EXTENDED TO MAY 15, 2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

<u>A</u>	For th	ne 2016 calendar year, or tax year beginning JUL 1, 2016 and ending	JUN 30, 2017	
В	Check i	C Name of organization	D Employer identif	
E	Addr chan Nam	9 WEST VIRGINIA BAR FOUNDATION, INC.	_	500101
F	chan Initia	ge Doing business as		690434
	retur. Final retur.	Number and street (of P.O. box if mail is not delivered to street address) Room/s PO BOX 4845	uite E Telephone numbe	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	303,783.
	Amer	CHARLESTON, WV 25364	H(a) Is this a group r	
	Appl	F Name and address of principal officer: THOMAS R. TINDER	for subordinates	s? Yes X No
	pend		H(b) Are all subordinates i	ncluded? Yes No
1	Tax-ex	cempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. (see instructions)
J	Webs	ite: ▶ WWW.WVBARFOUND.ORG	H(c) Group exemption	
				VI State of legal domicile; WV
	art I			<u></u>
-	1	Briefly describe the organization's mission or most significant activities: IMPROVE	THE ADMINISTR	ATION OF
Governance		JUSTICE AND THE PROVISION OF LEGAL SERVICES		
r D	2	Check this box if the organization discontinued its operations or disposed of n		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		15
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		15
eg Ø	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		1
iţie	6	Total number of volunteers (estimate if necessary)		0
Activities &	7 2	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
ĕ		Net unrelated business taxable income from Form 990-T, line 34		
	 "	Net difference business texable income from 1 offit 990-1, line 54	Prior Year	
	8	Contributions and grants (Part VIII, line 1h)	55,298.	Current Year
Revenue				80,636.
Ş	9	Program service revenue (Part VIII, line 2g)	10 100	0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,108.	
	11	Other revenue (Part Viil, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,513.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,919.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,404.	43,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,392.	15,047.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
꿁	b	Total fundraising expenses (Part IX, column (D), line 25)	22.122	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,422.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,218.	87,900.
. 60	19	Revenue less expenses. Subtract line 18 from line 12	<u>-5,299.</u>	6,960.
Net Assets or Fund Balances	i		Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u>652,362.</u>	<u>673,367.</u>
et A	21	Total liabilities (Part X, line 26)	<u>58.</u>	0.
		Net assets or fund balances. Subtract line 21 from line 20	652,304.	673,367.
	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
_		Signature of officer		
Sig			Date	
Her	е	THOMAS R. TINDER, EXECUTIVE DIRECTOR Type or print name and title		
			I Dete	DTIN
n-'		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		DEREK S GODWIN	self-employs	
	arer	Firm's name HERMAN & CORMANY, CPAS, A.C.	Firm's EIN	<u> 55-0596200</u>
use	Only	Firm's address 8 CAPITOL STREET, STE 600		
		CHARLESTON, WV 25301	Phone no. 3 0	4-345-2320
May	the II	RS discuss this return with the preparer shown above? (see instructions)	***************************************	X Yes No
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
·	IMPROVE THE ADMINISTRATION OF JUSTICE AND THE PROVISION OF LEGAL
	SERVICES FOR WEST VIRGINIA'S CITIZENS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.
4a	(Code:) (Expenses \$ 43,000 including grants of \$ 43,000) (Revenue \$)
	THE BAR FOUNDATION PROVIDES GRANTS TO NON-PROFIT CHARITABLE ENTITIES IN ACCORDANCE WITH ITS MISSION. THE GRANTS HAVE BEEN MADE IN THE GENERAL
	ACCORDANCE WITH ITS MISSION. THE GRANTS HAVE BEEN MADE IN THE GENERAL AREAS OF LEGAL SERVICES FOR LOW INCOME CITIZENS, PUBLIC EDUCATION,
	CHILD ABUSE PREVENTION AND LEGAL EDUCATION.
	CHILD ADODE INDVENTION AND DEGAL EDUCATION:
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE BAR FOUNDATION HONORS THOSE JUDGES AND LAWYERS AS BAR FOUNDATION
	FELLOWS WHO MEET THE HIGHEST STANDARDS WITHIN THE LEGAL PROFESSION, THE
	JUDICIAL SYSTEM AND THE LOCAL, STATEWIDE AND NATIONAL COMMUNITIES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE LUNCH AND LAUGHS WITH A LEGAL LEGEND ANNUAL EVENT IS A "FRIENDLY
	ROAST" OF A WV JUDGE OR LAWYER WITH THE NET PROCEEDS BEING PROVIDED TO
	THE LEGAL LEGEND'S CHOICE OF A CHARITABLE ENDEAVOR AND FOR BAR
	FOUNDATION GRANTS TO IMPROVE THE ADMINISTRATION OF JUSTICE.
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$
4e	Total program service expenses ► 43,000.

