| 2017    |  |
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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** 

# **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047

▶ Do not enter social security numbers on this form as it may be made public.

| Dep<br>Inter         | artment of threal Revenue | Service Information about Form 990 and its instructions is at www.irs  | gov/form99       | 0.                | Inspect                                 | ion               |
|----------------------|---------------------------|--|------------------|-------------------|---|-------------------|
|                      | <del></del>               | 015 calendar year, or tax year beginning July 1 , 2015, and endir  |                  | ne 30             | , 20 16                                 |                   |
| В                    | Check if ap               |  |                  |                   | er identification ni                    | mber              |
|                      | Address cr                | ***************************************  |                  |                   | 31-1553709                              |                   |
|                      | Name char                 | Number and street (or P.O. box if mail is not delivered to street address) Room/su   | ırte             | E Telephor        | ne number                               |                   |
|                      | Initia' retur             | P O Box 635  |                  |                   | 304-667-8278                            |                   |
|                      | Final return.             | erminated City or town state or province, country, and ZIP or foreign cestal code  |                  | · · ·             |   |                   |
|                      | Amended i                 | eturn Barboursville, WV 25504-0635   |                  | <b>G</b> Gross re | ce pts \$                               | 475,727           |
|                      | Application               | pending   F Name and address of principal officer   William Brent Sturm  | H(a) Is this a g | toupite uinitoris | suborcinates? Yes                       | ☑ No              |
|                      |                           | P O Box 635, Barboursville, WV 25504-0635  | H(b) Are all     | subordinates      | ırcluded? 🗌 Yes                         | ☐ No              |
| 1                    | Tax-excmr                 | t status   | It.v             | lo ' attach a     | 1st (see instruct o                     | ns)               |
| J_                   | Website.                  | ► N/A  | H(c) Group       | exemption         | number 🕨                                |                   |
| _                    |                           | anization [7] Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma  | tion 1997        | M State           | of legal dom cile                       | WV_               |
| ŢР                   | art I                     | Summary  |                  |                   |   |                   |
|                      | 1 E                       | riefly describe the organization's mission or most significant activities The or   | ganization in    | creases th        | ne high school                          |                   |
| če                   | g                         | raduation rate of West Virginia's at-risk youth. The organization also enhances the  | employment       | prospect          | s of West Virgir                        | na's              |
| Governance           |                           | risk youth through employability skills training   |                  |                   |   |                   |
| ķ                    |                           | heck this box ▶ ☐ if the organization discontinued its operations or disposed  | of more than     | 1 25% of          | its net assets                          |                   |
| ၓၟ                   | l                         | umber of voting members of the governing body (Part VI, line 1a)   | ,                | 3                 |   | 6                 |
| مة<br>س              | E                         | umber of independent voting members of the governing body (Part VI, line 1b)   | 1                | 4                 |   | 6                 |
| Ę.                   | 5 T                       | otal number of individuals employed in calendar year 2015 (Part V, line 2a)  |                  | 5                 |   | 9                 |
| Activities &         | 6 T                       | otal number of volunteers (estimate if necessary)  |                  | 6                 |   | 0                 |
|                      |                           | otal unrelated business revenue from Part VIII, column (C), line 12  |                  | 7a                |   | 0                 |
|                      | <b>b</b> N                | et unrelated business taxable income from Form 990-T, line 34  |                  | 7b                |   | 0                 |
| Revenue              |                           |  | Prior Ye         | ear :             | Current Ye                              | ar                |
|                      |                           | ontributions and grants (Part VIII, line 1h)   |                  | 193,139           |   | 440,725           |
|                      | 9 P                       | rogram service revenue (Part VIII, line 2g)  |                  | 31,500            |   | 35,000            |
| ev.                  | 10 lr                     | vestment income (Part VIII column (A) lines 3 4, and 7d)   |                  | 0                 |   | 2                 |
| -                    | 11 C                      | ther revenue (Part VIII column (A), lines 5 6d, 8c, 9c 10c, and 11e)   |                  | 0                 | . · · · · · · · · · · · · · · · · · · · | 0                 |
|                      | 12 T                      | otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                  | 224,639           |   | 475,727           |
|                      | 13 0                      | rants and similar amounts paid (Part IX, column (A) lines 1-3)   | ·                | 0                 |   | 0                 |
|                      | 14 E                      | enefits paid to or for members (Part IX, column (A), line 4)   |                  | 0                 |   | 0                 |
| es                   | 15 8                      | alaries, other compensation, employee benefits (Part IX, column (A) lines 5-10)  |                  | 190,774           |   |                   |
| Expenses             | 16a P                     | rofessional fundraising fees (Part IX. column (A), line 11e)   |                  | 0                 |   | 0                 |
| ×                    | b T                       | otal fundraising expenses (Part IX column (D), line 25) ▶  |                  |                   |   |                   |
| ш                    | 111                       | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                  | 27,688            |   | 41,145            |
|                      | 18 T                      | otal expenses Add lines 13–17 (must equal Part IX column (A): line-25)   |                  | 218,462           | · · · · · · · · · · · · · · · · · · ·   | 388,949           |
|                      | 19 5                      | evenue less expenses Subtract line 18 from line 12   |                  | 6,177             |   | 86,779            |
| ets or               |                           | <u>                                    </u>  | Beginning of Cu  |                   | End of Ye                               | ar<br>—           |
| Ssets                | 20 T                      | otal assets (Part X, line 16) otal liabilities (Part X, line 26)  FEB 2 1 2017   | [Ω;              | 34,938            |   | 227,027           |
| Net Asse<br>Fund Bak | 21 T                      | · ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  | · •              | 29,675            |   | 134,984           |
|                      |                           | et assets or fund balances Subtract line 21 from line 20   | <del></del>      | 5,263             |   | 92,043            |
| _                    | art II                    | Signature Block UGDEN UT   | -                |                   |   |                   |
|                      |                           | is of perjury. I declare that I have examined this return, including accompanying schedules and state<br>and complete. Declaretion of proparer, other than officer) is based on all information of which prepare |                  |                   | ny knowledge and                        | belief it is      |
|                      | e, conect, i              | The compare decreasing to propare your propared on an information of which prepare   | Thus arry know   |                   |   |                   |
| c:-                  |                           | Af Con flux  |                  |                   |   |                   |
| Sig                  |                           | Signature of officer 2 + 44 T  | Ua               | ate old           | -1-                                     |                   |
| He                   | re                        | William Brent Sturm, Executive Director  |                  | <u> ~//</u> .     | 9/1)                                    |                   |
|                      | <u></u>                   | Type or print name and title   | into             |                   | Intiv                                   |                   |
| Pa                   | iid                       | Print/Type preparer's name Preparer's signature D  | ate              | Check [           | ] if PTIN                               |                   |
|                      | eparer                    |  |                  | self-emp          | pioyea                                  |                   |
| Us                   | e Only                    | Firm's name •  |                  | n's EIN ▶         |   |                   |
| N 4 -                | u the IDC                 | Firm's address   discuss the vature with the property shows above? (see instructions)  | Pho              | one no            |   | [7]               |
|                      |                           | discuss this return with the preparer shown above? (see instructions) .  |                  |                   | Yes                                     |                   |
| FOR                  | Paperwo                   | rk Reduction Act Notice, see the separate instructions. Cat !  | No 11282Y        |                   | Form 5                                  | <b>190</b> (2015) |

| Form 99 | 0 (2015) Page  |
|---------|--|
| Part    | •  |
|         | Check if Schedule O contains a response or note to any line in this Part III   |
| 1       | Briefly describe the organization's mission  |
|         | The organization increases the high school gradation rate of West Virginia's at-risk youth. The organization also enhances the employment prospects of West Virginia's at-risk youth through employability skills training.  |
| 2       | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes Volume 1 Ves." describe these new services on Schedule O   |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\Box$ Yes $\boxdot$ No   |
| 4       | If 'Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured b expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.  |
| -<br>-  | (Code ) (Expenses \$ 336,078 including grants of \$ ) (Revenue \$ 35,000)  Identification of high school students with significant barriers to success and the assistance to them to persist in their education. This includes insuring graduation from high school, and a successful transition from high school to post-secondary education or the workforce.  |
| 4b      | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4c      | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 70      | Ticloung grants of a literature |
| 4d      | Other program services (Describe in Schedule O )   |
|         | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e      | Total program service expenses ▶ 297,616   |

| Part   | Checklist of Required Schedules   |     |     |          |
|--------|---|-----|-----|----------|
|        |   |     | Yes | No       |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.  |     | ,   |          |
| 2      | Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? .   | 2   | 1   |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | -   | •   |          |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | 3   |     | <b>√</b> |
| 5      | election in effect during the tax year? If 'Yes' complete Schedule C, Part II  Is the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues.  | 4   |     | ✓        |
| 3      | assessments or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C   | 5   |     | 1        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes " complete Schedule D, Part I  | 6   |     | 1        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes" complete Schedule D, Part II   | 7   |     | 1        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III   | 8   |     | 1        |
| 9      | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |     | 1        |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D Part V   | 10  |     | <b>✓</b> |
| 11     | If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VII VIII IX, or X as applicable  |     |     |          |
| а      | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | 11a |     | 1        |
| b      | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | <b>/</b> |
| С      | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | 1        |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | 1        |
| e<br>f | Did the organization report an amount for other liabilities in Part X. line 25? If Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes," complete Schedule D, Part X. | 11e | ✓   | <b>/</b> |
| 12 a   | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes' complete Schedule D, Parts XI and XII   | 12a |     | 1        |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional   | 12b |     | 1        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E   | 13  |     | ✓        |
| 14 a   |   | 14a |     | ✓        |
| b      | fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | 1        |
| 15     | Did the organization report on Part IX. column (A), line 3. more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | 1        |
| 16     | Did the organization report on Part IX, column (A). line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes," complete Schedule F, Parts III and IV .  | 16  |     | 1        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | 1        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II  | 18  |     | 1        |
| 19     | Did the organization report more than \$15.000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III  | 19  |     | 1        |

| Part     | Cnecklist of Required Schedules (continued)  |            |          | ,        |
|----------|--|------------|----------|----------|
| 00       | Debths appropriate an appropriate and appropriate first three three Matters to a secretary of the first three transfers of the first tran |            | Yes      | No       |
|          | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes' to line 20a did the organization attach a copy of its audited financial statements to this return?   | 20a<br>20b | <u></u>  | ✓        |
| 21       | Did the organization report more than \$5 000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |          | <b>✓</b> |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III  | 22         |          | 1        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees and highest compensated employees? If "Yes," complete Schedule J   | 23         |          | 1        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year that was issued after December 31 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No 'go to line 25a   | 24a        |          | <b>√</b> |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24b<br>24c |          | 1        |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 24d<br>25a |          | √<br>√   |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I  | 25b        |          | <b>√</b> |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II   | 26         | 1        |          |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part III.   | 27         |          | <b>✓</b> |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |          |          |
|          | A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L, Part IV  A family member of a current or former officer, director trustee, or key employee? If "Yes." complete Schedule L, Part IV   | 28a<br>28b |          | <b>√</b> |
| С        | An entity of which a current or former officer, director trustee, or key employee (or a family member thereof) was an officer, director trustee or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |          | 1        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes" complete Schedule M   | 29<br>30   |          | <b>√</b> |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule $N$ , Part $I$ .  | 31         |          | 1        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |          | 1        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes, 'complete Schedule R, Part I   | 33         |          | 1        |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34         |          | ✓        |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? (filter) as a maleta Sahadida R. Ratt V. Iran 2   | 35a        |          | 1        |
| 36       | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes," complete Schedule R, Part V, line 2.   | 35b<br>36  |          | 1        |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  |            |          | •        |
| 38       | Part VI .  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  | 37         |          | ✓        |
|          | 19? Note. All Form 990 filers are required to complete Schedule O  | 38         | <b>✓</b> | <u> </u> |

