, OH 45766		PC	HEALTH AND HUMAN SERVICE	2,500
AKRON NORTH HIGH DECA CHAPTER 985 GORGE BLVD AKRON, OH 44310		PC	YOUTH AND EDUCATION	2,500
AKRON URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 44307		PC	YOUTH AND EDUCATION	2,500
Total . . . . . ▶ **3a**				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMBRACING FUTURES INC 50 S MAIN ST SUITE LL 100 AKRON, OH 44307		PC	HEALTH AND HUMAN SERVICES	2,500
AMERICAN RED CROSS SOUTHEAST OHIO CHAPTER 200 W MAIN ST JACKSON, OH 45640		PC	HEALTH AND HUMAN SERVICES	5,000
SOUTHERN LOCAL SCHOOL DISTRICT 10397 OH-155 SE 1 CORNING, OH 43730		PC	YOUTH AND EDUCATION	2,000
YMCA MARIETTA300 N 7TH STREET MARIETTA, OH 45750		PC	SUPPORT FOR BUS FOR CHILD CARE PROGRAMS	7,000
COSHOCTON PUBLIC LIBRARY 655 MAIN ST COSHOCTON, OH 43812		PC	HELP IWTH FUNDING NEW BOOK MOBILE	2,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND COUNTY HOMELESS SHELTER 145 HOMESTEAD AVE HILLSBORO, OH 45133		PC	SHELTER OPERATION SUPPORT	1,000
LITTLE HEARTS BIG SMILES 1400 FIFE AVENUE WILMINGTON, OH 45177		PC	PLAYGROUND EQUIPMENT	2,000
BELPRE AREA MULTI-USE TRAIL 713 PARK DRIVE BELPRE, OH 45715		PC	FOR TRAIL DEVELOPMENT	1,000
WASHINGTON COUNTY HARVEST OF HOPE 301 WOOSTER STREET MARIETTA, OH 45750		PC	FARM TO TABLE PROGRAM SUPPORT	1,000
THE OHIO VALLEY STUDENT READINESS COLLABORATIVE 35 PUBLIC SQ NELSONVILLE, OH 45764		PC	ATHENS PROGRAM SUPPORT	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIETTA CHILDREN'S CHOIR 215 FIFTH ST MARIETTA, OH 45750		PC	ARTS AND CULTURE	2,000
GALLIPOLIS RAILROAD FREIGHT STATION MUSEUM LCC 1 HOLCOMB HILL RD GALLIPOLIS, OH 45631		PC	BUILDING RESTORATION	500
MASON COUNTY FAMILY RESOURCE NETWORK PO BOX 393 POINT PLEASANT, WV 25550		PC	LEADERSHIP TRAINING SUPPORT	500
HUNTINGTON CITY MISSION 624 10TH ST HUNTINGTON, WV 25701		PC	SUMMER CAMP PROGRAM SUPPORT	1,400
RUSSELL MCDOWELL INTERMEDIATE SCHOOL 1900 LONG STREET FLATWOODS, KY 41139		PC	PLAYGROUND EQUIPMENT	2,000
Total . . . . . ▶ **3a**				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEEDS OF LITERACY 3104 W 25TH STREET CLEVELAND, OH 44109		PC	ADULT EDUCATION/LITERACY PROGRAM SUPPORT	1,000
BOYS & GIRLS CLUB OF WAHSINGTON COUNTY 136 FRONT ST MARIETTA, OH 45750		PC	YOUTH AND EDUCATION	2,500
AMERICAN RED CROSS 337 STONERIDGE LN COLUMBUS, OH 43212		PC	HURRICANE HARVEY RELIEF	5,167
CHRISTIAN YOUTH IN ACTION PO BOX 5125 VIENNA, WV 26105		PC	YOUTH AND EDUCATION	500
TYLER CO FAMILY RESOURCE NETWORK 302 MAIN STREET MIDDLEBOURNE, WV 26149		PC	NUTRITIONAL EDUCATION PROGRAM SUPPORT	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-OHIO VALLEY PLAYERS 229 PUTNAM ST MARIETTA, OH 45750		PC	PAINTING THEATRE	1,500
FIRST STEP FAMILY VIOLENCE INTERVENTION SERVICES INC 742 MAIN ST COSHOCTON, OH 43812		PC	ADMINISTRATIVE SUPPORT	2,500
CABELL HUNTINGTON HOSPITAL FOUNDATION 1340 HAL GREER BLVD HUNTINGTON, WV 25701		PC	HEALTH AND HUMAN SERVICES	5,000
MT ORAB CHURCH OF CHRIST SMITH HOUSE FOOD PANTRY 400 SMITH AVENUE MT ORAB, OH 45154		PC	HEALTH AND HUMAN SERVICES	750
PLEASANT CITY FOOD PANTRY 110 MILL STREET PLEASANT CITY, OH 43772		PC	HEALTH AND HUMAN SERVICES	500
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLANCHESTER FOOD PANTRY 318 E MAIN ST BLANCHESTER, OH 45107		PC	HEALTH AND HUMAN SERVICES	750
