

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

**2017** 

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public Inspection

For	calen	dar year 2017 or tax year beginning		2017	, and e	ending		, 20
Na	ne of for	undation	-			A Employe	r identification numbe	er
DA	RBY I	FAMILY FOUNDATION INC				55-0	785831	
Nu	nber and	d street (or P O box number if mail is not delivered to street address)		Room/	'suite	B Telephon	e number (see instructi	ons)
Р	о вох	x 1597				(304)	255-0228	i
Cit	y or town	n, state or province, country, and ZIP or foreign postal code					tion application is pend	ing, check here ▶
BE	CKLE	Y WV 25802					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,
		·· <del></del> <u>_</u>	n of a former p	ublic	charity	D 1. Foreigi	n organizations, check l	here ▶□
		☐ Final return ☐ Amended						_
		Address change	nge				n organizations meeting here and attach compu	
$\overline{H}$	Check	type of organization: X Section 501(c)(3) exempt p	rivate foundat	tion	al	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust   Other tax			ation /	section 5	07(b)(1)(A), check here	▶ [_]
		narket value of all assets at J Accounting method				F If the four		
		f year (from Part II, col. (c), Other (specify)					ndation is in a 60-mont ction 507(b)(1)(B), checl	
	line 16		e on cash basis	 .)				_
P	art I	Analysis of Revenue and Expenses (The total of	(a) Payanua a	24				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue a expenses pe			investment icome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books		.,	,	income .	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	540,9	04.	31.20	PE SE	TO THE SECOND	2622232
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B			****	5 100 / 101 Au		
	3	Interest on savings and temporary cash investments	9	92.		992.		
	4	Dividends and interest from securities	3,0	80.		3,080.		
	5a	Gross rents						
	b	Net rental income or (loss)		AR	AND R	NAME OF	TOTAL PROPERTY.	
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10	214,0	54.		THE SHE		
Revenue	b	Gross sales price for all assets on line 6a 253, 878.			12.63	Semta	digital and the second of the	
ŠVE	7	Capital gain net income (from Part IV, line 2)		统	2	14,054.	TALL BELLEVIA	
ď	8	Net short-term capital gain				AND THE REAL PROPERTY.		2007/2001
	9	Income modifications	OLD PROPERTY.			HATAT	,	
	10a	Gross sales less returns and allowances		3.2				
	b	Less. Cost of goods sold					APT HARMA	
	С	Gross profit or (loss) (attach schedule)				<b>MARKET</b>		THE MARKET
	11	Other income (attach schedule) See. Stmt	31,1	30.		31,130.		101920.21111
	12	Total. Add lines 1 through 11	790,1	60.	2	49,256.		
şíg	13	Compensation of officers, directors, trustees, etc.						
) Ses ගමණ	14	Other employee salaries and wages						
€	15	Pension plans, employee benefits						
		Legal fees (attach schedule)						
色	b	Accounting fees (attach schedule) L-16b. Stmt	1,6	00.]				1,600.
¥	С	Other professional fees (attach schedule)						
Operating and Administrative (E)	17	Interest						
Tic.	18	Taxes (attach schedule) (see instructions) See . Stmt	1,3	45.				1,345.
	19	Depreciation (attach schedule) and depletion						
<b>₹</b>	20	Occupancy						
3	21	Travel, conferences, and meetings						
U E	22	Printing and publications	<u> </u>					
Ď	23	Other expenses (attach schedule) See .Stmt	1,2	68.		· · · · · · · · · · · · · · · · · · ·		1,268.
atir	24	Total operating and administrative expenses.						
er		Add lines 13 through 23	4,2	13.	27 mgr 19 27 4 Mars -	and the second second	inth to be property of the second second	4,213.
g	25	Contributions, gifts, grants paid	<u></u>		NA SAN	on had to	AND THE STATE OF T	
_	26	Total expenses and disbursements. Add lines 24 and 25	4,2		nger Sportelle	and a september of the party	Tipotana aditopitana hana	4,213.
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements	785,9					
	b	Net investment income (if negative, enter -0-) .		100	CAMBER NOW IT THE	**************************************		
	l c	Adjusted net income (if negative, enter -0-)	K STATE OF THE STA				4	

For Paperwork Reduction Act Notice, see instructions.