| Part     |   |            | .=            |             |
|----------|---|------------|---------------|-------------|
|          | Check if Schedule O contains a response or note to any line in this Part V  |            |               |             |
| 10       | Fatoutho assembles were setted in Day 2 of Farms 1000 Fatou 0 of set and a set to   |            | Yes           | No          |
| 1a<br>b  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0  | į l        |               |             |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and  |            |               |             |
|          | reportable gaming (gambling) winnings to prize winners?   | 1c         |               | 1           |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |            |               |             |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a 9  |            |               |             |
| b        | If at least one is reported on line 2a did the organization file all required federal employment tax returns?   | 2b         | ✓             | ·<br>       |
| 2-       | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |            |               |             |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                    | 3a<br>3b   |               | ✓           |
| b<br>4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | 30         |               |             |
| -10      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  |            |               |             |
|          | account)?   | 4a         |               | 1           |
| b        | If "Yes," enter the name of the foreign country   |            |               |             |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  | !          |               |             |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |               | ✓           |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |               | ✓           |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |               | ;<br>       |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |            |               |             |
| b        | organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or              | 6a         |               | <b>-</b>    |
| 7        | gifts were not tax deductible?  | 6b         |               | ļ           |
| 7<br>a   | Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                                    |            |               |             |
|          | and services provided to the payor?   | 7a         |               | 1           |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |               | r -         |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |            |               |             |
|          | required to file Form 8282?   | 7c         |               | <b>✓</b>    |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   | _          | İ             |             |
| e<br>f   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e<br>7f   |               | <u> </u>    |
| g        | If the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required?   | 7g         |               |             |
| h        | If the organization received a contribution of cars boats, airplanes, or other vehicles did the organization file a Form 1098-C?  | 7h         |               |             |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |            |               |             |
|          | sponsoring organization have excess business holdings at any time during the year?  | 8          |               |             |
| 9        | Sponsoring organizations maintaining donor advised funds.   | , 1        |               |             |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |               | <u></u>     |
| 10       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter   | 9b         |               | <u> </u>    |
| a        | Initiation fees and capital contributions included on Part VIII, line 12 .   10a  |            |               |             |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | , ,        |               |             |
| 11       | Section 501(c)(12) organizations. Enter   |            |               |             |
| a        | Gross income from members or shareholders   |            |               |             |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources  | į l        |               |             |
| 100      | against amounts due or received from them)  | 40-        |               |             |
| 12a<br>b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b                         | 12a        |               |             |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |               |             |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a        |               | <del></del> |
|          | Note. See the instructions for additional information the organization must report on Schedule O  |            |               |             |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which  |            |               |             |
| _        | the organization is licensed to issue qualified health plans  |            |               |             |
| C        | Enter the amount of reserves on hand  | 10-        |               |             |
| 14a<br>b | Did the organization receive any payments for indoor tanning services during the tax year?.  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                        | 14a<br>14b |               | <b>-</b>    |
|          | 11 100, The It med to other to to report these payments in 110, provide an explanation in deficulte O   |            | n <b>99</b> 0 | (2015)      |
|          |   |            |               | ,           |

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|-------------|--|---------|------------|----------------|
| Part        |  |         |            |                |
|             | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S  | lee ins | structi    |                |
| <del></del> | Check if Schedule O contains a response or note to any line in this Part VI  |         | <u>·</u>   | . 🗸            |
| Secti       | on A. Governing Body and Management  |         | Vos        | No             |
| 1a          | Enter the number of voting members of the governing body at the end of the tax year 1a 6   |         | 103        | 1              |
| ıμ          | If there are material differences in voting rights among members of the governing body or  | 1       | '          |                |
|             | if the governing body delegated broad authority to an executive committee or similar   |         |            | ĺ              |
|             | committee explain in Schedule O  |         |            |                |
| b           | Enter the number of voting members included in line 1a. above, who are independent 1b 6  |         |            |                |
| . 2         | Did any officer director trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2       |            | 1              |
| 3           | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?      | 3       |            | 1              |
| 4           | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |            | 1              |
| 5           | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |            |                |
| 6           | Did the organization have members or stockholders?   | 6       |            | 1              |
| 7a          | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a      |            | 1              |
| b           | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |         |            |                |
| o           | stockholders, or persons other than the governing body?  | 7b      |            | <b>/</b>       |
| 8           | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |         |            |                |
| а           | The governing body? .  | 8a      | 1          |                |
| b           | Each committee with authority to act on behalf of the governing body?  | 8b      | 1          | -              |
| 9           | Is there any officer, director trustee, or key employee listed in Part VII, Section A who cannot be reached at   |         |            |                |
|             | the organization's mailing address? If 'Yes," provide the names and addresses in Schedule O  | 9       |            | 1              |
| Secti       | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C    |            |                |
|             |  |         | Yes        | No             |
| 10a         | Did the organization have local chapters branches, or affiliates?  | 10a     |            | 1              |
| b           | If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b     |            | j<br>r         |
| 11a         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | 1          | <u> </u>       |
| b           | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |         | <u> </u>   | <del> </del> - |
| 12a         | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     |            | 1              |
| b           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | <br>       |                |
| С           | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done   | 12c     |            |                |
| 13          | Did the organization have a written whistleblower policy?  | 13      |            | 1              |
| 14          | Did the organization have a written document retention and destruction policy? .   | 14      |            | ✓              |
| 15          | Did the process for determining compensation of the following persons include a review and approval by   |         |            |                |
|             | independent persons, comparability data and contemporaneous substantiation of the deliberation and decision?   |         |            | ١,             |
| a           | The organization's CEO, Executive Director, or top management official   | 15a     |            | 1              |
| b           | Other officers or key employees of the organization  | 15b     |            | <b>V</b>       |
| 16a         | If "Yes" to line 15a or 15b describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                        |         |            |                |
|             | with a taxable entity during the year?   | 16a     |            | 1              |
| b           | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |         |            | <u> </u>       |
|             | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |         |            |                |
|             | organization's exempt status with respect to such arrangements?  | 16b     |            | <u> </u>       |
|             | on C. Disclosure   |         |            |                |
| 17          | List the states with which a copy of this Form 990 is required to be filed None  |         | -1/01-     |                |
| 18          | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply               | 1 501(  | c)(3)s     | only)          |
|             |  |         |            |                |
| 19          | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int                                 | erest   | policy     | v and          |
|             | financial statements available to the public during the tax year   | J. 001  | ,,,,,,     | ,,             |
| 20          | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords   | · <b>▶</b> |                |
|             | William Brent Sturm, Executive Director, PO Box 635; Barboursville, WV 25504-0635  |         |            |                |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization s current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if neither the organization no | r any relate   | d org                           | anız                  | atio    | n c          | ompe                         | nsa  | ted any currer                                 | it officer, director                          | r, or trustee  |   |
|---|--|---------------------------------|-----------------------|---------|--------------|------------------------------|--|--|---|--|---|
|   |  |                                 |                       | (0      | C)           |                              |  | I  |   |  |   |
| (A)   | (B)  | 4.1.                            |                       |         | וt on        |                              |  | (D)  | (E)   | (F)  |   |
| Name and Title                                | Average<br>hours per   | officer and a director/trustee) |                       |         |              |                              |  | Reportable compensation                        | Reportable compensation from                  | Est mated amount of  |   |
|   | week first any hours for related organizations suchow dotted , nei |                                 | Institutional trustee | Officei | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | re ated<br>organ zations<br>(W 2'1099-r/IISC) | other compensation from the organ zation and related organizations |   |
| (1) Pat Graney Director                       | 10   | 1                               |                       |         |              | <br>                         |  |  |   |  |   |
|   | 10   | - <b>-</b>                      | <del> </del> :        |         |              |                              |  | 0  | <u> </u>                                      |  |   |
| (2) Randall Chapman Director                  | 10   | 1                               |                       | <u></u> | ]<br>        | <u> </u>                     | !<br>!   | 0  | 0   |  | ( |
| (3) Grant Stewart                             | 10   |                                 | Ì                     |         |              |                              | Ì  |  |   |  |   |
| Director                                      |  | 1                               |                       |         |              | ļ                            |  | 0  | 0   |  | ( |
| (4) David Stacy                               | 1.0  |                                 |                       | !       |              | 1                            |  |  |   |  |   |
| Director                                      |  | 1                               | -                     |         | <u> </u>     | <b> </b>                     |  | 0  | 0   |  | ( |
| (5) William B. Sturm                          | 40 00  |                                 |                       |         |              |                              |  |  |   |  |   |
| Executive Director                            | <del></del>  | /                               | <u> </u>              | 1       | <b> </b>     | <u> </u>                     | <u> </u>   | 57,250   | 0   | <del></del>  | ( |
| (6) Steve Roberts                             | 20   |                                 |                       |         | 1            | ĺ                            | ĺ  | 1  |   |  |   |
| President                                     |  | ļ                               |                       | ✓       | ļ            | ļ                            | !  | 0  | 0   |  | ( |
| (7)   |  |                                 |                       |         |              |                              |  |  |   |  |   |
| (8)   |  |                                 |                       |         |              |                              |  |  |   |  |   |
| (9)   |  |                                 |                       |         |              |                              |  |  |   |  |   |
| (10)  |  |                                 |                       |         | -            |                              |  |  |   |  |   |
| (11)  |  |                                 |                       |         |              |                              |  |  |   |  | _ |
| (12)  | ļ  |                                 |                       |         | -            |                              | <del>                                     </del> |  |   |  | _ |
| (13)  | ļ  |                                 |                       |         | -            |                              |  |  |   |  | - |
| (14)  | ļ  |                                 |                       |         |              |                              |  |  |   |  | - |