CHRIST'S TABLE28 S 6TH ST ZANESVILLE, OH 43701		PC	HEALTH AND HUMAN SERVICES	1,500
CLINTON MASSIE G2556 LEBANON RD CLARKSVILLE, OH 45113		PC	HEALTH AND HUMAN SERVICES	750
HABITAT FOR HUMANITY OF SOUTHEAST OHIO 525 W UNION ST ATHENS, OH 45701		PC	HEALTH AND HUMAN SERVICES	10,000
TAYLOR SMANTHA 4776 STATE ROUTE 78 NELSONVILLE, OH 45764		PC	SCHOLARSHIP FOR OHIO UNIVERSITY	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCONNELL ZACHARY 920 STEPHENS MEADE RD ASHLAND, KY 41102		PC	SCHOLARSHIP FOR UNIVERSITY OF LOUISVILLE	1,000
KIMBERLY LILLYANN118 KELLY ST SARDINIA, OH 45171		PC	SCHOLARSHIP FOR OHIO STATE UNIVERSITY	1,000
BIERMAN MAGGIE421 S BROADWAY ST OWENVILLE, OH 45160		PC	SCHOLARSHIP FOR MIAMI UNIVERSITY	500
HENDRICKSON MATTHEW 5857 W US HIGHWAY 22-3 WILMINGTON, OH 45177		PC	SCHOLARSHIP FOR UNIVERSITY OF CINCINNATI	1,000
HILL MACY3150 INNISBROOK COURT PICKERINGTON, OH 43147		PC	SCHOLARSHIP FOR MALONE UNIVERSITY	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPANGLER ISAAC633 NOLDER DR LANCASTER, OH 43130		PC	SCHOLARSHIP FOR HILLSDALE COLLEGE	1,000
LESTER NATALIE19 HEAVEN LN SOUTH SHORE, KY 41175		PC	SCHOLARSHIP FOR BLUEGRASS COMMUNITY TECHNICAL COLLEGE	1,000
HUFFMAN ABIGAIL1206 BLAINE AVE CAMBRIDGE, OH 43725		PC	SCHOLARSHIP FOR OHIO STATE UNIVERSITY	1,000
BEATTY AVARY920 N HIGH ST HILLSBORO, OH 45133		PC	SCHOLARSHIP FOR STEVENS INSTITUTE OF TECHNOLOGY	1,000
KIM CHALWOO 464 HIGHBANKS VALLEY DR NEWARK, OH 43055		PC	SCHOLARSHIP FRO WILLIAMS COLLEGE	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNFEE DANIEL703 SOUTH BROADWAY RACINE, OH 45771		PC	SCHOLARSHIP FOR OHIO UNIVERSITY	1,000
GEBHART GRACE2130 PINKERTON LANE ZANESVILLE, OH 43701		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
DINAN JAKEB6400 KYLE DR NASHPORT, OH 43830		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
CLOUSE SARAH27873 TWP RD 121 NE SOMERSET, OH 43783		PC	SCHOLARSHIP FOR WRIGHT STATE	1,000
MILLER RYAN746 BULL CREEK RD WAVERLY, WV 26184		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPAN LAUREL3310 BUTTERNUT DR NORTON, OH 44203		PC	SCHOLARSHIP FOR OHIO STATE UNIVERSITY	1,000
TSCHUDY ASHLEY 4560 MORAVIAN CHURCH RD SE NEW PHILADELPHIA, OH 44663		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
BOY CALEB7855 SHERI LANE FRANKLIN, OH 45005		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
MAYLE MIKAYLA900 STARLING LANE STOCKPORT, OH 43787		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
FOUTTY HEATH300 MITCHELL DR NEWPORT, OH 45768		PC	SCHOLARSHIP FOR WASHINGTON STATE COMMUNITY COLLEGE	500
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORD BISHOP75 B F GOODRICH RD MARIETTA, OH 45750		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
JACOBSEN MEGAN310 EVERSON RD BELPRE, OH 45714		PC	SCHOLARSHIP FOR OHIO VALLEY UNIVERSITY	1,000
HUFFMAN ISAAC500 KLINGER RD WATERFORD, OH 45786		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
RADABUAGH MELANIE230 SHAFFER RD WATERFORD, OH 45786		PC	SCHOLARSHIP FOR OHIO VALLEY UNIVERSITY	1,000
PARSONS LACY1 MARTIN ST VIENNA, WV 26105		PC	SCHOLARSHIP FOR MARIETTA COLLEGE	1,000
Total . . . . . ▶ 3a				430,167