Form **990** (2016)

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		1
_	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
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	3	ļ.,	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		l
-	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_		X_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		.,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
·	Schedule D, Part III	1		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
•	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		X
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		х
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	-10		
	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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u> </u>		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	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		_X_
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	ł		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		[
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
•	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		ſ	v
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	14b		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_15		<u>,</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-13	-+	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- 1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 64
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
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		x
			000 "	

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 X 21 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 X 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 X 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 X 25a 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 X Schedule L, Part I 25b 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," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 X 27 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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 36 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, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

37

X

38

Form 990 (2016) WEST VIRGINIA BAR FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
b				
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		
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			١.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
þ	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		X
b		7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 -
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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.			
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
_		9b		
10 =	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations, Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	130	-	
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent	:		
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_			Х	
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		77	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
-	The organization's CEO, Executive Director, or top management official	150	x	
- A	Other officers or key employees of the organization	15a	41	X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		w
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		40.		v
1 _n	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	-	X
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Saat	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			-
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	/ailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply,			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THOMAS R. TINDER - (304) 343-9823			
	5316 KANAWHA AVENUE, CHARLESTON, WV 25304			

Form 990 (2016)	WEST	VIRGINIA	BAR	FOUNDATIO
	<u> </u>	, <u> </u>		,

55-0690434

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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	box	(C) Position not check more than one			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS R. TINDER	15.00							14 000		
EXECUTIVE DIRECTOR	1 00	X		_	-	┢		14,000.	0.	0.
(2) ELLEN S. CAPPELLANTI	1.00	×	Ì					0.	0.	_
BOARD MEMBER	1.00	X	-	├	\vdash	⊢	⊢	0.	Ų.	0.
(3) KATHY M. SANTA BARBARA	1.00	X					ļ	0.	0.	0.
BOARD MEMBER	1.00	A	-	 	\vdash	\vdash				<u> </u>
(4) DAVID A. JIVIDEN BOARD MEMBER	1.00	x						0.	0.	0.
(5) W. TRACEY WEBER III	1.00	42								•
BOARD MEMBER		x						0.	0.	0.
(6) M. CHRISTINE F. MORRIS	1.00	 				\vdash	_	-		
BOARD MEMBER		X						0.	0.	0.
(7) RICHARD E FORD, JR.	1.00									
BOARD MEMBER	·	x				1	l	0.	0.	0.
(8) MARJORIE A MCDIARMID	1.00									
BOARD MEMBER		X				L		0.	0.	0.
(9) JODIE M. BOYLEN	1.00									
PRESIDENT		X		X		_		0.	0.	0.
(10) MARY CLARE EROS	1.00								_	
SECRETARY/TREASURER		X	Щ	X		_		0.	0.	0.
(11) HARRY G. SHAFFER	1.00	_								
BOARD MEMBER	1 00	X				_		0.	0.	<u> </u>
(12) RICHARD J. BOLEN	1.00	,,						0		0
BOARD MEMBER	1 00	X				┝╌		0.	0.	0.
(13) ALAN D MOATS	1.00	X						0.	0.	0
BOARD MEMBER	1.00	Δ	\vdash		-	_		0.		0.
(14) GERALD R. STOWERS	1.00	х						0.	0.	0.
BOARD MEMBER	1.00		-					U •	<u>V•</u>	<u> </u>
(15) MARY ELLEN GRIFFITH	1.00	$ \mathbf{x} $						0.	0.	0.
BOARD MEMBER	1.00		-					0.	0.	
(16) KENNETH D. GRAY VICE PRESIDENT	1.00	x		x				0.	0.	0.
VICE PRESIDENT			\dashv			\vdash	\dashv	- 0.		

