Return of Private Foundation

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

OMB No 1545-0047

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.

	Foi	r caler	idar year 2019 or tax year beginning		, and ending	
		me of fou		·		er identification number
_	ТН	E W	ILLIAM T HANCOCK CHARITABLE /	MATION		
			street (or PO box number if mail is not delivered to street address)	Room/s	suite 31-174	16406
	РО	BOX	x 950 211 FEDERAL STREET		B Telephone	e number (see instructions)
γ	City	y or town	, state or province, country, and ZIP or foreign postal code			
\leq	<u>BL</u>	UEF]	ELD WV	24701	304-32	25-7151
\	For	reign cou	ntry name Foreign province/state/county	Foreign postal	code C If exemp	tion application is pending, check here $\blacktriangleright \Box (D)$
_						-9
	G	Check	all that apply 🔲 Initial return 🔲 Initial return	of a former public cl	harity D 1. Foreig	gn organizations, check here
			☐ Final return ☐ Amended re	turn '	2 Foreig	gn organizations meeting the 85% test,
b			Address change Name change		check	here and attach computation
	<u>H</u>	Check	type of organization 🔯 Section 501(c)(3) exempt pi	rivate foundation(🗡	, , ,	foundation status was terminated under
4	\Box	Sectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other tax	able private foundat	ion	07(b)(1)(A), check here
,	1	Fair m	arket value of all assets at J Accounting method	🖾 Cash 🔲 Ac	crual F If the four	ndation is in a 60-month termination
		end of	year (from Part II, col (c), Other (specify)	,	1	ction 507(b)(1)(B), check here
		line 16	i) ▶ \$ 310,751. (Part I, column (d), must b	e on cash basis)		
	P	art 🎚 🛭	Analysis of Revenue and Expenses (The total of	(a) Revenue and		(d) Disbursements
		_	amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b) Net investment income	(c) Adjusted net for charitable income purposes
			equal the amounts in column (a) (see instructions))	books	income	(cash basis only)
		1	Contributions, gifts, grants, etc , received (attach schedule)	5 , 000.	第 人的分 然 为。2。	(A)
		2	Check ▶☐ if the foundation is not required to attach Sch. B	排除排出機器不		
		3	Interest on savings and temporary cash investments	,		30.000 (10.000)
		4	Dividends and interest from securities	10,234.	10,234.	
		5a	Gross rents			
		b	Net rental income or (loss)			是是是一个人的。 第二章
	Revenue	6a	Net gain or (loss) from sale of assets not on line 10	(6.)		ESTE ASSISTANCE AND SERVICE OF THE PROPERTY OF
	eu	Ь	Gross sales price for all assets on line 6a			2017001_41200
	6	7	Capital gain net income (from Part IV, line 2)		9/92 Z 1 5602 984 44	RECEIVED
	~	8	Net short-term capital gain			
		9	Income modifications		ATTACK TO STATE OF THE STATE OF	
		10a	Gross sales less returns and allowances			* ************************************
		b	Less Cost of goods sold .			
2		I .	Gross profit or (loss) (attach schedule)	**	Santonia, Sandario Pelic.	OGDEN, UT
) >		11 12	Other income (attach schedule) Total. Add lines 1 through 11	15,228.	10,234.	023500000
Z	_	13	Compensation of officers, directors, trustees, etc.	1,454.	1,454.	
NNED	enses	14	Other employee salaries and wages	1,454.	1/101.	
Ö	ü	15	Pension plans, employee benefits		<u></u>	
	Expe	16a	Legal fees (attach schedule)			
		ſ	Accounting fees (attach schedule)	400.	400.	RECEIVED
~ ~	<u>š</u>	C	Other professional fees (attach schedule)			THE SEIVED
en	rat	17	Interest			4
5 2022	ist	18	Taxes (attach schedule) (see instructions) .	158.		5 DEC 04 2020 S
₹	Ë	19	Depreciation (attach schedule) and depletion			Ś
.>)	등	20	Occupancy	,		OGDEN
	٨	21	Travel, conferences, and meetings			L OUDLIN, UT
	<u>n</u>	22	Printing and publications			
	g	23	Other expenses (attach schedule)		_ ,	
	ij	24	Total operating and administrative expenses.			
	Operating and Administrative		Add lines 13 through 23	2,012.	1,854.	3C00747, 7889, MARGARAN AND AND AND AND AND AND AND AND AND A
	be	25	Contributions, gifts, grants paid	13,655.		13,655.
	<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	15,667.	1,854.	13,655.
		27	Subtract line 26 from line 12			
			Excess of revenue over expenses and disbursements	(439.)		
			Net investment income (if negative, enter -0-)		8,380.	理的表 建筑 医原生
-		С	Adjusted net income (if negative, enter -0-)		Section 1	