| c Total from continuation sheets to Part VII, Section A ▶ 0 0 0  | Part    | VII Section A. Officers, Directors, Trust | ees, Key E           | mplo                      | yees          |          |  | lighe          | st C   | ompensated E                           | mployees (    | continue | ed)      |          |          |
|--|---------|---|----------------------|---------------------------|---------------|----------|--|----------------|--|--|---------------|----------|----------|----------|----------|
| Name and tree   Name and tre   |         |   |                      |                           |               |          | ,  |                |  |  |               |          |          |          |          |
| Compensation   Comp   |         |   | i .                  | (do not check more than o |               |          |  |                |  | 1                                      |               |          |          |          |          |
| Comparison of the comparison   |         | Name and title                            |                      |                           |               |          |  |                |  |  | compensation  |          |          |          |          |
| 175    |         |   | ,                    |                           | $\overline{}$ |          | <del></del>                                      |                | _  | I                                      | !             | ins      |          |          | n        |
| 175    |         |   | related              | dire                      | it ut         | ficer    | y en   | yhes           | nnei   | organization                           | (W-2/1099-N   |          | fro      | m the    |          |
| (15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26)  15 Sub-total (27) (28) (29)  20 Total from continuation sheets to Part VII, Section A  □ 57,250 □ 0 □ 0 □ 0 □ 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 10 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0 □ 0  |         |   |                      | ual t                     | lona          | <u> </u> | olai   | èe cor         |  | (W-2, 1099 MISC)                       |               |          |          |          | I        |
| (15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26)  10 Sub-total (27) (28) (29)  21 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0  |         |   | ine)                 | uste                      | trus          |          | 3  | npen           |  |  |               |          | organ    | izations | 5        |
| (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29   |         |   |                      | ď.                        | tee           | :        |  | sate           |  | 1                                      | ·<br>!        |          |          |          |          |
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| (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of indexiduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // i 'Yes," complete Schedule J for such individual site on line 1a. Is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Compensation  NONE   | (19)    |   |                      |                           |               |          |  |                | i  |  |               |          |          |          |          |
| (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29  |         |   |                      |                           |               |          | _  |                | !  |  |               |          |          |          |          |
| [22]  (23)  (24)  (25)  1b Sub-total  C Total from continuation sheets to Part VII, Section A  D Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual is employee in line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual is individual in the organization of individual is explored. The provided in the services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) (C) (Compensation None)  2 Total number of independent contractors (including but not limited to those listed above) who   | (20)    |   | ļ<br>                |                           |               | :        | ļ  | 1              | \<br>  | 1                                      | !<br>!        |          |          |          |          |
| [22]  (23)  (24)  (25)  1b Sub-total  C Total from continuation sheets to Part VII, Section A  D Total (add lines 1b and 1c)  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  NONE   | (04)    |   |                      |                           |               | !<br>!   | <u> </u>   |                | <del> </del><br>                             |  |               |          |          |          |          |
| (23)  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1c Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a. is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Description of services  (B) Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who   | (21)    |   |                      | !<br>                     | 1             |          |  |                | !  |  |               |          |          |          |          |
| (23)  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1c Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a. is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) Description of services  (B) Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who   | (22)    |   |                      | <del> </del>              |               |          | ├─   | <del> </del> - | <del></del>                                  | <u></u>                                |               |          |          |          |          |
| 25   | 7, -    |   |                      |                           | ,             | ;        | ĺ  | ĺ              | i  | 1                                      | <br> -        |          |          |          |          |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent Contractors 1 Complete this table for your five highest compensation from the organization of the calendar year ending with or within the organization's tax year  (A) Name and business address  NONE  1 Total number of independent contractors (including but not limited to those listed above) who stricted above) who stricted on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | (23)    |   |                      |                           |               | <u> </u> | <del>                                     </del> |                |  |  |               |          |          |          |          |
| 1b Sub-total   |         |   |                      |                           |               | <u> </u> | <u> </u>   |                | <u> </u>                                     |  |               |          |          |          |          |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A D 0 0 0 D 0 0 0 D 0 0 0 0 D 0 0 0 0 D 0 0 0 0   | (24)    |   |                      |                           |               | !        | 1  |                | !  |  |               |          |          |          |          |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A D 0 0 0 D 0 0 0 D 0 0 0 0 D 0 0 0 0 D 0 0 0 0   | (25)    |   |                      |                           | -             |          | <del> </del>                                     |                | ·<br>  | <del> </del>                           |               |          |          |          |          |
| Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who  | 1201    |   | ·                    |                           |               |          | İ  |                | 1<br>!                                       | \<br>                                  |               |          |          |          |          |
| Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who  | 1b      | Sub-total                                 | 1                    | <i></i>                   | 1             | L        | 1  | L              | <br>•  | 57,250                                 |               | 0        |          |          | 0        |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0    Yes   No  | c       | Total from continuation sheets to Part    | VII, Sectio          | n A                       |               |          |  |                | ▶  | 0                                      |               | 0        |          |          | 0        |
| Total number of independent contractors (including but not limited to those listed above) who    Yes   No   Yes   No   |         |   |                      |                           |               |          |  |                | <b>•</b>                                     |  | ·             |          |          |          | 0        |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 V  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  NONE  | 2       |   |                      | d to th                   | ose           | list     | ted :  | above          | ∋) w   | ho received m                          | ore than \$1  | 00,000   | of       |          |          |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a. is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual  |         | reportable compensation from the organ    | zation <b>&gt; 0</b> |                           |               |          |  |                |  | ······································ |               |          |          | V        | NI-      |
| employee on line 1a? If 'Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual   | 3       | Did the organization list any former of   | ficer, direc         | tor, c                    | or tr         | ust      | ee.  | key e          | emp  | olovee, or high                        | est compe     | nsated   |          | res      | NO       |
| organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual   |         |   |                      |                           |               |          |  |                | •  | , ,                                    | ·             |          | 3        |          | 1        |
| Individual   | 4       |   |                      |                           |               |          |  |                |  |  |               |          |          |          |          |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who   |         |   | greater th           | an \$1                    | 150,          | 000      | )? [   | f'Ye           | s, "   | complete Sch                           | edule J fo    | r such   |          |          |          |
| for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who  | -       |   | r accruo co          | ampa                      | 200           | tion     | fro  | ~ ~~           |  | eralated argani                        | ration ar inc | Inudual  | 4        |          | ✓        |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who  | 5       |   |                      |                           |               |          |  |                |  |  | auon or mc    | iiviuuai | 5        |          | 1        |
| Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  NONE  7  Total number of independent contractors (including but not limited to those listed above) who  | Section |   |                      |                           |               |          |  |                |  |  |               |          |          |          | <u> </u> |
| year  (A) Name and business address  Description of services  Compensation  NONE  2 Total number of independent contractors (including but not limited to those listed above) who  |         |   | compensat            | ed inc                    | dep           | end      | ent  | contr          | acto   | ors that receive                       | ed more tha   | n \$100  | 000 of   |          |          |
| NONE  (A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who  |         |   | ort compe            | nsatio                    | on fo         | or th    | ne c   | alend          | lar y  | ear ending wit                         | h or within i | the orga | anızatio | on's ta  | ax       |
| None and business address  Description of services  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who  |         | <u> </u>                                  |                      |                           |               |          |  |                | 1  |  | ·             |          |          |          |          |
| 2 Total number of independent contractors (including but not limited to those listed above) who  |         |   | iress                |                           |               |          |  |                |  |  | ervices       | c        |          | ation    |          |
| 2 Total number of independent contractors (including but not limited to those listed above) who  | NONE    | ,   |                      |                           |               |          |  |                | $\vdash$                                     | · · · · · · · · · · · · · · · · · · ·  |               |          |          |          |          |
| the MACO COO of a second than the average to the second the second than the se | HOILE   |   |                      |                           |               |          |  |                | 1  | ······································ |               |          |          |          |          |
| the MACO COO of a second than the second the second the second than the second |         |   |                      |                           |               |          |  |                |  |  |               |          |          |          |          |
| the MACO COO of a second than the second the second the second than the second |         |   |                      |                           |               |          |  |                | <u>                                     </u> |  |               |          |          |          |          |
| the MACO COO of a second than the average to the second the second than the se |         | Tabel marks of advanced to a second       | ro (contrati         | ner L                     | <u> </u>      | <u></u>  | <br>l.e.e. · *                                   | orl 4          | 1  | none lested at                         |               |          |          |          |          |
|  | 2       |   |                      |                           |               |          |  |                | י נר   |  | ove) wno      |          |          |          |          |

| Part   | VIII              | Statement of Reve   |  |                           |                  |                    |  |   |  |
|--|-------------------|---|--|---------------------------|------------------|--------------------|--|---|--|
|  |                   | Check If Schedule O   | contains                                       | a resp                    | oonse or note to | Any line in this I | Part VIII .  (B)  Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sect ons 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a<br>b<br>c<br>d | Federated campaigns<br>Membership dues<br>Fundraising events<br>Related organizations<br>Government grants (con | ;  | 1a<br>1b<br>1c<br>1d      | 173,325          |                    |  |   |  |
| ontributions<br>nd Other Sii                           | f<br>g            | All other contributions gi<br>and similar amounts not incl<br>Noncash contributions includ                      | fts, grants,<br>luded above<br>led in lines 1a | 1f                        | 267,400          |                    |  |   |  |
|  | h                 | Total. Add lines 1a-11  | <u> </u>                                       |                           | Business Code    | 440,725            |  |   | <u> </u>   |
| Revenue  | 2a<br>b           | School services   |  | <u>!</u><br><u>!</u><br>} | 611710           | 35,000             | 35,000   |   |  |
| Program Service Revenue                                | c<br>d<br>e       |   |  |                           |                  |                    |  |   |  |
| ogu  | f                 | All other program sen   |  | ie [                      |                  |                    |  |   |  |
| 4  | 9                 | Total. Add lines 2a-21  |  |                           | <u> </u>         | 35,000             |  | <del></del>                             | · · · · · · · · · · · · · · · · · · ·                |
| 1  | 4                 | Investment income and other similar amo income from investment  | unts)  |                           | <b>&gt;</b>      | 2                  |  |   |  |
|  | 5                 | Royalties   | (ı) Real                                       |                           | () Personal      |                    |  |   | <u> </u>   |
|  | 6a                | Gross rents   | 1,1100   |                           | (), ()           |                    |  |   |  |
|  | b                 | Less rental expenses  |  | i                         |                  |                    | i e e e e e e e e e e e e e e e e e e e              |   |  |
| į  | С                 | Rental income or (loss)   |  |                           |                  | į                  |  |   |  |
|  | d                 | Net rental income or i  | loss)  |                           | <b>&gt;</b>      |                    | i  |   |  |
| ļ  | 7a                | Gross amount from sales of assets other than inventory  | (i) Securit                                    | ies                       | (m Other         |                    |  |   |  |
|  | b                 | Less cost or other basis and sales expenses   |  | i                         |                  |                    |  |   |  |
|  | c                 | Gain or (loss)  |  |                           |                  |                    |  |   |  |
|  | d                 | Net gain or (loss)  |  | ĺ                         | <b>&gt;</b>      |                    |  |   |  |
| venue  | 8a                | Gross income from fu<br>events (not including \$  |  |                           |                  |                    |  |   |  |
| Other Re   |                   | of contributions reporte<br>See Part IV, line 18  | ed on line 1                                   | c)  <br> a                |                  |                    |  |   |  |
| ਰ  |                   | Less direct expenses  |  | bį                        |                  | •                  |  |   |  |
|  |                   | Net income or (loss) fr<br>Gross income from ga<br>See Part IV, line 19   |  |                           | events . ►       |                    |  |   |  |
|  | С                 | Less direct expenses<br>Net income or (loss) fi   | rom gamın                                      | <b>b</b><br>g activ       | vities ►         |                    |  |   |  |
|  | 10a               | Gross sales of in returns and allowance   | es   | less<br>a                 |                  |                    |  |   |  |
|  | b<br>c            | Less. cost of goods so<br>Net income or (loss) fi   | rom sales                                      | <b>b</b><br>of inve       |                  |                    |  |   |  |
|  | 4 4 -             | Miscellaneous R   | evenue   |                           | Business Code    | 1                  |  |   | }  |
|  | 11a<br>b          |   |  |                           |                  |                    |  |   | <del>                                     </del>     |
|  | Ċ                 | ***************************************   |  |                           |                  |                    |  |   | <del> </del>   |
|  | ď                 | All other revenue   |  |                           |                  |                    |  |   |  |
|  | е                 | Total. Add lines 11a-   | 11d .  |                           | <b>&gt;</b>      |                    |  |   |  |
|  | 12                | Total revenue See II  |  |                           | •                | 475 707            | 35,000   |   |  |