	Dection A. Officers, Directors, 1143	tees, ney Lin	PIOX	669	, an	u rii	Aile	<u> </u>	Joinpensaled Linbioye	es (commuea)			_	
	(A)	(B) Average			(C Pos	C) itior	1		(D)	(E)	(F) Estimated			
	Name and title	hours per	urs per (do not check i		rson	is bot	h an	Reportable compensation	Reportable compensation		estimati Emount			
		week (list any	- -	cerar	id a d	lirecto	or/trus	tee)	from	from related		other		
		hours for	Individual trustee or director				2		the organization	organizations (W-2/1099-MISC)	Co	mpensa from th		
		related	stee or	ustea			ensate		(W-2/1099-MISC)	(,	0	rganiza		
		organizations below	lad Tig	Institutional trustee		playee	t com					nd relat ganizat		
		line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Forme			"	yanızar	10113	
				Г									•	
						<u> </u>	ļ. <u></u>						_	
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			-	\vdash	-	-	 	-			+			
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						Г				· · · · · ·	1			
						L	<u> </u>				\perp			
1b	Sub-total								14,000.	0			<u>0.</u>	
C	Total from continuation sheets to Part VI								14,000.	0			0.	
2	Total (add lines 1b and 1c)										•1		<u> </u>	
_	compensation from the organization						-,							
											_	Yes	No	
3	Did the organization list any former officer,													
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su								her compensation from		3		X	
-	and related organizations greater than \$150										4		x	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," comp	olete Schedule	Jf	or st	ich j	oers	son .	.,,,,,,			5		X	
	tion B. Independent Contractors								L_4	#400 000 -f			_	
1	Complete this table for your five highest con the organization. Report compensation for t	•	-								isation	Trom		
	(A)	, io outoriage y	<u>,</u>	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	.,,		<u> </u>		(B)			(C)		
	Name and business	address	NC	NE	<u>.</u>			4	Description of s	ervices	Comp	ensatio	<u>n</u>	
								1						
								\dashv	· · · · · · · · · · · · · · · · · · ·					
								1						
												•		
								-					_	
								\dashv						
	Total number of independent contractors (in	-	ot lin	nitec	to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				()							

Form 990 (2016) WEST VIRGINIA BAR FOUNDATION, INC.

Part VIII | Statement of Revenue

Total revenue Related or seempt function revenue Unrelated business Unrelated Business Revenue Unrelated Business Unrelated Business Unrelated Business Revenue Unrelated Business Unrelated Business Unrelated Business Unrelated Business U			Check if Schedule O contains a response or note to any lir	ne in this Part VIII			
a Federated campaigne b Membership dues Campaigne b Membership dues Campaigne c Fundinishing events c Government grants (contributions) c Government (contributions) c Government grants (contributions) c Government (contributions) c Government (contributions) c Government grants (contributions) c Government (contribu					exempt function	Unrelated business	Revenue excluded from tax under
Business Code 2 a	Grants	1 a					
Business Code 2 a	S, E						
Business Code 2 a	無品	ا					
Business Code 2 a	S.E						
Business Code 2 a	<u> </u>	f					
Business Code 2 a	돌		- · · · · · · · · · · · · · · · · · · ·				
Business Code 2 a	E 0	و ا	•				
Business Code 2 a	$\frac{1}{2}$	ŀ		80,636.			
Total, Add lines 2827 3 Investment Income (Including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Reintal income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross amount from sales of investment inventory b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross income from fundraising events (not including \$							
Total, Add lines 2827 3 Investment Income (Including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Reintal income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross amount from sales of investment inventory b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross income from fundraising events (not including \$	æ	2 a	1				
Total, Add lines 2827 3 Investment Income (Including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Reintal income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross amount from sales of investment inventory b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross income from fundraising events (not including \$	ž.	b					
Total, Add lines 2827 3 Investment Income (Including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Reintal income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross amount from sales of investment inventory b Less: cost or other basis and sales expenses c Gain or (loss) 3 Gross income from fundraising events (not including \$	꼾	6					
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18,249. 18,2	₫.	f	All other program service revenue				
other similar amounts) A Income from investment of tax-exempt bond proceeds Froyalties Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 8 a Gross income from fundralising events (not including \$		9					
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 184,115, C Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross Income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cifect expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C d All other revenue e Total. Add lines 11a-11d		3	· ·				
S Royalties (i) Real (ii) Personal				18,249.			18,249.
(i) Personal (ii) Personal (iii) Personal Pe		4					
Begin and success		5	Royalties				
b Less: rental expenses c Rental income or (loss) d Net sain or (loss) d Net gain or (loss) d		-	(i) Real (ii) Personal				
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d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		1					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses and sales expenses 184,115. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d		c					
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and sales expenses							
C Gain or (loss)		b					
d Net gain or (loss) ———————————————————————————————————		l	and sales expenses				
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Z4 , 808. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities				0.045			
including \$ of contributions reported on line 1c). See Part IV, fine 18 a 29,700. b Less: direct expenses b 24,808. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b Less: cost of goods sold b b		l .		-8,917.			-8,917.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d		8 a	· · · · · · · · · · · · · · · · · · ·				
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Part IV, line 19				4,034.			4,892.
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C C C C C C C C C C C C C C C C C		y a					
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b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d		.u a					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total, Add lines 11a-11d		_	l and anowarioes				
Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d							
11 a	ı	<u> </u>					
b c d All other revenue e Total, Add lines 11a-11d		11 -					
d All other revenue e Total, Add lines 11a-11d							
d All other revenue e Total, Add lines 11a-11d							
e Total. Add lines 11a-11d			All other revenue			•	
	ļ		Total, Add lines 11a-11d	·			
				94 860	0.	0	14 224