1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for drubtful accounts ▶ 4 Plendages receivable ▶ Less allowance for drubtful accounts ▶ 5 Receivables due from officers, directors, frustees, and other disqualified persons (attach schedule) (see instructions) 7 Other noises and loser secevable is a secure of the property	Ρa	art lį̇̃	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable ♣ 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) kee instructions) 7 Other noise and teams receivable (attach schedule)			should be for end-of-year amounts only (See instructions)		(b) Book Value	(c) Fair Market Value
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18 Grants payable 19 Deferred revenue	_	17		2007 2001	200,027	3207.020
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) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds Padi-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances (see instructions) 186, 466. 186, 027. 27 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 29 (must agree with end-of-year figure reported on prior year's return) 1 186, 466. 28 Enter amount from Part I, line 27a 2 (439.) 3 Other increases not included in line 2 (itemize) ▶ 5						
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4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5			ı			(====)/
5 Decreases not included in line 2 (itemize) 5						186,027.
	_					,
		Total	net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), line		186,027.

Form 990+PF (2019)

Part	V Capital Gains and	Losses for Tax on Investm	ent Income			-	
		i(s) of property sold (for example, real est e, or common stock, 200 shs MLC Co)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acq (mo , day,	yr)	(d) Date sold (mo , day, yr)
1a	.1484 SHS WABTE	C		Р			03/18/2019
b	2 SHS WABTEC			P	03/18/2	019	03/18/2019
С							
d							
е							
•	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	((6		n or (loss) f) minus (g))
a	11.			11.			<u>.</u>
b	148.			154.			(6.)
С							
d							
е							
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Ga	ıns (Col	I (h) gain minus
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k)	, but not	t less than -0-) or rom col (h))
a							
b							(6.)
c							
<u>d</u>							
ее							
2	Capital gain net income or (net canital local 1	also enter in Pa , enter -0- in Pai	>	2		(6.)
3	If gain, also enter in Part I, I	or (loss) as defined in sections line 8, column (c). See instructi		ter -0- ın }			
Part	Part I, line 8	r Section 4940(e) for Redu	 	J	3		(6.)
Was t		e this part blank. ection 4942 tax on the distribute alify under section 4940(e) Do			ase period?		☐ Yes 🏻 No
1		int in each column for each yea			kıng anv entr	ies	
	(a)		, see the mande		King any cha	103	(d)
	Base period years	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use a	ssets		tribution ratio
Cal	endar year (or tax year beginning in) 2018	13,93		281,78		201 (0)	divided by col (c)) 0.049435
	2017	14,08		283,87			0.049617
	2016	13,79		269,93			0.051097
		12,99		256,56			0.050647
	2015	11,80		253,61			0.046526
	2014	11,00	<u> </u>	200,01			0.040320
2	Total of line 1, column (d)				2		0.247322
3		r the 5-year base period—divid	e the total on lin	e 2 by 5 0 or by			
3		indation has been in existence			3		0.049464
4	Enter the net value of noncl	haritable-use assets for 2019 fi	om Part X, line s	5	4		301,914.
5	Multiply line 4 by line 3				5		14,934.
6	Enter 1% of net investment	income (1% of Part I, line 27b)	•		6		84.
7	Add lines 5 and 6				7		15,018.
8	Enter qualifying distribution	s from Part XII, line 4 er than line 7, check the box in l	Part VII line 1h	and complete the	8 at part using	a 1%	13,655.
	Part VI instructions	er than line 1, check the box in i	art vi, iiiie ib, i	and complete the		u 1/0	LUX TOLO OCC LITO