| Form 99                          | 90 (2015)   |                       |                              |                                     | Page 10                        |
|----------------------------------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| Part                             | IX Statement of Functional Expenses   |                       |                              |                                     |                                |
| Sectio                           | n 501(c)(3) and 501(c)(4) organizations must com  | plete all columns Al  | l other organizations        | s must complete colu                | ımn (A)                        |
|                                  | Check if Schedule O contains a respons  | se or note to any lin | e in this Part IX            |                                     |                                |
|                                  | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.  | (A)<br>Fotai expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1                                | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                              |                                     |                                |
| 2                                | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                              |                                     |                                |
| 3                                | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16   |                       |                              |                                     |                                |
| 4<br>5                           | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  | 57,250                | 28,625                       | 28,625                              |                                |
| 6                                | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                |
| 7<br>8                           | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 222,764               | 222,764                      |                                     |                                |
| 9<br>10<br>11                    | Other employee benefits Payroll taxes Fees for services (non-employees)   | 44,383<br>23,407      | 40,739<br>21,217             | 3,644<br>2,190                      |                                |
| a<br>b<br>c                      | Management Legal Accounting   | 4,800                 |                              | 4,800                               |                                |
| d<br>e<br>f<br>g                 | Lobbying Professional fundraising services See Part IV. line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25 column (A) amount list line 11g expenses on Scnedule O.)              |                       |                              |                                     |                                |
| 12<br>13<br>14<br>15<br>16<br>17 | Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses  | 2,398                 |                              | 2,398                               |                                |
| 19<br>20<br>21<br>22<br>23       | for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance                                     | 15,062                | 15,062                       | 2,870                               |                                |
| 24                               | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                   |                       |                              |                                     |                                |
| a<br>b<br>c                      | Staff Development Direct Costs  | 5,710<br>7,671        | 7,671                        | 5,710                               |                                |
| d<br>e<br>25                     | All other expenses  Total functional expenses. Add lines 1 through 24e  | 388,949               | 336,078                      | 52,871                              |                                |
| 26                               | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) . |                       |                              |                                     |                                |

| P                           | art X | Balance Sheet   |  |                          |     |                           |
|-----------------------------|-------|---|--|--------------------------|-----|---------------------------|
|                             |       | Check if Schedule O contains a response or  | note to any line in this Par                             | t X                      |     |                           |
|                             |       |   |  | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1     | Cash-non-interest-bearing   | 1  | 728                      | 1   | 1,773                     |
|                             | 2     | Savings and temporary cash investments  | , [  |                          | 2   | 492                       |
|                             | 3     | Pledges and grants receivable, net  |  | 28,628                   | 3   | 219,179                   |
|                             | 4     | Accounts receivable net   | . [  |                          | 4   |                           |
|                             | 5     | Loans and other receivables from current and f trustees, key employees and highest co Complete Part II of Schedule L  | ormer officers, directors mpensated employees            | ·                        | 5   |                           |
| ts                          | 6     | Loans and other receivables from other disqualified persistants and other receivables from other disqualified persistants and other receivables from other disqualified persistants and specifically an approximation of section and specifically specified from the section of the | d contributing employers and tary employees' beneficiary |                          | 6   |                           |
| Assets                      | 7     | Notes and loans receivable net  | ,  |                          | 7   |                           |
| ¥                           | 8     | Inventories for sale or use   |  |                          | 8   |                           |
|                             | 9     | Prepaid expenses and deferred charges   | Ī  | 5,582                    | 9   | 5,582                     |
|                             | 10a   | Land, buildings and equipment cost or other basis Complete Part VI of Schedule D  | 10a  |                          |     |                           |
|                             | р     | Less accumulated depreciation   | 10b  |                          | 10c |                           |
|                             | 11    | Investments—publicly traded securities .  |  |                          | 11  |                           |
| į                           | 12    | Investments-other securities See Part IV, line 1  | 1  |                          | 12  |                           |
|                             | 13    | Investments-program-related See Part IV line  | 11   |                          | 13  |                           |
|                             | 14    | Intangible assets   | L  |                          | 14  |                           |
|                             | 15    | Other assets See Part IV, line 11   |  |                          | 15  |                           |
|                             | 16    | Total assets. Add lines 1 through 15 (must equa   | Il line 34)  | 34,938                   | 16  | 227,026                   |
|                             | 17    | Accounts payable and accrued expenses   |  | 4,192                    | 17  | 27,128                    |
|                             | 18    | Grants payable  |  |                          | 18  |                           |
|                             | 19    | Deferred revenue  |  | 9,813                    | 19  | 30,000                    |
|                             | 20    | Tax-exempt bond liabilities .   |  |                          | 20  |                           |
|                             | 21    | Escrow or custodial account liability Complete F  | i i  |                          | 21  | <del></del>               |
| Liabilities                 | 22    | Loans and other payables to current and fo  |  |                          |     |                           |
| ≝                           |       | trustees, key employees, highest compens  |  | ,                        |     |                           |
| iab                         |       | disqualified persons Complete Part II of Schedu   | ļ.   | 11,000                   | 22  | 11,300                    |
| _                           | 23    | Secured mortgages and notes payable to unrela   | ·  |                          | 23  |                           |
|                             | 24    | Unsecured notes and loans payable to unrelated  | ·  |                          | 24  | 60,000                    |
|                             | 25    | Other liabilities (including federal income tax, parties and other liabilities not included on lines  |  |                          |     |                           |
|                             |       | of Schedule D   | 11-24) Complete Part A                                   | 4.070                    | 25  | 0.500                     |
|                             | 26    | Total liabilities. Add lines 17 through 25  | <u> </u>   | 4,670<br>29,675          |     | 6,566<br>134,984          |
|                             | 20    | Organizations that follow SFAS 117 (ASC 958)  | , check here ▶ 📝 and                                     | 29,073                   | -   | 134,964                   |
| ë                           |       | complete lines 27 through 29, and lines 33 and  | d 34.  |                          |     |                           |
| au                          | 27    | Unrestricted net assets   |  | 3,632                    | 27  | 3,965                     |
| Ba                          | 28    | Temporarily restricted net assets .   |  | 1,631                    | 28  | 1,300                     |
| D.                          | 29    | Permanently restricted net assets   |  |                          | 29  |                           |
| Net Assets or Fund Balances |       | Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.   | i8), check here ► ☐ and                                  |                          |     |                           |
| ţ                           | 30    | Capital stock or trust principal, or current funds  |  |                          | 30  |                           |
| SSe                         | 31    | Paid-in or capital surplus, or land, building, or eq  | uipment fund   |                          | 31  |                           |
| Ā                           | 32    | Retained earnings, endowment, accumulated inc   | come, or other funds                                     |                          | 32  |                           |
| Š                           | 33    | Total net assets or fund balances .   |  | 5,263                    | 33  | 92,042                    |
|                             | 34    | Total liabilities and net assets/fund balances  |  | 34,938                   | 34  | 227,026                   |
|                             |       |   |  |                          |     | Form <b>990</b> (2015)    |

| rr 99 | 90 (2015)  |          |    | Pa  | ge <b>12</b> |
|-------|--|----------|----|-----|--------------|
| Parl  | XI Reconciliation of Net Assets  |          |    |     |              |
|       | Check if Schedule O contains a response or note to any line in this Part XI                              |          |    |     |              |
| 1     | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |    | 47  | 5,727        |
| 2     | Total expenses (must equal Part IX, column (A), line 25)   | 2        |    | 38  | 8,949        |
| 3     | Revenue less expenses Subtract line 2 from line 1  | 3        |    | 8   | 6,778        |
| 4     | Net assets or fund balances at beginning of year (must equal Part X, line 33 column (A))                 | 4        |    |     | 5,263        |
| 5     | Net unrealized gains (losses) on investments   | 5        |    |     |              |
| 6     | Donated services and use of facilities   | 6        |    |     |              |
| 7     | Investment expenses  | 7        |    |     |              |
| 8     | Prior period adjustments   | 8        |    |     |              |
| 9     | Other changes in net assets or fund balances (explain in Schedule O)                                     | 9        |    |     |              |
| 0     | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line            |          |    |     |              |
|       | 33. column (B))  | 10       |    | 9   | 2,041        |
| art   | XII Financial Statements and Reporting   |          |    |     |              |
|       | Check if Schedule O contains a response or note to any line in this Part XII.                            |          |    |     |              |
|       |  |          |    | Yes | No           |
| 1     | Accounting method used to prepare the Form 990   Cash  Accrual  Other                                    |          |    |     |              |
|       | If the organization changed its method of accounting from a prior year or checked 'Other' ex             | plaın ın |    |     |              |
|       | Schedule O   |          |    |     |              |
| 2a    | Were the organization's financial statements compiled or reviewed by an independent accountant?          |          | 2a |     | ✓            |
|       | If 'Yes," check a box below to indicate whether the financial statements for the year were com           | piled or |    |     |              |
|       | reviewed on a separate basis, consolidated basis or both   |          |    |     |              |
|       | Separate basis Consolidated basis Both consolidated and separate basis                                   |          |    |     |              |
| b     | Were the organization's financial statements audited by an independent accountant?                       |          | 2b |     | ✓            |
|       | If "Yes" check a box below to indicate whether the financial statements for the year were audite         | ed on a  |    |     |              |
|       | separate basis, consolidated basis, or both  |          |    |     |              |
|       | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                             |          | İ  |     |              |
| C     | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o      | versight |    |     |              |
|       | of the audit, review, or compilation of its financial statements and selection of an independent account | ıntant?  | 2c |     | ✓            |
|       | If the organization changed either its oversight process or selection process during the tax year, ex    | plain in |    |     |              |
|       | Schedule O   |          |    |     |              |
| За    |  | forth in | -  |     |              |
|       | the Single Audit Act and OMB Circular A-133? .   |          | 3a |     | ✓            |

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2015)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Ww.irs.gov/form990. Inspection