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp									
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	43,000.	43,000.							
2	Grants and other assistance to domestic			A						
	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	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	14,000.		14,000.						
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	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	1,047.		1,047.						
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting	4,125.		4,125.						
d	Lobbying									
ө	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	8,046.		8,046.						
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion									
13	Office expenses	4,130.		4,130.						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel	4,205.		4,205.						
18	Payments of travel or entertainment expenses	Т								
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	219.		219.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
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 0.)									
9	LAW LEADERSHIP INSTITUT	5,964.		5,964.						
b	INSURANCE	2,129.		2,129.	·					
C	DUES AND FEES	1,030.		1,030.						
d	BANK CHARGES	5.	·	5.						
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	87,900.	43,000.	44,900.	0.					
<u>25 </u>	Joint costs. Complete this line only if the organization	37,3001	23,000	==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here : if following SOR DR-2 (ASC 058-720)									

Form 990 (2016)
Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,184.	1	1,887.
	2	Savings and temporary cash investments	340,769.	2	269,228.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
22		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	-	9	· -
	1 -	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	297,496.	11	402,252.
	12	Investments - other securities. See Part IV, line 11	2,913.	12	402/2020
	13	Investments - program-related. See Part IV, line 11	2/5101	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	· -
	16	Total assets. Add lines 1 through 15 (must equal line 34)	652,362.	16	673,367.
	17	Accounts payable and accrued expenses	58.	17	0.
	18	Grants payable	301	18	
	19			19	
	20	Deferred revenue		20	
		Tax-exempt bond liabilities		21	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
<u>=</u>		Complete Part if of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
	ŀ				
		Schedule D Total liabilities, Add lines 17 through 25	58.	25 26	0.
	26		30.	20	<u> </u>
		Organizations that follow SFAS 117 (ASC 958), check here			
Çes		complete lines 27 through 29, and lines 33 and 34.	652 204		672 267
<u>a</u>	27	Unrestricted net assets	652,304.	27	673,367.
Ва	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ę,		Organizations that do not follow SFAS 117 (ASC 958), check here			
0 %		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ě	32	Retained earnings, endowment, accumulated income, or other funds	CEO 221	32	CE 2 2 2 2
-	33	Total net assets or fund balances	652,304.	33	<u>673,367.</u>
	34	Total liabilities and net assets/fund balances	652,362.	34	673,367.

	n 990 (2016) WEST VIRGINIA BAR FOUNDATION, INC.	<u> 55-069</u>	0434	Pa	ae 12
Pa	rt 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	9	4.8	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			04.
5	Net unrealized gains (losses) on investments	5			03.
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.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	67	3,3	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
					No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				I
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

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.

Employer identification number

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

WEST VIRGINIA BAR FOUNDATION, <u>55-0690434</u> Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions))

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Part II 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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 ол line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	T	,	,			_
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		İ				
	securities loans, rents, royalties						
	and income from similar sources				ļ	ļ	
9	Net income from unrelated business					1	
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	* *************************************			12	
13	First five years. If the Form 990 is for	-			•		
Sa/	organization, check this box and stop tion C. Computation of Publi	herePe	rcentage				P
	Public support percentage for 2016 (I			olumo (fl)		44	
	Public support percentage for 2015 (iii)					15	%
	33 1/3% support test - 2016. If the o						<u>%</u>
IUa	stop here. The organization qualifies	_				·	
h	33 1/3% support test - 2015. If the o						
•	and stop here. The organization quali	-				•	
179	10% -facts-and-circumstances test						
. , d	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	_				•	
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization		-	•	• • •		
				.,,, 116		edule A (Form 990	
					-5110		, 10