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ctions)		
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)			1.0	14 E
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	ANNE ANN LANGE FROM	16	8 .
С	here Dand enter 1% of Part I, line 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
_	Part I, line 12, col (b) .	2		0	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	-3		16	8
3	Add lines 1 and 2	4		0	•
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		16	8
6	Credits/Payments	•	N. 14 C. 16	- 	
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6				
a b	Exempt foreign organizations—tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) 6c				
ď	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7	***************************************		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of-lines 5 and 8 is more than line 7, enter amount owed	9		16	8.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11			
Part	VII-A Statements Regarding Activities		46 * 1924	· · · · · · · · · · · · · · · · · · ·	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	d it	3454.6. S	Yes.	No_
_	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	е	4.		Х
	Instructions for the definition	riolo	1b	12000	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate published or distributed by the foundation in connection with the activities	iiais	(1) (2)		
_	Did the foundation file Form 1120-POL for this year? .		1c		X
c d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			4	
u	(1) On the foundation \triangleright \$ (2) On foundation managers \triangleright \$		\$65A		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	oosec	· [*:		
	on foundation managers		, , 4 , 6 n S _ , 2 &		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities		141 fr 17		
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
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?		5	`***********	X
_	If "Yes," attach the statement required by General Instruction T		<u>`</u> (**)		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			7	
	 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?	lliat	6	Χ	22.23
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	1,000,000
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		1934		
	WV '				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge	neral			ر ، لگنگ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	.\(0)	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942())(3) (7)#		* 11.	
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XI	V IÍ	9		x
10	"Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	ı their			V
10	names and addresses .	,	10		X
			Form 99 ()-PF	

Part	VII-A Statements Regarding Activities (continued)			
•	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	ļ	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			١,,
	person had advisory privileges? If "Yes," attach statement. See instructions	12	X	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	^	l
	Website address The books are in care of ► EIRST COMMUNITY BANKTelephone no ►-304-	335	715	- -
.14	\sim 50 por 050 principle for \sim 2470	1225	111	. +
		<u>. +</u>	- -	
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			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
16	over a bank, securities, or other financial account in a foreign country?	16	100	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the	300	33	
	name of the foreign country	3		
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	30000000		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ंश्रम	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			e de la
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	, I 🐺		7.73 7.73
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	o		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	o		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	o #		
	(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)?) i		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			4
	foundation agreed to make a grant to or to employ the official for a period after			a il
	termination of government service, if terminating within 90 days)) i		93.3
b	If any answer is "Yes" to 1a(1)(6), did any of the acts fail to qualify under the exceptions described in			1
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	12.4000	
	Organizations relying on a current notice regarding disaster assistance, check here		1	3 / c
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		3 E.	200
	were not corrected before the first day of the tax year beginning in 2019?	1c	Ks/3665	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	2.5		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			7.
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			1
	If "Yes," list the years № 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			1
	all years listed, answer, "No" and attach statement—see instructions)	2b		3470 -3-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20	0 23	200
·	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	2.7		1
- Ou	at any time during the year?	o		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		Y.	
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		3	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse		S	
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		20/10	
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		5.84	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b]	Х