Employer identification number

| obs    | for We           | est Virginia's Graduates, Inc.                                      |                    |                              |               |                 | 31-15                  | 53709                 |
|--------|------------------|---|--------------------|------------------------------|---------------|-----------------|------------------------|-----------------------|
|        | ti.              | Reason for Public Char  |                    |                              |               |                 |                        | ns.                   |
|        |                  | zation is not a private founda                                      |                    |                              |               |                 |                        |                       |
|        | _                | church, convention of church  |                    |                              |               |                 |                        |                       |
|        |                  | school described in section   |                    | •                            |               |                 |                        |                       |
|        |                  | hospital or a cooperative hos                                       |                    |                              |               |                 |                        |                       |
| 4      |                  | medical research organization                                       |                    | injunction with a nosp       | oitai desc    | ribea in s      | section 170(b)(1)(A)(  | iii). Enter the       |
| _      |                  | ospital's name, city, and state<br>n organization operated for t    |                    | college or university        |               |                 | d by a gayaramant      | al unit danambad is   |
| 5      |                  | n organization operated for t<br>ection 170(b)(1)(A)(iv). (Comp     |                    | college of university        | owned o       | горегате        | ed by a government     | ar uniit described in |
| 6      | □ A              | federal, state, or local govern                                     | nment or govern    | mental unit described        | ın sectio     | n 170(b)        | (1)(A)(v).             |                       |
| 7      | ====             | n organization that normally escribed in <b>section 170(b)(1)</b> : |                    |                              | port from     | a gover         | nmental unit or from   | the general public    |
| 8      |                  | community trust described in  |                    |                              | Part II)      |                 |                        |                       |
| 9      | <del></del>      | n organization that normally  |                    |                              |               | rom con         | tributions, members    | hip fees, and gross   |
|        |                  | eceipts from activities related                                     |                    |                              |               |                 |                        | •                     |
|        | St               | ipport from gross investme  | nt income and      | unrelated business           | taxable ii    | ncome (l        | ess section 511 ta     | x) from businesses    |
|        | ac               | equired by the organization a                                       | fter June 30, 197  | 75 See <b>section 509(</b> a | a)(2). (Cor   | nplete Pa       | art III )              |                       |
| 10     | □ A <sub>1</sub> | n organization organized and  | operated exclus    | sively to test for public    | safety \$     | See <b>sect</b> | ion 509(a)(4).         |                       |
| 11     | ☐ Aı             | n organization organized and  | operated exclusi   | vely for the benefit of      | to perfori    | m the fun       | ctions of, or to carry | out the purposes of   |
|        |                  | ne or more publicly supported                                       |                    |                              |               |                 |                        |                       |
|        | th               | ie box in lines 11a through 11d                                     | d that describes t | the type of supporting       | organizat     | tion and d      | complete lines 11e, 1  | 1f, and 11g.          |
| а      |                  | Type I A supporting organization                                    |                    |                              |               |                 |                        |                       |
|        |                  | the supported organization(s organization You must com              | •                  |                              | ct a majo     | rity of the     | e directors or trustee | es of the supporting  |
| b      |                  | Type II A supporting organiz  | zation supervised  | d or controlled in coni      | nection w     | ith its su      | pported organization   | n(s), by having       |
|        |                  | control or management of the  | e supporting org   | anization vested in th       | ie same p     | ersons th       | nat control or manag   | e the supported       |
|        |                  | organization(s) You must co   | omplete Part IV,   | Sections A and C.            |               |                 |                        |                       |
| c      |                  | Type III functionally integra                                       |                    |                              |               |                 |                        | y integrated with,    |
|        |                  | its supported organization(s)                                       |                    |                              |               |                 |                        |                       |
| C      |                  | Type III non-functionally int                                       | -                  |                              |               |                 |                        | -                     |
|        |                  | that is not functionally integra                                    |                    |                              |               |                 |                        | an attentiveness      |
|        |                  | requirement (see instructions                                       |                    |                              |               |                 |                        |                       |
| €      |                  | Check this box if the organize functionally integrated, or Ty       |                    |                              |               |                 |                        | ı, Type III           |
| £      |                  |   |                    | many integrated supp         | orting or     | yanızano        | 11                     |                       |
| f<br>c |                  | er the number of supported on<br>vide the following information     | -                  | orted organization(s)        | •             |                 |                        | L                     |
|        |                  | me of supported organization  | (ii) EIN           | (III) Type of organization   | T             | rganization     | (v) Amount of monetary | (vi) Amount of        |
|        | (1) 1 461.       | Te of Supported organization  | (11) 2.11          | (described on lines 1-9      | listed in you | r governing     |                        | other support (see    |
|        |                  | i   |                    | above (see instructions))    | docui         | ment?           | instructions)          | instructions)         |
|        |                  |   |                    |                              | Yes           | No              |                        |                       |
| A)     |                  |   |                    |                              |               |                 |                        |                       |
| B)     |                  |   |                    |                              |               |                 |                        |                       |
|        |                  |   |                    |                              | <u> </u>      |                 |                        | <br>                  |
| C)     |                  |   | i                  |                              |               |                 |                        |                       |
| D)     |                  |   |                    |                              |               |                 |                        |                       |
|        |                  |   |                    |                              |               |                 |                        |                       |
| E)     |                  |   |                    |                              |               | ļ               |                        |                       |
|        |                  |   |                    |                              |               |                 |                        |                       |

Schedule A (Form 990 or 990-EZ) 2015 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

| Secti  | on A. Public Support  |                                       |                 |                  |                   |                 |             |
|--|---|---------------------------------------|-----------------|------------------|-------------------|-----------------|-------------|
| Calen  | dar year (or fiscal year beginning in)  | (a) 2011                              | <b>(b)</b> 2012 | (c) 2013         | (d) 2014          | (e) 2015        | (f) Total   |
| 1  | Gifts grants, contributions, and membership fees received (Do not include any "unusual grants") .   |                                       |                 |                  |                   |                 |             |
| 2  | Tax revenues levied for the   | 84,700                                | 81,697          | 150,164          | 193,139           | 440,725         | 950,415     |
| 2  | organization's benefit and either paid to or expended on its behalf   |                                       |                 |                  |                   |                 |             |
| 3  | The value of services or facilities furnished by a governmental unit to the organization without charge   |                                       |                 |                  |                   |                 |             |
| 4  | Total. Add lines 1 through 3  | 84,700                                | 81,697          | 150,164          | 193,139           | 440,725         | 950,415     |
| 5  | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                                       |                 |                  |                   |                 |             |
| 6  | Public support. Subtract line 5 from line 4.  |                                       |                 |                  |                   |                 | 950,415     |
| Secti  | on B. Total Support   | · · · · · · · · · · · · · · · · · · · |                 |                  |                   |                 |             |
| Calen  | dar year (or fiscal year beginning in)  | (a) 2011                              | <b>(b)</b> 2012 | (c) 2013         | (d) 2014          | (e) 2015        | (f) Total   |
| 7  | Amounts from line 4   |                                       |                 |                  |                   |                 |             |
| 8  | Gross income from interest dividends payments received on securities loans, rents, royalties and income from similar sources .  | 84,700                                | 81,697          | 150,164          | 193,139           | 440,725         | 950,415     |
| 9  | Net income from unrelated business activities, whether or not the business is regularly carried on  |                                       |                 |                  |                   |                 |             |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                                       |                 | 1;               |                   | 2               | 3           |
| 11   | Total support. Add lines 7 through 10   |                                       |                 |                  |                   |                 | 950,418     |
| 12   | Gross receipts from related activities, etc   | -                                     |                 | •                |                   | 12              | 35,000      |
| 13   | First five years. If the Form 990 is for the  |                                       | 's first, secon | d, third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) |
|  | organization, check this box and stop he  |                                       |                 |                  | <del></del>       |                 |             |
|  | on C. Computation of Public Suppor  |                                       |                 | (0)              |                   |                 |             |
| 14   | Public support percentage for 2015 (line 6  |                                       | •               | 1. column (f))   |                   | 14              | 100 %       |
| 15<br>16a  | Public support percentage from 2014 Sch<br>331/3% support test—2015. If the organi  |                                       |                 | on line 13 and   | 1 line 1/1 is 331 |                 | 100 %       |
| iva  | box and <b>stop here.</b> The organization qua  |                                       |                 | _                | 1 III 14 IS 55°   | 370 OF MORE, C  | ► [/]       |
| h  | 331/3% support test—2014. If the organ  | •                                     |                 | _                | 16a and line      | 15 is 331/2%    |             |
| -  | check this box and <b>stop here.</b> The organ  |                                       |                 |                  |                   | 10 10 00 7070   | <b>▶</b> □  |
| 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. |   |                                       |                 |                  |                   |                 |             |
| þ  | 10%-facts-and-circumstances test – 20<br>15 is 10% or more, and if the organizate<br>Explain in Part VI how the organization me<br>supported organization   | tion meets the                        | "facts-and-ci   | rcumstances"     | test, check th    | ns box and st   | and line    |
| 18   | Private foundation. If the organization di  | d not check a                         | box on line 13. | , 16a 16b. 17a   | a, or 17b, chec   | k this box and  | see         |
| -  | instructions  |                                       | •               |                  |                   |                 | . ▶ □       |

| Part III | roaguS | Schedule for | Organizati | ions Describe | d in Section | 1 509(a)(2) |
|----------|--------|--------------|------------|---------------|--------------|-------------|

| (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I | Ħ. |
|---|----|
| If the organization fails to qualify under the tests listed below, please complete Part II.)                    |    |

| Sect  | on A. Public Support  |          |                  |                  |                   |                 |             |
|-------|---|----------|------------------|------------------|-------------------|-----------------|-------------|
| Caler | dar year (or fiscal year beginning in)  | (a) 2011 | <b>(b)</b> 2012  | (c) 2013         | (d) 2014          | (e) 2015        | (f) Total   |
| 1     | Gifts grants, contributions and membership fees   |          |                  |                  |                   |                 |             |
|       | received (Do not include any "unusual grants )  |          |                  |                  |                   |                 |             |
| 2     | Gross receipts from admissions, merchandise   |          |                  |                  |                   |                 |             |
|       | sold or services performed or facilities furnished in any activity that is related to the |          |                  | ļ                |                   |                 |             |
|       | organization s tax-exempt purpose   |          |                  |                  |                   |                 |             |
| 3     | Gross receipts from activities that are not an  |          |                  |                  |                   |                 |             |
|       | unrelated trade or business under section 513   |          |                  |                  |                   |                 |             |
| 4     | Tax revenues levied for the   |          |                  |                  |                   |                 |             |
|       | organization's benefit and either paid to or expended on its behalf                       |          |                  |                  |                   |                 |             |
| 5     | The value of services or facilities   |          |                  |                  |                   |                 |             |
|       | furnished by a governmental unit to the   |          |                  |                  |                   |                 |             |
|       | organization without charge   |          |                  |                  |                   |                 |             |
| 6     | Total. Add lines 1 through 5  |          |                  |                  |                   |                 |             |
| 7a    | Amounts included on lines 1, 2, and 3   |          |                  |                  |                   |                 |             |
|       | received from disqualified persons  |          |                  | İ                |                   |                 |             |
| b     | Amounts included on lines 2 and 3   |          |                  |                  |                   |                 |             |
|       | received from other than disqualified   |          |                  |                  |                   |                 |             |
|       | persons that exceed the greater of \$5,000  |          |                  |                  |                   |                 |             |
|       | or 1% of the amount on line 13 for the year   |          |                  |                  |                   |                 |             |
| С     | Add lines 7a and 7b   |          |                  |                  |                   |                 |             |
| 8     | Public support. (Subtract line 7c from  | *        |                  | `                |                   |                 |             |
|       | line 6)   |          |                  |                  | ~′                |                 |             |
|       | on B. Total Support   |          | T                | T                |                   | r               |             |
|       | dar year (or fiscal year beginning in)  | (a) 2011 | <b>(b)</b> 2012  | (c) 2013         | (d) 2014          | (e) 2015        | (f) Total   |
| 9     | Amounts from line 6   |          | <u> </u>         |                  | Apr App           |                 |             |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents,      |          |                  |                  |                   |                 |             |
|       | royalties and income from similar sources   |          |                  |                  |                   |                 |             |
| h     |   |          | <del> </del>     |                  |                   |                 | <del></del> |
| b     | Unrelated business taxable income (less section 511 taxes) from businesses                |          |                  |                  |                   |                 |             |
|       | acquired after June 30, 1975  |          |                  |                  |                   |                 |             |
| С     | Add lines 10a and 10b   |          |                  |                  |                   |                 |             |
| 11    | Net income from unrelated business  |          | 1                |                  |                   |                 |             |
| • •   | activities not included in line 10b whether   |          |                  |                  |                   |                 |             |
|       | or not the business is regularly carried on   |          |                  |                  |                   |                 |             |
| 12    | Other income Do not include gain or   |          | <u> </u>         |                  |                   |                 |             |
|       | loss from the sale of capital assets  |          |                  |                  |                   |                 |             |
|       | (Explain in Part VI)  |          |                  |                  |                   |                 |             |
| 13    | Total support. (Add lines 9, 10c, 11,   |          |                  |                  |                   |                 |             |
|       | and 12) .   |          |                  |                  |                   |                 |             |
| 14    | First five years. If the Form 990 is for the  |          | n's first, secon | d. third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) |
|       | organization, check this box and stop her   |          |                  |                  |                   |                 | ▶ □         |
|       | on C. Computation of Public Suppor  |          |                  |                  |                   |                 |             |
| 15    | Public support percentage for 2015 (line 8  |          | -                | 3, column (f))   |                   | 15              | %           |
| 16    | Public support percentage from 2014 Sch   |          |                  | ·                |                   | 16              | %           |
|       | on D. Computation of Investment Inc   |          |                  |                  | (0)               |                 |             |
| 17    | Investment income percentage for 2015 (I  |          |                  | •                | nn (t))           | 17              | <u>%</u>    |
| 18    | Investment income percentage from 2014  |          |                  |                  | ad luce 45 ··     | 18 221 -0       | %           |
| 19a   | 331/3% support tests—2015. If the organi<br>17 is not more than 331/3%, check this box    |          |                  |                  |                   |                 |             |
| _     |   |          |                  |                  |                   | -               |             |
| b     | 331/3% support tests—2014. If the organiz line 18 is not more than 331/3%, check this b   |          |                  |                  |                   |                 |             |
| 20    | Private foundation. If the organization did   |          |                  |                  |                   |                 | ليبيا       |