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100	11 to	Attached schedules and amounts in the description column	Beginning of year		End o	t year	
76	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value	
	1	Cash-non-interest-bearing	9,872.	25,9	27.	25,927.	
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶	TOTAL THE PERSON NAMED AND ADDRESS.			The state of the s	
	4	Pledges receivable ▶	THE STATE OF THE S				
		Less: allowance for doubtful accounts ▶	WAS CONTROL OF THE PART TO A PART OF THE P	LOCK CONTRACTOR OF CONTRACTOR	Marie Marie Color	Anthony and the or any and the state that the common	
	5	Grants receivable				-3	
	6	Receivables due from officers, directors, trustees, and other				<del></del>	
		disqualified persons (attach schedule) (see instructions)					
	7	Öther notes and loans receivable (attach εchedule) ▶					
		Less. allowance for doubtful accounts ▶				and all the standard by the Section of the Control	
Ś	8	Inventories for sale or use				<b>4</b> .7.	
Assets	9	Prepaid expenses and deferred charges	<del>, , , , , , , , , , , , , , , , , , , </del>				
Asi	10a	Investments—U.S. and state government obligations (attach schedule)					
•	b	Investments—corporate stock (attach schedule)					
	C	Investments—corporate bonds (attach schedule)	- · · · · · · · · · · · · · · · · · · ·	<del></del>		·	
	11	Investments—land, buildings, and equipment: basis ▶			****		
		Less: accumulated depreciation (attach schedule) ▶	nacy, says memory 10.1 in 1500 1.1 Innumbration	11 10 100 - 14 CA CALANDA W 2200, J			
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule) . L-13, Stmt	694,494.	1,292,4	51.	1,310,901.	
	14	Land, buildings, and equipment basis					
		Less: accumulated depreciation (attach schedule) ▶			1000	V. 100 100 100 100 100 100 100 100 100 10	
	15	Other assets (describe >				<del></del>	
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item I)	704,366.	1,318,3	78.	1,336,828.	
	17	Accounts payable and accrued expenses				110/10/20/20/20/20	
	18	Grants payable					
ë	19	Deferred revenue				180207-07-180	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
jab	21	Mortgages and other notes payable (attach schedule)					
	22						
	23	Other liabilities (describe ► ) <b>Total liabilities</b> (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here ▶ 🗵					
alances		and complete lines 24 through 26, and lines 30 and 31.					
Ĕ	24	Unrestricted	704,366.	1,318,3	78.		
	25	Temporarily restricted					
	26	Permanently restricted					
Net Assets or Fund B	ļ	Foundations that do not follow SFAS 117, check here ▶ □					
Ē		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
<b>SS</b> (	29	Retained earnings, accumulated income, endowment, or other funds					
¥	30	Total net assets or fund balances (see instructions)	704,366.	1,318,3	78.		
Ē	31	Total liabilities and net assets/fund balances (see		-			
	L	ınstructions)	704,366.	1,318,3	78.		
Pa	art III	Analysis of Changes in Net Assets or Fund Balances					
1	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)						
2		er amount from Part I, line 27a			2	785,947.	
3	3 Othe	er increases not included in line 2 (Itemize) ▶			3		
4	I Add	I lines 1, 2, and 3			4	1,490,313.	
5		reases not included in line 2 (itemize)  BASIS DIFFERENCES IN			5	171,935.	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), li	ine 30	6	1,318,378.	