Pari								- 11			
	VII-B Statements Regarding Activities f			20 Ma	y Be Requ	ured (continue	ea)	TO Sect	V	NI.
5a	During the year, did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt to			(sectio	n 4945(a)\	2	☐ Yes	X No	12.72.2	Yes	No
								E 140			
	(2) Influence the outcome of any specific public e directly or indirectly, any voter registration drives		(see section	4955), (or to carry c	ν,	Yes	X No	100		
	(3) Provide a grant to an individual for travel, stud		her sımılar pı	ırposes	?		Yes	🖾 No			
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions.	-				ed in	Yes	⊠ No			Jansun
-	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch			literary	or educati	ōnal	Yes	X No			-110 11 011
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transa	ctions fail to					bed in			
	Regulations section 53 4945 or in a current notice					nstructi	ons		5b	1:52	(b)(5.54)
	Organizations relying on a current notice regarding							▶ [2	4	
С	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility			emptior	i from the ta	ax	Yes	☐ No	新教	S	
	If "Yes," attach the statement required by Regulat			5-5(d)			_		(別)フラル 日 : ・ ア : ・		
6a	Did the foundation, during the year, receive any fi				pay prem	ums	П.,	[♥]			
	on a personal benefit contract?					5 .	∐ Yes	X No			AND THE
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870	s, direc	tly or indirect	ly, on a	personal b	enefit c	contract?		6b		X
7a	At any time during the tax year, was the foundation a pa	artv to a	prohibited tax	shelter t	ransaction?		☐ Yes	X No	17.14		
b	If "Yes," did the foundation receive any proceeds					the trai	nsaction?	, _	7b		
8	Is the foundation subject to the section 4960 tax or remuneration or excess parachute payment(s) du			re than	\$1,000,000	0 in	☐ Yes	X No	. 1		
Parl	Information About Officers, Directe		<u>-</u>	undati	on Manag	ers. H			17 04 740	98.	20,220,20
	and Contractors	,	,			, ,	J ,		. ,		
1	List all officers, directors, trustees, and found	ation n	nanagers an	d their	compensa	tion. S	ee instru	uctions	•		
	(a) Name and address	hou	e, and average rs per week ed to position	` ´(If ı	mpensation not paid, iter -0-)	emple	Contribution byee benefit erred compo	plans	(e) Expe	nse aca	
	ST COMMUNITY BANK	TRUS	TEE								
	30X 950	ļ	5		1,454						
WILI		TRUS	5		1,454	•					
WILI	BOX 950 LY PIERRE JACOEBEE	TRUS	5 TEE		1,454	•					
WILI	BOX 950 LY PIERRE JACOEBEE	TRUS	5 TEE		1,454	•		-			
WILI	BOX 950 LY PIERRE JACOEBEE	TRUS	5 TEE		1,454	•			-		
WILI	BOX 950 LY PIERRE JACOEBEE		5 TEE 1	include					none,	enter	
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE	other	5 TEE 1	average veek		l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe		count,
WILI 114	Ompensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,
WILI 114	BOX 950 LY PIERRE JACOEBEE 7 WASENA AVENUE Compensation of five highest-paid employees "NONE." (a) Name and address or each employee paid more than \$50,00	(other	5 TEE 1 than those (b) Title, and a hours per v	average veek	ed on line 1	l—see	(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	nse acc	count,

Form **990-PF** (2019)

ļΡā		ntormation About Officers, Directors, Trustees, Founda and Contractors <i>(continued)</i>	ition Managers, Highly Paid Em	ipioyees,
3	Five high	nest-paid independent contractors for professional services.	See instructions. If none, enter "N	ONE."
		(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
100	VE			
			N/A	
Tota	al number of	f others receiving over \$50,000 for professional services	>	
	art IX-A	Summary of Direct Charitable Activities		
		s four largest direct chantable activities during the tax year. Include relevant statistica	I information such as the number of	_
		other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1	N/A			
•	17.111			
2	N/A			
-	177-11			
3	N/A			
•	17.111			
4	N/A			
7				
P:	art IX-B	Summary of Program-Related Investments (see instruc	ctions)	
		largest program-related investments made by the foundation during the tax year on li		Amount
	N/A			
•	17.11			
2	N/A			
_				
All	other program-	related investments. See instructions		
	N/A	•		
J	/			
Tota	Add lines	1 through 3	>	