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Secti | ion A. A | VII Supp  | orting Organ   | izations   |               |           |              |         |                 |            |
|-------|----------|-----------|----------------|------------|---------------|-----------|--------------|---------|-----------------|------------|
|       |          |           |                |            |               |           |              |         |                 |            |
| 1     | Are al   | I of the  | organization's | supported  | organizations | listed b  | y name i     | n the   | organization s  | governing  |
|       | docun    | nents? If | "No," describe | in Part VI | how the suppo | rted orga | anizations a | are des | signated If des | ignated by |

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

class or purpose, describe the designation. If historic and continuing relationship, explain

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes" describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| . –      |               | Yes      | No           |
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| Part   | Supporting Organizations (continued)   |          |          |          |
|        |  |          | Yes      | No       |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  | } !      |          |          |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |          |          |          |
|        | below the governing body of a supported organization?  | 11a      |          |          |
| b      | A family member of a person described in (a) above?  | 11b      |          |          |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c provide detail in Part VI.   | 11c      |          |          |
| Secu   | on B. Type I Supporting Organizations  |          | Yes      | No       |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  |          | res      | 140      |
| •      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |          |          |          |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |          |          |          |
|        | controlled the organization's activities. If the organization had more than one supported organization,  |          |          |          |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | 1        |          |          |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year  | 1        |          |          |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported  |          |          |          |
|        | organization(s) that operated, supervised or controlled the supporting organization? If "Yes," explain in Part   | 1        |          |          |
|        | VI how providing such benefit carned out the purposes of the supported organization(s) that operated.  |          |          |          |
|        | supervised, or controlled the supporting organization  | 2        |          |          |
| Sect   | ion C. Type II Supporting Organizations  |          |          |          |
|        |  |          | Yes      | No       |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |          |          |          |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |          |          |          |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   |          |          |          |
|        | the supported organization(s)  | 1        |          | ı<br>    |
| Sect   | ion D. All Type III Supporting Organizations   |          |          |          |
|        |  |          | Yes      | No       |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |          |          |          |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |          |          |          |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?       |          |          |          |
| _      |  | 1_       |          | -        |
| 2      | Were any of the organization's officers, directors or trustees either (i) appointed or elected by the supported  |          |          |          |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)         |          |          |          |
| 2      |  | 2        |          |          |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's                             |          |          |          |
|        | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |          |          |          |
|        | supported organizations played in this regard  | 3        |          |          |
| Soot   | ion E. Type III Functionally-Integrated Supporting Organizations   | <u> </u> | L        | <u>!</u> |
|        |  |          |          |          |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i   | ınstru   | ction    | S)       |
| a      | The organization satisfied the Activities Test Complete line 2 below   |          |          |          |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below   |          |          |          |
| С      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s   | see ins  | structi  | ons)     |
| 2      | Activities Test. Answer (a) and (b) below.   |          | Yes      | No       |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | [        |          |          |
|        | the supported organization(s) to which the organization was responsive? If "Yes " then in Part VI identify   |          | ļ        | l        |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,   |          | 1        |          |
|        | how the organization was responsive to those supported organizations, and how the organization determined  |          |          | ]        |
|        | that these activities constituted substantially all of its activities  | 2a       |          |          |
| b      |  |          | }        | 1        |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |          | ļ        | [        |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these   | 1        | İ        |          |
|        | activities but for the organization's involvement  | 2b       | <u> </u> | <b> </b> |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |          | 1        |          |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |          | 1        | 1        |
|        | trustees of each of the supported organizations? Provide details in Part VI.   | 3a       | <b> </b> | <u> </u> |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported programsations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard | 3b       |          |          |

instructions)

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | gani     | zations                   |                                |
|---|----------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop |          |                           |                                |
| Section A - Adjusted Net Income   |          | (A) Prior Year            | (B) Current Year (optional)    |
| 1 Net short-term capital gain   | 1        |                           |                                |
| 2 Recoveries of prior-year distributions  | 2        |                           |                                |
| 3 Other gross income (see instructions)   | 3        |                           |                                |
| 4 Add lines 1 through 3   | 4        |                           |                                |
| 5 Depreciation and depletion  | 5        |                           |                                |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  | 6        |                           |                                |
| 7 Other expenses (see instructions)   | 7        |                           |                                |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)   | 8        |                           |                                |
| Section B - Minimum Asset Amount  |          | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see   |          |                           |                                |
| instructions for short tax year or assets held for part of year)  | <u> </u> |                           |                                |
| a Average monthly value of securities   | 1a       |                           |                                |
| <b>b</b> Average monthly cash balances  | 1b       |                           |                                |
| c Fair market value of other non-exempt-use assets  | 1c       |                           |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d       |                           |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI)   |          | •                         | ^                              |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2        |                           |                                |
| 3 Subtract line 2 from line 1d  | 3        |                           |                                |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount  | 4        |                           |                                |
| see instructions)  5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5        |                           |                                |
|   | 6        |                           |                                |
| 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions   | 7        |                           |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8        |                           |                                |
| Section C - Distributable Amount  | 0        |                           | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1        |                           |                                |
| 2 Enter 85% of line 1   | 2        |                           |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3        |                           |                                |
| 4 Enter greater of line 2 or line 3   | 4        | <u></u>                   |                                |
| 5 Income tax imposed in prior year  | 5        |                           |                                |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to   | 1        |                           |                                |
| emergency temporary reduction (see instructions)  | 6        |                           |                                |
| 7 Check here if the current year is the organization's first as a non-functional  | ly-in    | tegrated Type III support | ling organization (see         |

| Type III Non-Functionally Integrated 509(a)(3)  | 3) Supporting Organi   | zations (continued)   |  |
|---|--|---|--|
| on D - Distributions  |  | İ   | Current Year   |
| Amounts paid to supported organizations to accomplish   | exempt purposes  |   |  |
| Amounts paid to perform activity that directly furthers exe   | rted   |   |  |
| organizations, in excess of income from activity  |  | -F  |  |
| Administrative expenses paid to accomplish exempt purp  | nizations  |   |  |
| Amounts paid to acquire exempt-use assets   |  | <br>  |  |
|   |  |   |  |
| Other distributions (describe in Part VI) See instructions  |  |   |  |
| Total annual distributions. Add lines 1 through 6   |  |   |  |
| Distributions to attentive supported organizations to which   | th the organization is res   | ponsive   |  |
| (provide details in Part VI) See instructions   |  |   |  |
| Distributable amount for 2015 from Section C, line 6  |  |   |  |
| Line 8 amount divided by Line 9 amount  |  |   |  |
| ection E - Distribution Allocations (see instructions)  | (I)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2015  | (iii)<br>Distributable<br>Amount for 2015  |
| Distributable amount for 2015 from Section C. line 6  |  |   |  |
| Underdistributions, if any, for years prior to 2015   |  |   |  |
| (reasonable cause required-see instructions)  |  |   |  |
| Excess distributions carryover, if any, to 2015   |  |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |
| From 2013   |  |   |  |
| From 2014   |  |   |  |
| Total of lines 3a through e   |  | *   |  |
| Applied to underdistributions of prior years  |  |   |  |
| Applied to 2015 distributable amount  | ``   |   |  |
| Carryover from 2010 not applied (see instructions)  |  |   |  |
| Remainder Subtract lines 3g, 3h, and 3i from 3f   |  |   | · · · · · · · · · · · · · · · · · · ·  |
| Distributions for 2015 from Section D line 7 \$   |  |   |  |
| Applied to underdistributions of prior years  |  |   |  |
| Applied to 2015 distributable amount  |  |   |  |
| Remainder Subtract lines 4a and 4b from 4   |  |   |  |
| Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |  |   |  |
| Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |  |   |  |
| Excess distributions carryover to 2016. Add lines 3j and 4c.  |  |   |  |
| Breakdown of line 7:  |  |   |  |
|   |  |   |  |
|   |  |   |  |
| Excess from 2013  |  |   |  |
| Excess from 2014 .  |  |   |  |
| Excess from 2015  |  |   | <del></del>  |
|   | Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purparent paid to acquire exempt-use assets. Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C. line 6. Line 8 amount divided by Line 9 amount.  Postributable amount for 2015 from Section C. line 6. Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions). Excess distributions carryover, if any, to 2015.  From 2013. From 2014. Total of lines 3a through e. Applied to underdistributions of prior years. Applied to 2015 distributable amount. Carryover from 2010 not applied (see instructions). Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section. D. line 7. \$. Applied to underdistributions of prior years. Applied to 2015 distributable amount. Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7. | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of suppo organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of suppo organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported orga Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is res (provide details in Part VI) See instructions Distributable amount for 2015 from Section C. line 6 Line 8 amount divided by Line 9 amount extron E - Distribution Allocations (see instructions)  Distributable amount for 2015 from Section C. line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015  From 2013 From 2014  Total of lines 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section  John 7  Applied to underdistributions of prior years Applied to 2015 distributable amount Remaining underdistributions of prior years Applied to 2015 distributable amount Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)  Excess distributions carryover to 2016. Add lines 3j and 4c.  Breakdown of line 7.  Excess from 2013  Excess from 2014  Excess from 2014  Excess from 2014 | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2015 from Section C. line 6 Line 8 amount divided by Line 9 amount extend F - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C. line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to Underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Premainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. line 7 Sapplied to 2015 distributable amount Remainder Subtract lines 4a and 4b from 4 Remainder Subtract lines 4a and 4b from 4 Remainder Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)  Excess fistributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7:  Excess fistributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: |

| Schedule A (F | Form 990 or 990-EZ) 2015  | Page <b>€</b>                           |
|---------------|---|---|
| Part VI       | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, FIII, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2. Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions) | on<br>i, 2b.                            |
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#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Jobs for West Virginia's Graduates, Inc. 31-1553709 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes
No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . . . . . . . . . . Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet 1a works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990 Part X