Part	IV Capital Gains and	Losses for Tax on Investm	nent Income			
		nd(s) of property sold (for example, real e se, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acqui (mo , day, yr	
1a	PUBLICLY TRADED SECU	RITIES - CAPITAL GAIN DI	STRIBUTIONS			
	FROM K-1					
	PUBLICLY TRADED SE	CURITIES	<del></del>	<del> </del>		
<u>d</u>						
<u>e</u>		(f) Depreciation allowed	(g) Cost or	other basis	0	h) Gain or (loss)
	(e) Gross sales price	(or allowable)		nse of sale		plus (f) minus (g))
a	12,778.	<u>.</u>		0.		12,778.
<u>b</u>	30,424.			0.		30,424.
<u>c</u> d	210,676.			39,824.		170,852.
e						
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69.	/D Gain	ns (Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) (j), if any	col. (k), t	out not less than -0-) or sses (from col (h))
а						12,778.
b						30,424.
С						170,852.
d						·
e						
2	Capital gain net income o	rinet canital ineel ( -	also enter in Pa , enter -0- ın Pa		2	214,054.
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- in }		,
Part		er Section 4940(e) for Redu			3	
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes 🗷 No
1		ount in each column for each ye			akıng anv ent	ries
	(a)	(b)		(c)	1	(d)
Cale	Base period years endar year (or tax year beginning in	Adjusted auglifung distribution	s Net value o	of nonchantable-use a	ssets (co	Distribution ratio of (b) divided by col (c))
	2016	2,6	98.	648,8		0.004158
	2015	2,7	18.	586,7		0.004632
	2014		63.	561,1	79.	0.003854
	2013	9,9	50.	449,9	55.	0.022113
	2012	920,2	18.	442,1	.09.	2.081428
2	Total of line 1, column (d)				. 2	2.116185
3		for the 5-year base period—div				2.110103
		oundation has been in existence				0.423237
4	Enter the net value of non	charitable-use assets for 2017 f	rom Part X, line	5	. 4	777,570.
5	Multiply line 4 by line 3				. 5	329,096.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	)		. 6	2,493.
7	Add lines 5 and 6				. 7	331,589.
8		ons from Part XII, line 4 ,			. 8	4,213.
	Part VI instructions.	ater than line 7, check the box i	n Maπ VI, line 11	o, and complete	ınaı parı usın	g a 1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u> 48 s</u>	see ins	structio	ns)				
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)			NZAS.					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	4	1,985.	REPORT				
	here ▶ ☐ and enter 1% of Part I, line 27b								
С									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	,	0:	<u> </u>				
3	Add lines 1 and 2	3	′ 4	1,985.					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		0.					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		1,985.					
6	Credits/Payments:								
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,200.								
þ	Exempt foreign organizations—tax withheld at source 6b								
C	Tax paid with application for extension of time to file (Form 8868) . 6c 7,050.	200							
_d	Backup withholding erroneously withheld 6d			250					
7	Total credits and payments. Add lines 6a through 6d	8		3,250.	-				
8 9	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9			+				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del> .	3,265.	+				
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax > 3, 265. Refunded	11	`	2,203.	<del>                                     </del>				
Part '	/II-A Statements Regarding Activities				<del></del>				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di	d it 日	Yes	No				
	participate or intervene in any political campaign?			1a	×				
þ	a a company and a company								
	If the answer is "Yes" to <b>1a</b> or <b>1b,</b> 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	×				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$  (2) On foundation managers. ▶ \$								
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in on foundation managers. ▶ \$	npose	ed						
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 4	×				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		s of						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	<u> </u>	3 4a	×				
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<u> </u>	4b	<del>                                     </del>				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		.	5	×				
	If "Yes," attach the statement required by General Instruction T.			214					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:								
	By language in the governing instrument, or			4					
	• By state legislation that effectively amends the governing instrument so that no mandatory direct conflict with the state law remain in the governing instrument?	ions t	hat	6 ×					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an	id Part	xv [	7 ×					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		£						
	WV	<u>-</u>	🔯						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation	/ Gen		8b ×					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV complete Part XIV				21512012				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis	ting t	heir	9	×				

Form **990-PF** (2017)

Part	Statements Regarding Activities (Continued)	T 230 - 1 - 1		
44	At any time during the year did the foundation directly or indirectly own a controlled entity within the	4000	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► MICHAEL W DARBY  Telephone no. ► (304)	<u> 255-</u>	0228	} 
15	Located at ► P O BOX 1597 BECKLEY WV ZIP+4 ► 25802 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		•	سا ۔
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	****	×
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 4 4 4 1 3 1	a confirmation	4333B
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		i i	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	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	ar College	×
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)):			
а	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?			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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?			
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	TA S	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		70	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	⊥ 4h	i	1 X