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						· · ·
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						<u> </u>
	membership fees received. (Do not						
	include any "unusual grants.")	25,760.	6,933.	54,884.	9,676.	24.816.	122,069.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,474.	91,761.				
9	Gross receipts from activities that	02,474.	91,701.	31,100.	63,13/.	05,341.	_433,993.
3	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	108,234.	98,694.	145,984.	92,813.	110,337.	556,062.
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons	_					0.
t	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						556,062.
	ction B. Total Support						33070021
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	108,234.	98,694.	145,984.	92,813.	110,337.	556,062.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,033.	14,565.	17,072.	18,619.		78,538.
b	Unrelated business taxable income	-			,		
	(less section 511 taxes) from businesses acquired after June 30, 1975		i				•
c	Add lines 10a and 10b	10,033.	14,565.	17,072.	18,619.	18,249.	78,538.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						. 0 / 0 0 0 0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	118,267.	113,259.	163,056.	111,432.	128,586.	634,600.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here					***************************************	.
	tion C. Computation of Publi						
	Public support percentage for 2016 (li			olumn (f))		15	87.62 %
	Public support percentage from 2015					16	72.03 %
	tion D. Computation of Inves						
	Investment income percentage for 20					17	<u>12.38 %</u>
	Investment income percentage from 2					18	<u>12.28 %</u>
	33 1/3% support tests - 2016. if the						
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2015. If the o	organization did no	t check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, ai	nd
	line 18 is not more than 33 1/3%, ched	ck this box and sto	p here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation If the organization	did not chack a h	ov on line 14, 10a	or 10h chook thi	a hav and see inci	miotiono	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supp	orting	Orga	anizations
---------	--------	------	--------	------	------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 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 12a or 12b 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?
- 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
	100	140
1		
2		
3a		
-		
3b		
3c		
30		
4a		
4b		
	.00	
4c		
-	11	
5a		
5b		
5c		
6		
164	-	
7		
8		
	11	
9a		
9b		
	Ш	
9c		1
10a		
10b		
990 or 99	O-EZ)	2016

	edule A (Form 990 or 990 EZ) 2016 WEST VIRGINIA BAR FOUNDATION, INC. 55-06	9043	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			г —
			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		
	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		L
<u> </u>	tion B. Type I Supporting Organizations			Γ.,
	Pilate discharge desident and the second sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 Part VI 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			
_	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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	ation C. Type it Supporting Organizations		V	
	Mean a majority of the expenientiante divertors by trustons during the try year also a majority of the directors		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			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1 1		<u> </u>
Sec	Cition D. Air Type in Supporting Organizations		V	Na
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	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		
0	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions).	
2	Activities Test. Answer (a) and (b) below.	Î	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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		14 14	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	pe III Non-Functionally Integrated 509(a)(3) Support ack here if the organization satisfied the Integral Part Test as a qualify			Part VI.) See instructions
	er Type III non-functionally integrated supporting organizations must			
	justed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short	term capital gain	1		
2 Recoverie	s of prior-year distributions	2		
3 Other gro	ss income (see instructions)	3		
4 Add lines	1 through 3	4		
5 Depreciat	ion and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
maintena	nce of property held for production of income (see instructions)	6		
7 Other exp	enses (see instructions)	7	<u></u>	
8 Adjusted	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Mir	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	e fair market value of all non-exempt-use assets (see			
instruction	ns for short tax year or assets held for part of year):			
	nonthly value of securities	1a		-
	nonthly cash balances	1b		<u> </u>
c Fair marke	et value of other non-exempt-use assets	1c		
	l lines 1a, 1b, and 1c)	1d		
	claimed for blockage or other			
factors (e)	oplain in detail in Part VI):			
2 Acquisitio	n indebtedness applicable to non-exempt-use assets	2		
	ine 2 from line 1d	3		· · · · · · · · · · · · · · · · · · ·
1 Cash dee	med held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instru		4		
Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
	ne 5 by .035	6		
	s of prior-year distributions	7		
	Asset Amount (add line 7 to line 6)	8		
	tributable Amount			Current Year
1 Adjusted r	net income for prior year (from Section A, line 8, Column A)	1		
Enter 85%		2		
	asset amount for prior year (from Section B, line 8, Column A)	3		
	ter of line 2 or line 3	4		·
	c imposed in prior year	5		
	ble Amount, Subtract line 5 from line 4, unless subject to			
	/ temporary reduction (see instructions)	6		
	ck here if the current year is the organization's first as a non-function		d Type III supporting are	anization (eee

Schedule A (Form 990 or 990-EZ) 2016

Sch	edule A (Form 990 or 990-EZ) 2016 WEST VIRGINIA	BAR FOUNDATIO	N, INC.	55-0690434 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			1=
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
0	les E. Diskibutes Allegations for the second	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
oect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
<u>b</u>				
C	From 2013			
<u>d</u>	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
j	Carryover from 2011 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	_		
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
_	Evoges from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990 EZ) 2016 WEST VIRGINIA BAR FOUNDATION, INC. 55-0690434 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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, 2b, 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 E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Schedule D (Form 990) 2016