|      | ~ |
|------|---|
| Daga | • |
|      |   |

| Part    | III Organizations Maintaining   | Collections of           | Art, His     | torical        | reasures,   | or Oth    | er Similar Ass           | sets (continued)                        |  |
|---------|---|--------------------------|--------------|----------------|---|-----------|--------------------------|---|--|
| 3       | Using the organization's acquisition a collection items (check all that apply): |                          |              |                |   |           |                          |   |  |
| a       | ☐ Public exhibition   |                          | d            | □Loan          | or exchange                                       | e progra  | ıms                      |   |  |
| b       |   |                          |              |                |   |           |                          |   |  |
| c       | prints  |                          |              |                |   |           |                          |   |  |
| 4       | Provide a description of the organizat  |                          | and expla    | ain how t      | hev further t                                     | the orga  | ınızatıon's exem         | ot ouroose in Part                      |  |
|         | XIII  |                          |              |                |   |           |                          | p. pa.pood a                            |  |
| 5       | During the year, did the organization   | solicit or receive       | donation     | s of art.      | historical tre                                    | easures.  | or other simila          | r                                       |  |
|         | assets to be sold to raise funds rather   |                          |              |                |   |           |                          | 🗌 Yes 🗌 No                              |  |
| Part    | IV Escrow and Custodial Arra  | ngements.                |              |                |   |           | ···                      |   |  |
|         | Complete if the organization  | -                        | " on For     | m 990, l       | Part IV, line                                     | 9. or re  | eported an am            | ount on Form                            |  |
|         | 990, Part X, line 21.   |                          |              |                |   |           |                          | 1                                       |  |
| 1a      | Is the organization an agent, trustee, included on Form 990, Part X?            | custodian or otr         | ier intern   | nediary to     | or contributi                                     | ons or    | otner assets no          |   |  |
|         |   |                          |              |                |   |           |                          | ☐ Yes ☐ No                              |  |
| b       | If "Yes," explain the arrangement in Pa   | art XIII and compi       | ete the to   | illowing t     | aple.   |           | Λ.                       | nount                                   |  |
|         | P   |                          |              |                |   |           | All                      | nount                                   |  |
| C       | Beginning balance   |                          |              |                |   | 1c        | <del> </del>             |   |  |
| d       | Additions during the year   |                          | •            |                |   | 1d        | ļ                        |   |  |
| e       | Distributions during the year   |                          |              |                |   | 1e        |                          |   |  |
| f       | Ending balance  Did the organization include an amour                           | at on Form 000 D         | art V lina   | 21 for a       |   | 1f        | account linbility        | Yan 🗆 Na                                |  |
| 2a<br>b | If "Yes," explain the arrangement in Pa   |                          |              |                |   |           |                          | ( Tes ( ) NO                            |  |
| Par     |   | art Am Oneck ner         | e ii tiie e  | Apianatio      | II IIas Decii j                                   | provided  | JOHLARTAIII              |   |  |
|         | Complete if the organization  | answered 'Yes            | " on For     | m 990          | Part IV line                                      | 10        |                          |   |  |
|         | Complete if the organization  | (a) Current year         |              | or year        | (c) Two years                                     |           | d) Three years back      | (e) Four years back                     |  |
| 1a      | Beginning of year balance   |                          |              |                | <del>  `                                   </del> |           |                          | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| b       | Contributions   |                          |              |                | <del> </del>                                      |           |                          |   |  |
| c       | Net investment earnings, gains, and   |                          | <del> </del> |                | · · · · · · · · · · · · · · · · · · ·             |           |                          | <del> </del>                            |  |
|         | losses  |                          |              |                |   |           |                          |   |  |
| d       | Grants or scholarships  |                          |              |                |   |           |                          | 1                                       |  |
| e       | Other expenditures for facilities and   |                          |              |                | ,   |           |                          |   |  |
|         | programs  |                          |              |                | i   | 1         |                          |   |  |
| f       | Administrative expenses   |                          |              |                | 1   |           |                          |   |  |
| g       | End of year balance .   |                          |              |                | 1   |           |                          |   |  |
| 2       | Provide the estimated percentage of the   | he current year er       | nd balanc    | e (line 1g     | column (a)  | ) held as | 3                        |   |  |
| а       | Board designated or quasi-endowmer  | nt 🕨                     | %            |                |   |           |                          |   |  |
| b       | Permanent endowment ▶   | %                        |              |                |   |           |                          |   |  |
| С       | Temporarily restricted endowment ▶  | %                        |              |                |   |           |                          |   |  |
|         | The percentages on lines 2a, 2b, and 2  | 2c should equal 1        | 00%          |                |   |           |                          |   |  |
| 3a      | Are there endowment funds not in the  | possession of the        | ne organi.   | zation th      | at are held a                                     | and adm   | ninistered for the       | 9                                       |  |
|         | organization by   |                          |              |                |   |           |                          | Yes No                                  |  |
|         | (i) unrelated organizations   |                          |              |                |   |           | •                        | 3a(i)                                   |  |
|         | (ii) related organizations  |                          |              |                |   | •         |                          | 3a(ii)                                  |  |
| b       | If "Yes" on line 3a(ii), are the related or                                     | •                        | •            |                |   |           | •                        | 3b                                      |  |
| 4       | Describe in Part XIII the intended uses   |                          | on s endo    | owment t       | unds  |           |                          |   |  |
| Part    |   |                          | n - F-       | 000            | <b>n</b>  | 44 0      | . r                      | <b>5</b>                                |  |
|         | Complete if the organization  |                          |              |                |   |           |                          |   |  |
|         | Description of properly   | (a) Cost or of (investor |              | 1              | or other basis                                    |           | ocumulated<br>preciation | (d) Book value                          |  |
|         | Land  | 1                        | ···          | <del> </del> ` |   |           |                          |   |  |
| 1a<br>b | Land  | `                        |              |                |   |           |                          |   |  |
| C       | Leasehold improvements  |                          |              | ļ              |   |           |                          | <del></del>                             |  |
| d       | Equipment .   | ·                        |              |                |   |           | <del></del>              |   |  |
| e       | Other   |                          |              |                |   |           |                          |   |  |
|         | Add lines 1a through 1e (Column (d) m   | nust equal Form 9        | 90. Part 3   | X. columi      | n (B), line 10                                    | c)        | <b>&gt;</b>              | ···                                     |  |

| Part VII               | Investments – Other Securitie Complete if the organization an           |                                       | Form 990          | ). Part IV, line   | 11b See Form      | 990. Part X. line 12                     |
|------------------------|---|---------------------------------------|-------------------|--------------------|-------------------|--|
|                        | (a) Description of security or categorical (including name of security) |                                       |                   | Book value         | (c) Metr          | od of valuation<br>of-year market value  |
| (1) Financia           | derivatives .   | A                                     |                   |                    |                   |  |
| (2) Closely-I          | neld equity interests .   |                                       |                   |                    |                   |  |
| (3) Other              |   |                                       | i<br><del> </del> |                    |                   |  |
| (A)                    |   |                                       | · <del>-</del>    |                    |                   |  |
| (B)                    |   |                                       |                   |                    |                   |  |
| (C)                    |   |                                       |                   |                    |                   |  |
| (D)<br>(E)             |   |                                       |                   |                    |                   |  |
| (E)<br>(F)             |   |                                       |                   |                    |                   |  |
| (G)                    |   |                                       |                   |                    |                   |  |
| (H)                    |   |                                       | <del>-</del>      |                    |                   |  |
| 2                      | b) must equal Form 990, Part X, col (B) line 12)                        |                                       |                   |                    |                   |  |
| Part VIII              | Investments - Program Relate  |                                       |                   |                    |                   |  |
|                        | Complete if the organization ar   |                                       | Form 990          | D, Part IV. line   | 11c See Form      | 990, Part X, line 13.                    |
|                        | (a) Description of investment   |                                       | (b)               | Book value         |                   | nod of valuation<br>of year market value |
| (1)                    |   |                                       |                   |                    |                   |  |
| (2)                    |   |                                       | !<br>+            |                    |                   |  |
| (3)                    |   |                                       |                   |                    |                   |  |
| (4)                    |   |                                       |                   |                    |                   |  |
| (5)                    |   |                                       |                   |                    | ··                |  |
| (6)                    |   |                                       | i                 |                    |                   |  |
| (7)                    |   |                                       |                   |                    |                   |  |
| (8)                    |   |                                       |                   |                    |                   |  |
| (9)<br>Total (Couran i | (c) must equal Form 990, Part X, col. (B) line 13.) ▶                   | <b></b>                               |                   |                    |                   |  |
| Part IX                | Other Assets.   | · · · · · · · · · · · · · · · · · · · |                   |                    |                   |  |
|                        | Complete if the organization an   | nswered "Yes" on<br>(a) Description   | Form 990          | D. Part IV, line   | 11d. See Form     | 990, Part X. line 15.                    |
| (1)                    |   |                                       |                   | <del></del>        |                   |  |
| (2)                    |   |                                       |                   |                    |                   |  |
| (3)                    |   |                                       |                   |                    | 1                 |  |
| (4)                    |   |                                       |                   |                    |                   |  |
| (5)                    |   |                                       |                   |                    |                   |  |
| (6)                    |   |                                       |                   |                    |                   |  |
| (7)                    |   |                                       |                   |                    |                   |  |
| (8)                    |   |                                       |                   |                    |                   |  |
| (9)                    | mn (b) must equal Form 990 Part X,                                      | cal (P) lina 15 l                     |                   |                    | <b>-</b>          |  |
| Part X                 | Other Liabilities.  | cor (B) line 13 )                     | <u> </u>          | <u> </u>           |                   |  |
| FaitA                  | Complete if the organization ar   | nswered "Yes" on                      | Form age          | ) Part IV line     | 11e or 11f Sec    | Form 990 Part X                          |
|                        | line 25.  | iswered res on                        | 1 01111 331       | J. r dit tv, inte  | 116 01 111. 566   | TOTH 550. Fat A,                         |
| 1.                     | (a) Description of liability  | (b) Book va                           | lue               | <del></del>        |                   |  |
| (1) Federal II         |   |                                       |                   |                    |                   |  |
| (2) Associa            | ition Funds Payable   |                                       | -38               |                    |                   |  |
|                        | Withholdings  |                                       | 6,604             |                    |                   |  |
| (4)                    | Mill Mill Mill Mill Mill Mill Mill Mill                                 |                                       |                   |                    |                   |  |
| (5)                    |   |                                       |                   |                    |                   |  |
| (6)                    |   |                                       |                   |                    |                   |  |
| (7)                    |   |                                       |                   |                    |                   |  |
| (8)                    |   |                                       |                   |                    |                   |  |
| (9)                    |   |                                       |                   |                    |                   |  |
|                        | (b) must equal Form 990, Part X, col (B) line 25)                       |                                       | 6,566             |                    |                   |  |
| 2. Liability fo        | r uncertain tax positions. In Part XIII, pro                            | ovide the text of the fo              | ootnote to t      | the organization's | financial stateme | nts that reports the                     |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