Part	Minimum investment Return (All domestic foundations must complete this part Foreign	toune	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		206 510
а	Average monthly fair market value of securities	1a	306,512.
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets (see instructions)	1c	006.510
d	Total (add lines 1a, b, and c)	1d	306,512.
е	Reduction claimed for blockage or other factors reported on lines 1a and	71 - 4 - 400-0	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	206 510
3	Subtract line 2 from line 1d	3	306,512.
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		4 500
	instructions) .	4	4,598.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	301,914.
6	Minimum investment return. Enter 5% of line 5	6	15,096.
Part		ons	
	and certain foreign organizations, check here and do not complete this part)		15 006
1	Minimum investment return from Part X, line 6	1	15,096.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 168.		
b	Income tax for 2019 (This does not include the tax from Part VI)		1.00
С	Add lines 2a and 2b	2c	168.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14,928.
4	Recoveries of amounts treated as qualifying distributions	4	1.4.000
5	Add lines 3 and 4	5	14,928.
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,	_	14 020
D - 4	line 1	7	14,928.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4.0	13,655.
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a 1b	13,033.
þ	Program-related investments—total from Part IX-B	10	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	2	
•	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	3a	
a	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3b	· · · · · · · · · · · · · · · · · · ·
b	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	13,655.
4	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		10,000.
5	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,655.
0	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh		
	mote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will apply the caction 4940(a) reduction of tax in those years	CUICI	inc louridation

Part	VIII Undistributed Income (see instructions)				
•		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				14,928.
2	Undistributed income, if any, as of the end of 2019				Transfer of the second
a	Enter amount for 2018 only		l to the second	370tk ≥ 1 ± 2 4 p.4	
b	Total for prior years 20 , 20 , 20			7. A.	
3	Excess distributions carryover, if any,-to 2019 From 2014		1 1 1 1 1		40 A
a h	From 2015 378.			194	
C	From 2016 716.				
d	From 2017 44.				
е	From 2018	1,138	がある。		
f	Total of lines 3a through e	,	18 18 28 28 30		
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 13,655.				
a	Applied to 2018, but not more than line 2a		HM-Mark State Control	2002 A 18 18 18 18 18 18 18 18 18 18 18 18 18	
D	Applied to undistributed income of prior years (Election required—see instructions)				
c	Treated as distributions out of corpus (Election	HIP ELIBRITATION IN ILLEANING	The state of the s		The state of the s
·	required—see instructions)	;			2.00
d	Applied to 2019 distributable amount		发展的		13,655.
е	Remaining amount distributed out of corpus .				
5	Excess distributions carryover applied to 2019	<u>'</u>			
	(If an amount appears in column (d), the same	1,138.			1,138.
6	amount must be shown in column (a)) Enter the net total of each column as	1,130.			1,150.
Ū	indicated below:	,			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				Maria Sala
b	Prior years' undistributed income Subtract			ALCOHOL:	
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed			the second	
	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		Can the San and San San San San		
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount—see		Part No.		
f	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				135.
7	Amounts treated as distributions out of corpus	,			
	to satisfy requirements imposed by section	,		37/434	
	170(b)(1)(F) or 4942(g)(3) (Election may be	(; ,			
_	required—see instructions)	, , , , , , , , , , , , , , , , , , , ,	<u> Harabista Kabupatèn Ba</u>		
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	, 1			
9	Excess distributions carryover to 2020.	4 13		i gagadien.	
J	Subtract lines 7 and 8 from line 6a	' ;		F-7257co	100
10	Analysis of line 9			100	12
а	Excess from 2015				ic (
b	Excess from 2016				444
, c	Excess from 2017				
d	Excess from 2018				