Name of the organization **Employer identification number** WEST VIRGINIA BAR FOUNDATION, INC. 55-0690434 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part 1 organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 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? 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? 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items. b 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 2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		RGINIA BA						<u>55-06</u>	9043	<u>4 Pa</u>	<u>age 2</u>
_	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other reco	ords, check	any of the	following that ar	re a sign	ificant	use of its	collection	ı item:	S
	(check all that apply):										
а	Public exhibition				nange programs						
b	Scholarly research		e(Other							
C	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								_	.=	_
-	to be sold to raise funds rather than to be m	aintained as part o	of the organ	nization's co	llection?		<u></u>		Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		plete if the	organization	n answered "Ye	s" on Fo	orm 990	0, Part IV,	line 9, or		
40	Is the organization an agent, trustee, custod		adian for a								
Ia								Γ	٦.,	_	1
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					•••••		∟	」 Yes		No
D	n 165, explain the analigement in Part Alli	and complete me	iollowing to	able:							-
_	Paginning halange								Amount		-
ر. د	Beginning balance						1c				_
d	Additions during the year						1d				
e f	Distributions during the year						1e				
_	Ending balance Did the organization include an amount on F						1f		Yes	_	No
	If "Yes," explain the arrangement in Part XIII.						******) NO
	rt V Endowment Funds. Complete i						**********				<u></u>
		(a) Current year		rior year	(c) Two years ba			/ears hack	(e) Four	veare l	 hack
1a	Beginning of year balance	(a) sanon you	1 197	101 700.	(O) The Joure Di	<u> (u)</u>	1111100	ouro odok	(e) roui	yours	Juon
b	Contributions						-				
c	Net investment earnings, gains, and losses		1								
d	Grants or scholarships										
-	Other expenditures for facilities										
_						1					
f	Administrative expenses					<u> </u>	_				
a	End of year balance										_
2	Provide the estimated percentage of the curr	rent vear end balar	nce (line 1a	ı. column (a)) held as:					_	
а	Board designated or quasi-endowment	-	%	,,	,						
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organ	ization that	are held an	d administered	for the	organiz	ation			
	by:								[·	Yes	No
	(i) unrelated organizations					•••••			3a(i)		
	(ii) related organizations							************	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	uired on Sc	:hedule R?		**********			3b		
4	Describe in Part XIII the intended uses of the		dowment fu	unds.							
Par											
	Complete if the organization answered	d "Yes" on Form 9	90, Part IV,	line 11a. Se	e Form 990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or basis (inves		(b) Cost of basis (c		c) Accu depre		d	(d) Book	value	ı
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
е	Other										
	Add lines 1a through 1e. (Column (d) must ed		t X, columi	n (B), line 10	c.)						0.

Part VII	Investments - Other Securities.			
(a) Decerir	Complete if the organization answered "Yes" or otion of security or category (including name of security)	n Form 990, Part IV, line (b) Book value		
		(b) BOOK VAIDE	(c) Metriod of Valuation; Cos	st or end-of-year market value
	al derivatives	···		
(2) Closely (3) Other	-held equity interests			
(A)				
(B)			· · · · · · · · · · · · · · · · · · ·	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	· - · · - ·		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 1	
	(a) De	escription		(b) Book value
(1)				
(2)			 	
(3)	·-			
(4)				
(5)			· · ·	
<u>(6)</u>	The state of the s		· · · · · · · · · · · · · · · · · · ·	
(7)				
(<u>8)</u> (9)				· ·
	mn (b) must equal Form 990, Part X, col. (B) line 1	15.)		
Part X	Other Liabilities.	<u> </u>		
	Complete if the organization answered "Yes" or	Form 990, Part IV. line	11e or 11f. See Form 990, Part X	. line 25.
 .	(a) Description of liability		(b) Book value	
(1) Fed	eral income taxes			
(2)				
(3)				
(4)			- 11-11	
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 2	5.)		
Liability	for uncertain tax positions. In Part XIII, provide th	a taxt of the feetnate to	the ergenization's financial state	manta that you are 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

WEST VIRGINIA BAR FOUNDATION,

INC.