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Part	VII-B Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	d (contin	ued)			
5a	During the year, did the foundation pay or incur a	iny am	ount to:	-					Yes No		
	(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?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organization other than					ıbed ın		<b>.</b>	· 24 92 23		
	section 4945(d)(4)(A)? See instructions										
	purposes, or for the prevention of cruelty to c							⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transa	actions fail to	qualify	under the	excepti	ons descril				
	Regulations section 53.4945 or in a current notice	•	-			ructions	s		5b		
	Organizations relying on a current notice regarding	_									
C	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility			•				<b>□</b> ••-			
	If "Yes," attach the statement required by Regula		-			• •	☐ Yes	∐ No	数数数		
6a	Did the foundation, during the year, receive any					emiums					
	on a personal benefit contract?		-				☐ Yes	<b>⊠</b> No			
b	Did the foundation, during the year, pay premium	ıs, dire	ctly or indired	ctly, on	a personal	benefit	t contract?	•	6b ×		
_	If "Yes" to 6b, file Form 8870.								四套器		
7a b	At any time during the tax year, was the foundation a							× No ?	7b		
	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, and found										
	(a) Name and address	hou devot	e, and average rs per week ed to position	(lf r	mpensation not paid, ter -0-)	emplo	Contributions byee benefit perred comper	lans	(e) Expense account, other allowances		
	ETTE D HEYDINGER	PRESIDENT									
	BOX 1597 BECKLEY WV 25802	HTOR	6.00		0.			0.	0.		
	D GETTY	AICE	PRESIDENT		0.			0.	0		
	BOX 1597 BECKLEY WV 25802 DRA D SMITH	SECRI	ETARY		0.			<u> </u>	0.		
	BOX 1597 BECKLEY WV 25802	OLOIG	6.00		0.			0.	0.		
	HAEL W DARBY	TREA	SURER				<del></del>		***************************************		
ΡO	BOX 1597 BECKLEY WV 25802		6.00		0.			0.	0.		
2	Compensation of five highest-paid employee "NONE."	s (oth	er than thos	se incl	uded on li	ne 1—:	see instru	ction	s). If none, enter		
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a	veek T	(c) Comper	nsation	(d) Contribut employee b	enefit	(e) Expense account, other allowances		
			devoted to po	osition			compensa		outer anowaries		
NONE	·										
				<del></del> .							
Total	number of other employees paid over \$50,000 .		L		L		<u> </u>	•	0		
BAA		· ·	V 10/16/18 PPO	· ·	· · · ·	<u> </u>	• • •		Form <b>990-PF</b> (2017)		

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) Compton 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 beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	
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 beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	
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 beneficianes served, conferences convened, research papers produced, etc  1 NONE  2 3	isation
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 beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	
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 beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	
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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 beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	
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 beneficianes served, conferences convened, research papers produced, etc.  1  NONE  2  3	
organizations and other beneficianes served, conferences convened, research papers produced, etc  1 NONE  2	
2	es
3	
3	
3	0.
4	
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	nt
1 NONE	
	0.
2	
All other program-related investments. See instructions	
3	
<b>Total.</b> Add lines 1 through 3	0.

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fol	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	242	·····
	purposes:		
а	Average monthly fair market value of securities	1a	283,314.
b	Average of monthly cash balances	1b	18,255.
С	Fair market value of all other assets (see instructions)	1c	487,842.
d	<b>Total</b> (add lines 1a, b, and c)	1d	789,411.
е	Reduction claimed for blockage or other factors reported on lines 1a and	<b>2000</b>	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	789,411.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	11,841.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	777,570.
6	Minimum investment return. Enter 5% of line 5	6	38,879.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to and certain foreign organizations, check here ► and do not complete this part.)	founda	ations
1	Minimum investment return from Part X, line 6	1	38,879.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	4,985.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,894.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	33,894.
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,		* 1
	<u>Ine 1 </u>	7	33,894.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		•
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	4,213.
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:		
а	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	4,213.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,213.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	ng whe	ther the foundation