1 0.111. 5	20.1 (5052) TIIT MITTITIZI 1	L HANCOCK C	HULLIUDDD		•	<i>-</i> -	, 1010	∨ Page 10
Part	XIV Private Operating Foundation	ons (see instructi	ons and Part VI	I-A, question 9)				
1a	If the foundation has received a ruling	or determination le	tter that it is a priv	ate operating			_	
	foundation, and the ruling is effective for							
	Check box to indicate whether the foundation	on is a private operati	ng foundation descr	ibed in section		4942(J)(3) or	4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			(0)	Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 20	16	(6)	
	each year listed							
þ	85% of line 2a							
C	Qualifying distributions from Part XII,							
	line 4, for each year listed					i		
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.							
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 2/3							
	of minimum investment return shown in							
	Part X, line 6, for each year listed	}						
¢	"Support" alternative test—enter							
	(1) Total support other than gross	İ			`			
	investment income (interest, dividends, rents, payments on							
	securities loans (section					Y		
	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)							$\overline{}$
	(3) Largest amount of support from							
	an exempt organization							
Dowl	(4) Gross investment income Supplementary Information	(Complete this	mant anticit tha	foundation be	d 65 000 c		- in ass	
Part	any time during the year—			i louiluation na	u \$5,000 C	ir mor	e III as:	seis ai
1	Information Regarding Foundation N		·1 · · · · · · · · · · · · · · · · · ·					
	List any managers of the foundation wh		I more than 2% of	the total contribu	tions receiv	ed by th	ne found	ation
-	before the close of any tax year (but on							
NONE					`			
b	List any managers of the foundation wh	no own 10% or mor	e of the stock of a	corporation (or a	n equally la	rae por	tion of th	ne
	ownership of a partnership or other enti-					•		
NONE	3							
2	Information Regarding Contribution,	Grant, Gift, Loan	, Scholarship, et	c., Programs:				
	Check here ▶ ☐ if the foundation on							pt
	unsolicited requests for funds If the fou	_	-	individuals or orga	inizations u	nder oti	her	
	conditions, complete items 2a, b, c, and							
а	The name, address, and telephone nun	nber or email addre	ess of the person t	to whom application	ons should l	e addr	essed	
7.A.C.L	ARY J LUTTRELL 304-325	5-7151 PO P	OX 950 BLE	JEFTELD WV	24701			
	The form in which applications should be							
~	The form in which applications should b	o oublimited and III		are ground				
WR <u>I</u> I	TTEN OR VERBAL-REASON F	FOR REQUEST						
	Any submission deadlines							
<u>NONE</u>				and the Callery	da af :- * * *		41	
q	Any restrictions or limitations on awards	s, such as by geogr	aphical areas, ch	aritable fields, kind	as of institut	Jons, o	rother	
אד סם	factors	OCED VVID MC	DOMETT COL	ווחדבכ הוו				

Form **990-PF** (2079)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		ed for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year DIABETES CAMP OF WV 364 PATTERSON DR 284				1,650.
26505 WV MORGANTOWN GLENWOOD SCHOOL 1734 GLENWOOD PARK RD	NONE _	N/A	CAMP FOR KIDS	1,000.
24740 WV PRINCETON BLUEFIELD UNION MISSION	NONE	N/A	SCHOOL TRIPS	990.
2203 BLUEFIELD AVE 24701 WV BLUEFIELD BLUEFIELD SHRINE CLUB	NONE '	N/A	MEDS FOR KIDS	750.
PO BOX 53 24701 WV BLUEFIELD BLUEFIELD FITNESS CTR	NONE	N/A	TRANSP FOR KIDS	2,000.
200 ROGERS STREET 24701 WV BLUEFIELD COMMUNITYCHRISTMAS TREE PO BOX 1599	NONE	N/A	LOW INC MBRSHIP	750.
24701 WV BLUEFIELD WADE CENTER 1400 HIGHLAND AVE	NONE	N/A	TOYS FOR KIDS	500.
24701 WV BLUEFIELD WELCH COMM HOSPITAL 454 MCDOWELL STREET	NONE	N/A	OPER. BUDGET	250.
434 MCDOWELL SINELI	NONE	N/A	TOYS FOR KIDS	
Total			>	3a 13,655.
b Approved for future payment NONE				
Total		<u> </u>		3b

Form 990-PF (2019)