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Schedule D (Form 990) 2016

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1 Total revenue, gains, and other support per audited financial statements 2 Announts included on line 1 but not on Form 960, Part VIII, line 12: a Net unrealized gains (Sosses) on investments b Donated services and use of finalities c Recoveries of pitch year gains d Other (Describs in Part XIII) 3 Subtract line 2s from line 1 3 94,850. 4 Announts included on Form 950, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 950, Part VIII, line 7b 4 b 5 Total avones. Add lines 2 sain 46. (This must equal Form 950, Part I, line 12) 5 Total avones. Add lines 3 and 46. (This must equal Form 950, Part I, line 12) 6 Announts included on Form 950, Part VIII, line 7b 7 Total avones. Add lines 3 and 46. (This must equal Form 950, Part I, line 12) 7 Total avones. Add lines 3 and 46. (This must equal Form 950, Part I, line 12) 8 Donated services and use of facilities b Pitch year adjustments 1 Total avones. Add lines 3 and 46. (This must equal Form 950, Part I, line 12) 8 Donated services and use of facilities b Pitch year adjustments 2 Donated services and use of facilities b Pitch year adjustments 2 Donated services and use of facilities 3 Subtract line 2s from line 1 4 Announts included on Form 950, Part II, line 7b 4 Dotter (Describe in Part XIII) 4 Dotter (Describe in Part XIII) 4 Dotter (Describe in Part XIII) 5 Dotter (Describe in Part XIII) 6 B 77, 900. Part XIII (Supplemental Information. PART X, LINE 2: AS OF JUNE 30, 2017, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGIN MITH 2014. TAX RETURNS FOR 2014, 2015 AND 2016 REMAIN OFEN TO EXAMINATION BEGIN THOSE RETURNS WOULD BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES.	Pa	T XI Reconciliation of Revenue per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I		Revenue per F	Return.	90434 Page 4
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b Donated services and use of facilities	а	Net unrealized gains (losses) on investments	2a	14,103.		
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State New Number New Numb	b	Other (Describe in Part XIII.)	4b			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losees per audited financial statements	C	*		->	4c	0.
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b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b d C O. 5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) For Ital Expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Frovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: AS OF JUNE 30, 2017, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGIN WITH 2014. TAX RETURNS FOR 2014, 2015 AND 2016 REMAIN OPEN TO EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL POSITIONS TAKEN IN THOSE RETURNS WOULD BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENTS EXPENSE NETTED AGAINST INCOME	_		22			
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PART X, LINE 2: AS OF JUNE 30,2017, THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BEGIN WITH 2014. TAX RETURNS FOR 2014, 2015 AND 2016 REMAIN OPEN TO EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL POSITIONS TAKEN IN THOSE RETURNS WOULD BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENTS EXPENSE NETTED AGAINST INCOME	Par	t XIII Supplemental Information.			<u> </u>	0.75001
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PART XII, LINE 2D - OTHER ADJUSTMENTS:						
	FUN.	DRAISING EVENTS EXPENSE NETTED AGAINST	INCOME			
	 ?AR!	T XII, LINE 2D - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2016	WEST VIRGINIA	BAR	FOUNDATION,	INC.	55-0690434 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	rmation (continued)				
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number WEST_VIRGINIA BAR FOUNDATION, INC. 55-0690434 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraise (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016 WEST VIRGINIA BAR FOUNDATION, INC. 55-0690434 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
L		of fundraising event contributions and g	ross income on Form 990	FEZ. lines 1 and 6b. List	t 1v, line 16, or reported events with aross receir	ots greater than \$5,000			
_	Г		(a) Event #1	(b) Event #2	(c) Other events				
			FELLOWS	LUNCH AND	NONE	(d) Total events			
			DINNER	LAUGHS		(add col. (a) through col. (c))			
Ф			(event type)	(event type)	(total number)	COI. (C))			
Revenue	1	Gross receipts	15,200.	14,500.	<u>.</u>	29,700.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	15,200.	14,500.		29,700.			
	4	Cash prizes							
		,							
g	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Ř	7	Food and beverages							
Ö									
	8	Entertainment							
	9	Other direct expenses				24,808.			
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I	" 0 t (-D			24,808.			
Pa	<u> 11</u> 			990 Part IV line 19 or i		4,892.			
		\$15,000 on Form 990-EZ, line 6a.							
- 0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
₽e.									
_	1.	Gross revenue							
	9	Cash prizes							
Ses	_	Ozdii pizoo							
Expenses	3	Noncash prizes		·		<u> </u>			
Direct	4	Rent/facility costs							
-	5	Other direct expenses							
\exists	<u> </u>	Cirioi direct experises	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct evenence cummer. Add lines O three-set		<u></u>					
	′	Direct expense summary. Add lines 2 through	1 5 in column (a)						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
				9 Enter the state(s) in which the organization conducts gaming activities:					
a	ls th	ne organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No			
a	ls th		ctivities in each of these s	states?		Yes No			
a	ls th	ne organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No			
b	Is th	ne organization licensed to conduct gaming ac	ctivities in each of these s						
'а b 10а	Is th	ne organization licensed to conduct gaming ac	ctivities in each of these s	rminated during the tax y					
'а b 10а	Is th	ne organization licensed to conduct gaming action," explain: e any of the organization's gaming licenses re	ctivities in each of these s	rminated during the tax y					