Part	XIII Undistributed Income (see instructi	one)			Page <b>9</b>
rart	All Chaistibated income (see instruction	(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI, line 7	Corpus	Years prior to 2016	2016	2017
2	Undistributed income, if any, as of the end of 2017:				33,894.
а	Enter amount for 2016 only			0.	
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012		n honor (No. 1) ne ny jest (n. 1944)		Property Committee and Committ
b	From 2013				
C	From 2014 0.				
d	From 2015				
e 4	From 2016	752 261			
4	<b>Total</b> of lines 3a through e	753,361	Think are a constant and a second		
•	line 4. ► \$ 4,213.		17 P. 18 20 1		
а	Applied to 2016, but not more than line 2a.				
b	Applied to undistributed income of prior years		S Bar Libertha Galler, Parthagen		STATE OF THE STATE
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2017 distributable amount				4 212
е	Remaining amount distributed out of corpus	0.			4,213.
5	Excess distributions carryover applied to 2017	29,681.		ARIBOTEK	29,681.
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	723,680.	<b>公司</b> 斯勒 300 6		
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				
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)				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	723,680.			
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	723,680.			
10	Analysis of line 9:		That is the same of the same o		
а	Excess from 2013				
b	Excess from 2014 0.				
С	Excess from 2015 0.				
d	Excess from 2016 0.				
е	Excess from 2017 0.	ETHER TO STATE			

كاللاك	<sub>0-PF</sub> (2017)  XIV Private Operating Foundati	ons (see instri	ctions and Part	VII-A guestion C	<u>)</u>	Pag
1a	If the foundation has received a ruling	<del></del>			,, 	N/A
	foundation, and the ruling is effective for					
	Check box to indicate whether the found				ection	(3) or 4942
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	/	Ĭ
	income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	<b>(á)</b> 2014	(e) Total
	investment return from Part X for each year listed				/	
	85% of line 2a				/	
	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 .			/		
е	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.		/	1		
а	"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 <sup>2</sup> / <sub>3</sub> of minimum investment return shown in			1		]
	Part X, line 6 for each year listed		/_/	<u> </u>		
С	"Support" alternative test-enter:		/			
	(1) Total support other than gross		/			
	investment income (interest, dividends, rents, payments on		/			
	secunties loans (section		<i>y</i>			}
	512(a)(5)), or royalties)	/				ļ
	(2) Support from general public and 5 or more exempt	/				
	organizations as provided in	/				
	section 4942(j)(3)(B)(iii)					<u> </u>
	an exempt organization .					
	· · · · · · · · · · · · · · · · · ·					
Part	(4) Gross investment income XV Supplementary Information	n (Complete th	is part only if t	he foundation b	ad \$5 000 or m	ore in asset
rait	any time during the year—			ne ioundation i	iau 45,000 or in	ore in asser
1	Information Regarding Foundation N		13.,			
	List any managers of the foundation w	_	ited more than 29	6 of the total cont	ributions received	by the found:
u	before the close of any tax year (but or					by the lound
		,,		45,555). (555		
		who own 100/ o	r more of the stor	ck of a corporatio	n (or an equally la	rge portion o
b	List any managers of the foundation v	VIIO OWII 1U% O			(0. 0 0400)	go poo o
b	List any managers of the foundation ownership of a partnership or other en				erest.	
b	List any managers of the foundation of a partnership or other en				erest.	
	ownership of a partnership or other en	tity) of which the	foundation has a	10% or greater int	erest.	
	ownership of a partnership or other entire Information Regarding Contribution,	tity) of which the	foundation has a	10% or greater int		I does not ac
	Information Regarding Contribution, Check here ▶ ☐ if the foundation of	tity) of which the Grant, Gift, Loa only makes conti	foundation has a an, Scholarship, entitions to prese	10% or greater int etc., Programs: elected charitable	organizations and	
	ownership of a partnership or other entire Information Regarding Contribution,	tity) of which the Grant, Gift, Loa only makes contoundation makes	foundation has a an, Scholarship, entitions to prese	10% or greater int etc., Programs: elected charitable	organizations and	
2	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See install	tity) of which the Grant, Gift, Loa only makes conti oundation makes structions.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc.,	10% or greater int etc., Programs: elected charitable to individuals or c	organizations and	r other condit
2	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the fo	tity) of which the Grant, Gift, Loa only makes conti oundation makes structions.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc.,	10% or greater int etc., Programs: elected charitable to individuals or c	organizations and	r other condit
2 a	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See insome The name, address, and telephone number of the second s	tity) of which the Grant, Gift, Loa only makes conti oundation makes structions. mber or email ad	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	10% or greater int etc., Programs: elected charitable to individuals or c	organizations and	r other condit
2 a	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See install	tity) of which the Grant, Gift, Load only makes continued attention makes structions.  The modern or email addition on Statement.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	10% or greater interest.  Programs:  Elected charitable to individuals or country to whom applications.	organizations and organizations unde ations should be a	r other condit
2 a	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See insome The name, address, and telephone nursee Supplementary Informati	tity) of which the Grant, Gift, Load only makes continued attention makes structions.  The modern or email addition on Statement.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	10% or greater interest.  Programs:  Elected charitable to individuals or country to whom applications.	organizations and organizations unde ations should be a	r other condit
2 a	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See insome The name, address, and telephone nursee Supplementary Informati	tity) of which the Grant, Gift, Load only makes continued attention makes structions.  The modern or email addition on Statement.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	10% or greater interest.  Programs:  Elected charitable to individuals or country to whom applications.	organizations and organizations unde ations should be a	r other condit
2 a b	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See insome The name, address, and telephone nursee Supplementary Informati	tity) of which the Grant, Gift, Load only makes continued attention makes structions.  The modern or email addition on Statement.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	etc., Programs: elected charitable to individuals or conto whom applications and the statements of the statement of the state	organizations and organizations unde ations should be a	r other condit
a b	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See insome The name, address, and telephone nursee Supplementary Information The form in which applications should Any submission deadlines:	tity) of which the Grant, Gift, Load only makes continued at its makes structions.  The modern or email additional structions and statements be submitted and statements.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	etc., Programs: elected charitable to individuals or conto whom applicated materials they sho	organizations and organizations unde ations should be a build include.	r other condit
a b	Information Regarding Contribution, Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See insome the name, address, and telephone nur See Supplementary Informati The form in which applications should	tity) of which the Grant, Gift, Load only makes continued at its makes structions.  The modern or email additional structions and statements be submitted and statements.	foundation has a an, Scholarship, e ributions to prese gifts, grants, etc., dress of the perso	etc., Programs: elected charitable to individuals or conto whom applicated materials they sho	organizations and organizations unde ations should be a build include.	r other condit