|      | 4 |
|------|---|
| Paga | а |

| Pari                | XI Reconciliation of Revenue per Audited Financial State   | ments With Reven                       | ue per Return.                                |
|---------------------|--|--|---|
|                     | Complete if the organization answered "Yes" on Form 99   |  |   |
| 1                   | Total revenue, gains, and other support per audited financial statemen   |  | 11  |
| 2                   | Amounts included on line 1 but not on Form 990, Part VIII, line 12   | ,                                      |   |
| a                   | Net unrealized gains (losses) on investments .   | 2a                                     |   |
| b                   | Donated services and use of facilities   | . 2b                                   |   |
| c                   | Recoveries of prior year grants  | 2c                                     |   |
| d                   | Other (Describe in Part XIII )   | 2d                                     |   |
| e                   | Add lines 2a through 2d .  |  | . 2e  |
| 3                   | Subtract line 2e from line 1   | •                                      | 3   |
| 4                   | Amounts included on Form 990, Part VIII, line 12 but not on line 1:  |  |   |
| a                   | Investment expenses not included on Form 990. Part VIII, line 7b   | 4a                                     |   |
| b                   | Other (Describe in Part XIII )   | 4b                                     |   |
| c                   | Add lines <b>4a</b> and <b>4b</b>  | <u> </u>                               | 4c  |
| 5                   | Total revenue Add lines 3 and 4c. (This must equal Form 990 Part I, II.  | ne 12)                                 | 5   |
| Part                |  |  | nses per Return.                              |
|                     | Complete if the organization answered 'Yes' on Form 99   | -                                      | •   |
| 1                   | Total expenses and losses per audited financial statements   | •                                      | 1   |
| 2                   | Amounts included on line 1 but not on Form 990, Part IX, line 25   |  | 1   |
| а                   | Donated services and use of facilities .   | 2a                                     |   |
| b                   | Prior year adjustments .   | 2b                                     |   |
| C                   | Other losses .   | 2c                                     |   |
| d                   | Other (Describe in Part XIII )   | 2d                                     |   |
| e                   | Add lines 2a through 2d  | ······································ | 2e  |
| 3                   | Subtract line 2e from line 1   |  | 3   |
| 4                   | Amounts included on Form 990, Part IX, line 25, but not on line 1  | ! .                                    |   |
| а                   | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                                     | , <u>, , , , , , , , , , , , , , , , , , </u> |
| b                   | Other (Describe in Part XIII)  | 4b                                     |   |
|                     |  |  |   |
| С                   | Add lines 4a and 4b  |  | 4c  |
| 5                   | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.   | line 18)                               | 4c   5  |
| 5<br>Part           | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  XIII Supplemental Information.   |  | 5   |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  XIII Supplemental Information.   | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
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| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
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| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |
| 5<br>Part<br>Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I.  Supplemental Information.  de the descriptions required for Part II, lines 3 5, and 9 Part III, lines 1a | and 4 Part IV, lines 1                 | b and 2b. Part V, line 4, Part X, line        |

| Schedule D (For | rm 990) 2015                         | Page <b>5</b>                           |
|-----------------|--------------------------------------|---|
| Part XIII       | Supplemental Information (continued) |   |
|                 | (company)                            |   |
|                 |                                      |   |
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#### **SCHEDULE L**

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Complete of the organization of section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)   | Jobs f                          | or West Virginia's Gra         |   |  |                    |                     |                               |   |                                       |                 |                | 15537      | 09      |         |                |
|--|---------------------------------|--------------------------------|---|--|--------------------|---------------------|-------------------------------|---|---------------------------------------|-----------------|----------------|------------|---------|---------|----------------|
| (a) Name of disquashed person   Organization   Or   | Part                            | Excess Bene<br>Complete if the | fit Transaction<br>ne organization                    | ns (section 50 answered "Ye                    | 1(c)(3),<br>es' on | section<br>Form 996 | 501(c)(4), a<br>0, Part IV, l | nd 50<br>ine 25                           | 1(c)(29) organiza<br>a or 25b, or For | ations<br>m 990 | only)<br>)-EZ, | Part '     | V, line | 40b     |                |
| 1  | 1                               | (a) Name of discussified       | nerson  | (b) Relationsh p o                             |                    |                     | person and                    | (c) Description of transaction            |                                       |                 |                | (d) Cni    | rec ted |         |                |
| (a)   (b)   (c)    | tay Marks of a squainted person |                                | person  | organization                                   |                    |                     |                               | (b) bescript of or italisaction           |                                       |                 |                |            | Yes     | No      |                |
| Go   Go   Go   Go   Go   Go   Go   Go  |                                 |                                |   |  |                    |                     |                               | l<br>———————————————————————————————————— |                                       |                 |                |            |         |         | <u> </u>       |
| (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax if any on line 2, above, reimbursed by the organization    Complete if the organization answered Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 3.6 or 22    (a) Name of interested person   (b) Relationship   (c) Purpose of loan   (d) Lond to organization   (e) Organization   (e) Organization   (f) Basinee dure   (g) In ceftul(2) (h) Approved   (g) Written   (h) Approved   (g) Wri |                                 |                                |   |  |                    |                     |                               |   |                                       |                 |                |            |         |         |                |
| S  |                                 |                                |   |  |                    |                     |                               | <u> </u>                                  |                                       |                 |                |            |         |         | ļ              |
| Complete    |                                 |                                |   |  |                    |                     |                               | <del> </del>                              |                                       |                 |                |            |         |         | ļ              |
| Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax if any on line 2, above, reimbursed by the organization  |                                 |                                |   |  |                    |                     |                               | <b>.</b>                                  |                                       |                 |                |            |         |         | <del> </del>   |
| Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5. 6 or 22   (e) Name of interested person   (b) Pelatronship   (e) Purpose of loan   (d) Loan to organization?   (e) Original principal amount   (f) Balance due   (g) In cefault? (h) Approved   (i) Written organization?   (e) Original principal amount   (f) Balance due   (g) In cefault? (h) Approved   (i) Written organization?   (f) Balance due   (g) In cefault? (h) Approved   (i) Written agreement organization?   (f) Balance due   (g) In cefault? (h) Approved   (i) Written agreement organization?   (f) Balance due   (g) In cefault? (h) Approved   (i) Written agreement organization?   (f) Approved   (i) Written agreement organization?   (f) Approved   (i) Written agreement organization?   (ii) In cefault? (iii) Approved   (ii) Written agreement organization?   (ii) In cefault? (ii) Approved   (ii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written agreement organization?   (iii) In cefault? (iii) Approved   (iii) Written    | 2                               | under section 4958             | 3   | _  |                    |                     |                               |   | ·                                     | ing th          | ne ye          | aı<br>▶ \$ | ;       |         |                |
|  |                                 | Complete if the organization r | ne organization<br>reported an am<br>(b) Relationship | answered 'Ye<br>ount on Form<br>(c) Purpose of | es" on<br>990, F   | Part X, line<br>    | e 5, 6 or 22<br>(e) Origin    | 2<br>                                     |                                       | <sub>T</sub>    |                | (h) Ap     | proved  | (i) W   |                |
| (1) Brent Sturm   Executive Dir   cash Flow   11,300   11,300   V   V   V   V   V   V   V   V   V  |                                 |                                | worrorganization                                      | orga   | ın zatıon?         | j principal an      |                               |   | Voc                                   | No              | comn           | nitee?     |         |         |                |
| (2) (3) (4) (5) (6) (7) (8) (9) (10)  Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship but were interested person and the organization of assistance person and the organization of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (5) (6) (7) (8) (9)   | (1) 5                           | Brant Sturm                    | Evecutive Dir   | cash Flow                                      |                    | - From              | 1                             | 1 300                                     | 11 300                                |                 |                | ·          | - 140   |         | Į NO           |
| (3) (4) (5) (6) (7) (8) (9) (10)  Cotal  Carnts or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship but are interested person and the organization and the organization of assistance (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (f) (1) (2) (3) (4) (5) (6) (7) (8) (9)   |                                 | Jen Stam                       | Executive Dir   | Casirriow                                      | <u> </u>           | <del></del>         | <u> </u>                      | 1,300                                     | 11,300                                |                 |                | · ·        |         | •       | <del> </del> - |
| (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10   |                                 |                                | <del></del>   |  | †                  | <del> </del>        | ł                             |   |                                       |                 |                | <br>       | -       |         | <del> </del>   |
| (5) (6) (7) (8) (9) (10) Fotal Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship but ween interested person and the organization of assistance interested person and the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of assistance interested person and the organization of the  |                                 |                                | T   |  | <br>I              |                     | [                             |   |                                       |                 |                |            |         |         |                |
| (6) (7) (8) (9) (10) Fotal  Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship but were interested person and the organization and the organization of assistance (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) (2) (3) (4) (4) (5) (6) (7) (8) (9)   |                                 |                                |   |  | 1                  |                     |                               |   |                                       | -               |                |            |         |         | İ              |
| (7) (8) (9) (10) Fotal  Part III  Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person  (b) Relationship but wern interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance  (g) Amount of assistance  (g) Type of assistance  (g) Purpose of assistance  (g) Form 990, Part IV, line 27  (g) Type of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance  (g) Purpose of assistance   |                                 |                                |   |  |                    |                     |                               |   |                                       |                 |                |            |         |         |                |
| (9) [10] [Total : S 11,300   S 11 |                                 |                                |   |  |                    |                     |                               |   |                                       |                 |                | !          |         |         |                |
| Total   Sants or Assistance Benefiting Interested Persons.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 27   |                                 |                                |   |  |                    |                     |                               | -   |                                       |                 |                |            |         |         |                |
| Total   Sants or Assistance Benefiting Interested Persons.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 27   | (9)                             |                                |   |  | T                  |                     |                               |   |                                       |                 |                |            |         |         |                |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person  (b) Relationship but ween interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance  (3)  (4)  (5)  (6)  (7)  (8)  (9)   |                                 |                                | 1   | 1  | 1                  |                     |                               | 1   |                                       |                 |                | ;<br>!     |         |         | 1<br>I         |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship but een interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  | Total                           | •                              |   |  |                    |                     |                               | <b>&gt;</b>                               | \$ 11,300                             |                 |                |            |         |         |                |
| Derson and the organ.zation  | Part                            |                                |   |  |                    |                     | 0, Part IV, I                 | ıne 27                                    |                                       |                 |                |            |         |         |                |
| (2) (3) (4) (5) (6) (7) (8) (9)  | (a)                             | Name of interested perso       |   |  |                    | (c) Amount          | of assistance                 | (1  | d) Type of assistance                 | e               | (e             | ) Purpo    | se of a | ssistar | ICE            |
| (3)<br>(4) - (5)<br>(5)<br>(6)<br>(7) (8)<br>(9)   | (1)                             |                                |   |  |                    |                     |                               | <br>                                      |                                       |                 |                |            |         |         |                |
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| (4) - (5) (6) (7) (8) (9) (9)  |                                 |                                |   |  |                    |                     |                               | <u> </u>                                  |                                       |                 |                |            |         |         |                |
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| (8)<br>(9)   |                                 |                                |   |  |                    | 1                   |                               |   |                                       |                 |                |            |         |         |                |
| (9)  |                                 |                                |   |  |                    |                     |                               |   |                                       |                 |                |            |         |         |                |
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|  |                                 |                                |   |  |                    |                     |                               |   |                                       |                 |                |            |         |         |                |

| (a) Name of interested person           | (b) Relationship between               | (c) Amount of | (d) Description of transaction           | (e) Shar            |
|---|--|---------------|--|---------------------|
| ,,                                      | interested person and the organization | transaction   | ,,,                                      | organiza<br>reveni. |
|   |  |               |  | Yes                 |
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| t V Supplemental Information            |  |               |  |                     |
| Provide additional informatio           | Thompsoniaes to questions              |               |  |                     |
| lule L. Part II, Loans To and From Inte | rested Persons                         |               |  |                     |
|   |  |               |  |                     |
| lationship with Organization: Executiv  | ve Director                            |               |  |                     |
|   |  |               |  |                     |
| rpose of Loan Provide cash flow unti    | I grant monies are received            |               |  |                     |
|   | Man                                    |               |  |                     |
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open to Public Inspection

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| Jobs for West Virginia's Graduates, Inc                              | 31-1553709                     |
|  |                                |
| Form 990, Part VI, Section B, Line 11:                               |                                |
| The 990 return is reviewed by the governing board before its filing. |                                |
| 3  | ·                              |
|  |                                |
| Farm 000 Back W. Cashan C. Lara 40                                   |                                |
| Form 990, Part VI, Section C, Line 19                                |                                |
| All documents are available for review upon request                  |                                |
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