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRANSBERRY MARIAH 1659 JERICHO ROAD WALKER, WV 26180		PC	SCHOLARSHIP FOR WEST VIRGINIA UNIVERSITY PARKERSBURG	1,000
Total . . . . . ▶ 3a				430,167

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130016648

TY 2017 Investments Corporate Bonds Schedule

Name: PEOPLES BANK FOUNDATION INC

EIN: 30-0222364

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS - CORPORATE BONDS	138,926	140,004

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130016648

TY 2017 Investments Corporate Stock Schedule

Name: PEOPLES BANK FOUNDATION INC

EIN: 30-0222364

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENTS - CORPORATE STOCK	215,848	329,458

TY 2017 Other Decreases Schedule

Name: PEOPLES BANK FOUNDATION INC

EIN: 30-0222364

Description	Amount
TIMING DIFFERENCE TRANSACTIONS	59

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130016648

TY 2017 Other Expenses Schedule

Name: PEOPLES BANK FOUNDATION INC

EIN: 30-0222364

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,875	0		0
OHIO FILING FEE	100	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491130016648

TY 2017 Other Professional Fees Schedule

Name: PEOPLES BANK FOUNDATION INC

EIN: 30-0222364

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIDUCIARY FEE	6,234	6,234		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491130016648

TY 2017 Taxes Schedule

Name: PEOPLES BANK FOUNDATION INC

EIN: 30-0222364

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	572	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491130016648

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2017

Name of the organization
PEOPLES BANK FOUNDATION INC

Employer identification number
30-0222364

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	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
PEOPLES BANK FOUNDATION INC	30-0222364

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PEOPLES BANK NA 138 PUTNAM STREET MARIETTA, OH45750	$ 365,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
2	SALLY S EVANS IRA 410 FRONT STREET APT 1 MARIETTA, OH45750	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization	Employer identification number
PEOPLES BANK FOUNDATION INC	30-0222364

Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
PEOPLES BANK FOUNDATION INC

Employer identification number
30-0222364

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** ______________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift — Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(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 — 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 — Transferee's name, address, and ZIP 4		Relationship of transferor to transferee