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Part XV Supplementary Information (continued)								
3_	<b>Grants and Contributions Paid During t</b>	he Year or Approve	ed for Fut	ture Payment				
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount			
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution				
а	Paid during the year							
	•							
				•				
					•			
	Total			<b>&gt;</b> 3a				
ь	Approved for future payment							
	Total			<b>&gt;</b> 3h	<b></b>			

Ente	gros	I-A Analysis of Income-Producing Acts amounts unless otherwise indicated.		siness income	Excluded by section	on 512, 513, or 514	(e)
1	Prog	gram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	a						***
	p _						
	С						
	d _		<u> </u>				
	e 						
	f -				-		
_	_	Fees and contracts from government agencies	-				
2		nbership dues and assessments			1.4	000	
3 4		est on savings and temporary cash investments dends and interest from securities	_		14	992. 3,080.	
5		rental income or (loss) from real estate:			14   V. A. W. M.	3,080.	
,		Debt-financed property			C Chesterante adaptate		
		Not debt-financed property					
6		rental income or (loss) from personal property				<del></del>	
7		er investment income		,	<del> </del>		
8		or (loss) from sales of assets other than inventory		······································	14	214,054.	
9		income or (loss) from special events			<del> </del>	221,001.	
10		ss profit or (loss) from sales of inventory					
11		er revenue: a INVESTMENT INCOME			14	31,130.	
	b						
	c						
	ď						
	е						
	Sub				benows:	249,256.	
13	Sub	al. Add line 12, columns (b), (d), and (e)				249,256. <b>13</b>	249,256.
<b>13</b> (See	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.)				249,256.
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
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13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	
13 (See Pa	Sub Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes	13	