	T XVI-A Analysis of Income-Producing Ac r gross amounts unless otherwise indicated	- 1	siness income	Excluded by secti	on 512, 513, or 514	(e)
	· ·	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue					(OCC MISTRACTIONS)
	a			 		
	b			-		
	C			 		
	d	ļ				
	e					 .
	C Free and contents from accompany and accompany					
2	g Fees and contracts from government agencies	}				
2	Membership dues and assessments .		· -			
3 4	Interest on savings and temporary cash investments Dividends and interest from securities			14	10,234.	
_	Net rental income or (loss) from real estate			T-4	10,234.	200
5	a Debt-financed property	1 4 (A 1 (E))14 (. 4)	·#: · • · · · · · · · · · · · · · · · · ·	<u> </u>		₹ %38.8%; -
6	b Not debt-financed property . Net rental income or (loss) from personal property			 -		
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			 		
9	Net income or (loss) from special events		··	 		
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
• •	h			1		
	A					
	e					
	Subtotal Add columns (b), (d), and (e) .	.118 1191111			10,234.	
12	Sublotal Add Coldilles (b), (d), and (e)					
		1 (4 (* 1 11 11 14 15 11		<u></u>		10,234.
13	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation				13	10,234.
13 See	Total. Add line 12, columns (b), (d), and (e)	ıs)		Purposes		10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-5 Relationship of Activities to the A No. Explain below how each activity for which income	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
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13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.
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13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation Relationship of Activities to the A No. Explain below how each activity for which incomaccomplishment of the foundation's exempt puri	is) ccomplishme	ent of Exempt	XVI-A contributed	13	10,234.

Part		` '	Regarding Trans	sfers to and Trans		and Re	lationship	s With I	Noncharit		- Pa	ge 1
1	in se	the organization of the control of t	directly or indirectly of	engage in any of the c)(3) organizations) of	_				escribed		Yes	No
а	~	anizations?	norting foundation to	a noncharitable exe	empt organ	ization d	nf				ę.	
u		Cash		a nononanaole exe	mpt organ					1a(1)		Х
		Other assets								1a(2)		X
b		er transactions									Initiation of the	ZUJNO:
			a noncharitable exe							1b(1)		X
	` '			able exempt organiza	ation					1b(2)		X
		Rental of facilities Reimbursement a	, equipment, or othe	er assets						1b(3) 1b(4)		X
		Loans or loan gua	· ·							1b(5)	-	X
		-		nip or fundraising sol	icitations					1b(6)		Х
С				sts, other assets, or p						1c		X
đ	value	e of the goods, othe	er assets, or services	nplete the following scl given by the reporting f ent, show in column (d)	foundation	If the fou	indation recei	ved less t	han fair mar	ket		
_(a) Lin	е по	(b) Amount involved	(c) Name of none	chantable exempt organiza	tion	(d) Des	cription of trans	fers, transa	ctions, and sha	iring arrai	ngeme	nts
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	ا مام		all and a second and the second	eted with or roleted	<u> </u>	more to	v avamnt ar	nonizotio				
2a				ated with, or related ection 501(c)(3)) or in			x-exempt on	yarıızatio		Yes [X N	lo
b			following schedule	() ()					_			
		(a) Name of organ		(b) Type of or	rganization			(c) Descr	ption of relatio	nship		
									 			
						-						
	_					-						
	Unde	er penalties of penjury, I dec	clare that I have examined this i	I return, including accompanying s	schedules and s	tatements, a	nd to the best of m	y knowledge a	and belief, it is tru	e,		
Sign	corre	ect, and complete Declarat	ion of preparer (other than taxo	ayer) is based on all information	of which prepar	rer has any k	nowledge		May the IR	S discuss t	his retu	rn
Here		Barren 1	THE THE	11-17-20	2 PTW	et Re	presenta	tive	with the pre		wn belo Yes	
	Sig		S CO	Date	Title		<u> </u>					=
Paid	-	Print/Type preparer	sname WLESS	Preparer's signature MARK E LAW	LESS		Date 05/10/2		neck 🔼 if	PTIN P006:	807	98
Prepa	rer		MARK E LAWL				103/10/2	1 00	If-employed ■ 84-4			
	N I	Firm's name 👂	******** TICYANT					THITIS EIF	, - -	<u>, , , , , , , , , , , , , , , , , , , </u>	· • ·	