	(Form 990 or 990-EZ) 2016 WEST VIRGINIA BAR FOUNDATION, INC. 55-(<u>)690</u>	<u>434</u>	Page 3
11 Does th	ne organization conduct gaming activities with nonmembers?		Yes	□ No
12 is the c	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	inister charitable gaming?	,	/es	□ No
13 Indicate	e the percentage of garning activity conducted in:		103	140
	- · · · · · · · · · · · · · · · · · · ·	1.0-1		0.4
b An outs	ganization's facility	13a		%
g All outs	side facility	_13b		%
14 Enter tr	ne name and address of the person who prepares the organization's gaming/special events books and records:			
Name	<u> </u>			
Addres	s >			
15a Does th	ne organization have a contract with a third party from whom the organization receives gaming revenue?		es	☐ No
		••		
b If "Yes.	enter the amount of gaming revenue received by the organization > \$ and the amount			
of nami	ng revenue retained by the third party > \$			
	" enter name and address of the third party:			
C II 1 0 8,	enter name and address of the tilld party.			
Name 1				
Name J				
Address	s >			
16 Gaming	manager information;			
Name	>			
				-
Gaming	manager compensation > \$			
Dogorio	tion of gonilogo provided			
Descrip	tion of services provided			
	· · · · · · · · · · · · · · · · · · ·			
ء لـــا	Director/officer Employee Independent contractor			
17 Mandate	ory distributions:			
a Is the or	ganization required under state law to make charitable distributions from the gaming proceeds to			
	e state gaming license?	□ v	΄ ΔΘ	No
	e amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — '	03	
	ation's own exempt activities during the tax year > \$			
Part IV				
Fait IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9	b, 10I	o, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
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<u>. </u>				

Part IV Supplemental information (continued)	Schedule G	(Form 990 or 990 EZ)	WEST VIRGINIA	BAR	FOUNDATION,	INC.	55-0690434 Page 4
	Part IV	Supplemental Info	ormation (continued)	_			
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public OMB No. 1545-0047 2016

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

ĺ	WEST VIRGINIA BAR POINDAFTON TWO	Employer identification number
Parti	Part I General Information on Grants and Assistance	55-0690434
٥	the commission of the commissi	
-	Does the organization maintain records to substantiate the amount of the grants or assistance and the selection	dip
댨	criteria used to award the grants or assistance?	
0		X Yes No
	Z Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part	Part II Grants and Other Assistance to Domestic Organizations and Domestic Organizations	
	Sealing and a season of games and bonnessuc dovernments. Complete if the organization answered "Yes" on Form 990, Pa	urt IV, line 21, for any
	recipient that received more than \$5,000. Part II can be dunificated if additional enace is needed	
	The second of th	

WVU COLLEGE OF LAW PUBLIC

SERVICE SCHOLARSHIP

o

30,900

MORGANTOWN, WV 26506

WVU COLLEGE OF LAW

1 LAW CENTER DR

(h) Purpose of grant

(g) Description of noncash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(e) Amount of assistance non-cash

(d) Amount of cash grant

(c) IRC section (if applicable)

(b) EIN

1 (a) Name and address of organization or government

or assistance

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the instructions for Form 980. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

WEST VIRGINIA BAR FOUNDATION, INC. Schedule I (Form 990) (2016) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

55-0690434

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) SUBMITTED TO AND APPROVED BY THE BOARD OF DIRECTORS. Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ALL GRANT REQUESTS ARE LINE 2: PART I,

(2016)
66
(Form
Schedule

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. 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.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization **Employer identification number** WEST VIRGINIA BAR FOUNDATION. INC <u>55-0690434</u> FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CITIZENS. FORM 990, PART VI, SECTION A, LINE 2: THE BOARD MEMBERS ARE LAWYERS THAT HAVE ONGOING CASES IN WHICH THEY WORK ON TOGETHER. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS OF THE NOT-FOR-PROFIT CORPORATION. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO PARTICIPATE IN THE ELECTION OF THE GOVERNING BODY MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS HAVE THE RIGHT TO ELECT THE GOVERNING BODY MEMBERS WHO MAKE THE NECESSARY DECISIONS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DISCUSSES ANY POTENTIAL CONFLICTS WITH ITS BOARD MEMBERS AT ITS REGULAR MEETINGS AND REQUIRES ANY CONFLICTS TO BE DISCLOSED ON A

CONTINUING BASIS.

Schedule O (Forth 990 or 990-E2) (2016)	Page 2
Name of the organization WEST VIRGINIA BAR FOUNDATION, INC.	Employer identification number 55-0690434
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS APPROVES THE SALARY AND BENEFITS (OF THE EXECUTIVE
DIRECTOR BY A BOARD VOTE, AND ALSO REVIEWS COMPARABLE SAI	
AS CONSULTS WITH ITS INDEPENDENT AUDITOR ON AN ANNUAL BAS	
FORM 990, PART VI, SECTION C, LINE 19:	
THE WV BAR FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION	ON'S WEBSITE.
	· · · · · · · · · · · · · · · · · · ·