orm 99	0-PF (							Page 13
Part	XVI	Information Organization		sfers to and Tran	sactions and	Relationships With Nonch	aritable E	xempt
1	in s	the organization disection 501(c) (or anizations?	lirectly or indirectly ther than section	501(c)(3) organizati	ons) or in sec	ny other organization described tion 527, relating to politica		s No
а	(1)	isters from the rep Cash Other assets .	<del>-</del>	a noncharitable exe	empt organizatio	n ot: 	1a(1) 1a(2)	×
b	Oth	er transactions.	a noncharitable exe	empt organization			1b(1)	<del>,   </del>
	(2)	Purchases of asse	ets from a noncharita	able exempt organizer assets	ation		1b(2) 1b(3)	×
	(5)	oans or loan gua					1b(4) 1b(5)	×
C	Sha	ring of facilities, e	quipment, mailing li	nip or fundraising sol sts, other assets, or	paid employees		1b(6)	×
d	valu	e of the goods, of	ther assets, or servi	ces given by the rep	orting foundatio	<ul> <li>Column (b) should always should always should be shou</li></ul>	ss than faii	r market
(a) Lin		(b) Amount involved		haritable exempt organiza		cription of transfers, transactions, and s		
							69-1	
2a						ore tax-exempt organizations		
b			501(c) (other than se following schedule	ection 501(c)(3)) or in	section 527? .		☐ Yes 🛭	<b>∛</b> No
	-	(a) Name of organ	<u></u>	(b) Type of or	ganization	(c) Description of relat	ionship	
	Un	der penalties of penury 1	declare that I have examin	ed this return, including acco	ompanying schedules a	and statements, and to the best of my know	ledge and belie	of it is thin
Sign		rect, and complete Decl		an taxpayer) is based on all		eparer has any knowledge	IRS discuss	

			declare that I have examination of preparer (other t						f my knowledge and	belief, it is tr
Sign Here	) /	m / 1	W. Darby	11	/09/2018 ate	TREASUREF	•		May the IRS disc with the preparer See instructions	
Paid Prepa	rer	Print/Type preparer's KELLIE RAE	wright, CPA	Preparer's s	ignature Lacle	lest, OP	Date 11/08/2		ck if PTIN employed P001	90697
Jse C		Firm's name ► Firm's address ►	TRAINER WRICE P.O. BOX 260		ERNO	7		Firm's EIN	► 55-05540 (304) 697-7	
BAA			HUNTINGTON			WV 25726				90-PF (20

### 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.

So to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Employer identification number** 

DARBY FAMILY FOUNDATION INC 55-0785831 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 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) filling Form 990 or 990-EZ that met the 331/3% 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

DARBY FAMILY FOUNDATION INC

**Employer identification number** 

55-0785831

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DARCO INTERNATIONAL INC 810 MEMORIAL BLVD HUNTINGTON WV 257017002	\$\$.	Person   X   Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	H DARREL DARBY REVOCABLE TRUST P O BOX 1597 BECKLEY WV 25802	\$\$.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.,		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

DARBY FAMILY FOUNDATION INC

Employer identification number

55-0785831

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
2	PUBLICLY TRADED SECURITIES		
		\$ 522,009.	12/20/2017
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** DARBY FAMILY FOUNDATION INC 55-0785831 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. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift from Part I (e) Transfer of gift 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Continuation Statement

DARBY FAMILY FOUNDATION INC Form 990-PF: Return of Private Foundation Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Name and Address Information	Form Information	Submission Information	Restrictions
DARBY FAMILY FOUNDATION INC C/O MICHAEL W DARBY		NONE	
P O BOX 1597			
BECKLEY, WV 25802			
304-255-0228			