Firm's name ▶ MARK E LAWLESS

Use Only

304-325-6157

Phone no

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

31-1746406

THE WILLIA	M T HANCOCK CHARITABLE	31-1746	406
Organization type	e (check one)	_	
Filers of:	Section:		
Form 990 or 990-8	EZ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private for	ındatıon	
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion	RECEIVED
	501(c)(3) taxable private foundation	C147	DEC 0 4 2020
		=	
or more (i	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut in money or property) from any one contributor. Complete Parts I and II. See instruction's total contributions		
For an org regulation 13, 16a, o \$5,000; or	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/0 s under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 16b, and that received from any one contributor, during the year, total contributions or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 (contributions of the amount on (ii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line 1 (contributions of the amount on (iii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line 1 (contributions)	or 990-EZ), I of the greate Complete Pa	Part II, line er of (1) rts I and II
contributo	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that roor, during the year, total contributions of more than \$1,000 exclusively for religious, clared contributions of cruelty to children or animals. Completed contribution of cruelty to children or animals.	haritable, sci	entific,
contributo contributio during the General F	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that represent the second section of the second se	out no such that were re e parts unles: able, etc , cor	ceived s the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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)

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

Name of organization
THE WILLIAM T HANCOCK CHARITABLE

Employer identification number

31-1746406

Partil	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is n	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLY PIERRE JACOEBEE 1147 WASENA AVENUE SW ROANOKE VA 24015-5311 Foreign State or Province Foreign Country	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

US 990-PF Grants an	If an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	
Recipient name and address BLUEFIELD HIGH SCHOOL	or substantial contributor	recipient	contribution	Amount
535 W CUMBERLAND ROAD	NIONIT	h. 7. / 7.	FUNDS FOR TRIPS	765.
BLUEFIELD WV 24701 MERCER CO FELLOWSHIP HM	NONE	N/A	FUNDS FOR INTES	765.
IIII.Coli. Co I ELLOWSI.II III				
421 SCOTT STREET	1,0,1,7	7.7		2 000
BLUEFIELD WV 24701 CRAFT MEMORIAL LIBRARY	NONE	N/A	GIFTS FOR KIDS	2,000.
CRAFT MEMORIAL LIBRARI				
600 COMMERCE STREET				
BLUEFIELD WV 24701	NONE	N/A	KIDS PROGRAMS	1,500.
MERCER CO OPPORTUNITY				
238 CAREER PATH				
PRINCETON WV 24739	NONE	N/A	FUND PROGRAMS	1,500.
		<u> </u>		
		,		
		 		
		 		
Total	I	<u></u>	,	5,765

US 990-PF Investments: Corporate Stock as of Yes	ar End	2019
Description	Book value	FMV
ATET INC CONOCOPHILLIPS DNP SELECT INCOME FD DUKE EMERGY CORP ENBRIDGE INC EVERGY INC FORD MTR CO GENERAL ELECTRIC CO INGREDION INC KRAFT HEINZ CO MONDELEZ INT INC NORFOLK SOUTHERN CORP NUTEEN FEED PROCTER AND GAMBLE CO SOUTHERN CO UNILEVER PLC VERIZON COMMUNICATIONS INC MELLS FARGO CO JOHNSON CONTROLS INTL	5,092. 4,917. 11,796. 5,025. 14,760. 5,877. 4,411. 5,575. 5,233. 7,831. 4,661. 8,315. 3,791. 4,920. 15,370. 6,052. 3,505. 12,016. 5,732. 5,713. 11,089. 18,089. 181,075.	7,816. 12,838. 19,509. 5,504. 27,363. 11,732. 13,018. 9,650. 4,464. 18,590. 6,426. 11,016. 19,413. 9,836. 16,712. 24,980. 12,740. 11,434. 24,560. 10,760. 15,307. 305,799.

	counting Fees Expenses	Net investment	Adjusted net	Charitable
Description	per books	ıncome	income	purposes
COUNTING/990-PF TAX PREP	400.	400.		, . ,
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JS 990-PF		Taxes 2			
Description	Expenses	Net investment income	Adjusted net income	Charitable purposes	
Description 0-PF EXCISE TAXES	per books 158.		income	pulposes	
	158.				
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