Form 990-PF Part I, Line 6a

Name
DARBY FAMILY FOUNDATION INC

Employer Identification No 55-0785831

Asset Information:
Description of Property PUBLICLY TRADED SECURITIES - CAPITAL GAIN DISTRIBU
Business Code Exclusion Code 14
Date Acquired How Acquired
Date Sold Name of Buyer
Check Box, If Buyer is a Business
Sales Price 12,778. Cost or other basis (do not reduce by depreciation)
Sales Expense. Valuation Method
Sales Expense Valuation Method  Total Gain (Loss) 12,778. Accumulated Depreciation
Description of Property FROM K-1
Description of Property FROM K-1  Business Code Exclusion Code 14
Date Acquired How Acquired
Date Acquired How Acquired
Date Sold Name of Buyer Check Box, if Buyer is a Business
Sales Price30, 424. Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method
Total Gain (Loss) 30, 424 . Accumulated Depreciation
Description of Property PUBLICLY TRADED SECURITIES - FIRST INTERNET BANCOR
Business Code Exclusion Code 14
Date Acquired12/20/17 How Acquired . Donated
Date Sold12/20/17 Name of Buyer
Check Box, if Buyer is a Business
Sales Price 21, 617. Cost or other basis (do not reduce by depreciation) 12, 500.
Sales Expense Valuation Method
Total Gain (Loss) 9, 117. Accumulated Depreciation
Description of Property PUBLICLY TRADED SECURITIES - HEALTHSOUTH CORP
Business Code Exclusion Code 14
Date Acquired12/20/17 How Acquired . Donated
Date Sold12/20/17 Name of Buyer
Check Box, if Buyer is a Business
Sales Price 29,032. Cost or other basis (do not reduce by depreciation) 9,655.
Sales Expense Valuation Method
Total Gain (Loss) 19, 377. Accumulated Depreciation
Description of Property PUBLICLY TRADED SECURITIES - UNITEDHEALTH GRP INC
Business Code Exclusion Code 14
Date Acquired12/20/17 How Acquired . Donated
Date Sold12/20/17 Name of Buyer
Check Box, if Buyer is a Business
Sales Price 160, 027. Cost or other basis (do not reduce by depreciation) 17, 669.
Sales Expense Valuation Method  Total Gain (Loss) 142, 358 . Accumulated Depreciation
Total Gain (Loss) 142, 336. Accumulated Depreciation
Totals:
Total Gain (Loss) of all assets
Gross Sales Price of all assets253,878.
Unrelated Business Income Business Code . Excluded by section 512, 513, 514 214, 054. Exclusion Code . 14
Excluded by section 512, 513, 514 214, 054. Exclusion Code . 14
Related/Exempt Function Income
QuickZoom here to Form 990-PF, Page 1
QuickZoom here to Form 990-PF, Page 12

# Legal and Professional Fees

2017

Name		Employer Identification No
DARBY FAMILY FOUNDATION	INC	55-0785831

## Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-P	F, Part I, Line 16a				

## **Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRAINER, WRIG	TAX RETURN, AC	1,600.			1,600.
					-
Total to Form 990-	PF, Part I, Line 16b	1,600.			1,600.

## Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-	PF, Part I, Line 16c				

### **Investments**

Name DARBY FAMILY FOUNDATION INC					er Identification No 85831	
Line 10a - Investments - US and State Government Obligations:	End of State and Local Obligations Book Value	Year State and Local Obligations FMV	US Govern Obligati Book Va	ons	1	
Tot to Fm 990-PF, Pt II, Ln 10a						
Line 10b - Investm	nents - Corporate S	Stock:	Book Value	•	f Year Fair Market Value	
Totals to Form 990-PF, Part II,	Line 10b					
Line 10c - Investm	ents - Corporate E	Bonds:	Bool Value	•	f Year Fair Market Value	
Totals to Form 990-PF, Part II,	Line 10c					
Line 12 - Investm	ents - Mortgage k	oans:	Bool Value	•	f Year Fair Market Value	
Totals to Form 990-PF, Part II,	Line 12					
Line 13 - Inv	estments - Other:		Bool Value	•	f Year Fair Market Value	
PARTNERSHIP INTEREST DESCHWAB SECURITIES SCHWAB MONEY MARKET FU		MITED PARTNE	590,	842. 811. 798.	487,842. 609,261. 213,798.	
Totals to Form 990-PF. Part II.	Line 13		1,292	451.	1,310,901.	