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### Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must like Form 990 All other organizations with gross recepts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change 55-0715930 WEST VIRGINIA FREE. Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 304-342-9188 PO BOX 11042 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 25330-1042 CHARLESTON. WV Number > Application pending X Cash Accrual H Check If the organization is not G Accounting Method: Other (specify) required to attach Schedule B Website: WWW.WVFREE.ORG Tax-exempt status (check only one) -  $\times$  501(c)(3) 501(c) ( ) <(insert no.) \_\_ 4947(a)(1) or l 527 (Form 990, 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 183193. line 25, column (B) below) are \$500,000 or more, tile Form 990 instead of Form 990-EZ Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I 162072. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3470. 3 3 Membership dues and assessments SEE SCHEDULE O 285. Investment income 4 4 5a 5a Gross amount from sale of assets other than inventory 5b b Less' cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than O WARRENGE 6a \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b 13850. gross income and contributions exceeds \$15,000) 10301 6c c Less: direct expenses from gaming and fundraising events 3549. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d AUG 7a Gross sales of inventory, less returns and allowances 7a b Less' cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c ŝ 3516. Other revenue (describe in Schedule 0) 8 172892. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 **RS-C** JUL 25 2011 11 Benefits paid to or for members 11 144681. 12 12 Salaries, other compensation, and employee benefits Expenses 12723. 13 Professional fees and other payments to independent contractors 13 OGDEN, UT 9974. Occupancy, rent, utilities, and maintenance 14 14 1832. 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) SEE SCHEDULE O 44413. 16 16 213623. 17 Total expenses Add lines 10 through 16 17 -40731.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Excess or (deficit) for the year (Subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (A))

(must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2010)

18

19

20

21

18

Assets 19

Net 20 216682.

175951.

| Balance Sheets. (see the instructions for Part II.)  |                       |    |  |
|--|-----------------------|----|--|
| Check if the organization used Schedule O to respond to any question in this Part II   |                       |    |  |
|  | (A) Beginning of year |    | (B) End of year                          |
| savings, and investments   | 216682.               | 22 | 175951.                                  |
| and buildings  |                       | 23 |  |
| assets (describe in Schedule 0)  |                       | 24 |  |
| assets   | 216682.               | 25 | 175951.                                  |
| liabilities (describe in Schedule 0)   | 0.                    | 26 | 0.                                       |
| ssets or fund balances (line 27 of column (B) must agree with line 21)   | 216682.               | 27 | 175951.                                  |
| Statement of Program Service Accomplishments (see the instruction  | ns for Part III.)     |    | Expenses                                 |
| Check if the organization used Schedule O to respond to any question in this Part III  |                       | X  | (Required for section 501(c)(4)          |
| organization's primary exempt purpose?SEE SCHEDULE O   |                       |    | organizations and section                |
| hat was achieved in carrying out the organization's exempt purposes. In a clear and s provided, the number of persons benefited, and other relevant information for each |                       | )  | 4947(a)(1) trusts; optional for others.) |

28 SEE SCHEDULE O 200844. 28a (Grants \$ ) If this amount includes foreign grants, check here SEE SCHEDULE O 12779. (Grants \$ ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

| Check if the organization used Schedule O to respond to any question in this Part IV |  |   |   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Compensation<br>(If not paid, enter<br>-0-) | (d) Contributions<br>to employee<br>benefit plans &<br>deferred<br>compensation | (e) Expense<br>account and<br>other allowances |  |  |  |
| MARGARET CHAPMAN POMPONIO, PO BOX  | EXECUTIVE DIR  | ECTOR   |   |  |  |  |  |
| 11042, CHARLESTON, WV 25330-1042   | 45.00  | 67031.  | 4610.   | 0.   |  |  |  |
| LESLY MESSINA, PO BOX 11042,   | PRESIDENT  |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| JON AMORES, PO BOX 11042,  | TREASURER  |   | 1   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| SARA BIRD, PO BOX 11042, CHARLESTON,   | DIRECTOR   |   |   |  |  |  |  |
| WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| GINA BUSCH, PO BOX 11042,  | DIRECTOR   |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| MAUREEN CREMEANS, PO BOX 11042,  | DIRECTOR   |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | _0.   | 0.  | 0.   |  |  |  |
| BILL DENMAN, PO BOX 11042,   | DIRECTOR   |   | ļ   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| JENNIFER FAHEY, PO BOX 11042,  | DIRECTOR   |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| HOLLIE HUBBERT, PO BOX 11042,  | DIRECTOR   |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| ANDREA KING, PO BOX 11042,   | DIRECTOR   |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| TERESA MILLER, PO BOX 11042,   | DIRECTOR   |   |   |  |  |  |  |
| CHARLESTON, WV 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| JENNIFER WAGNER, PO BOX 11042,   | SECRETARY  |   |   |  |  |  |  |
| CHARLESTON, WA 25330-1042  | 1.00   | 0.  | 0.  | 0.   |  |  |  |
| 032172<br>02-02-11   |  |   | Form  | <b>990-EZ</b> (2010)                           |  |  |  |

| Pa   | Other Information (Note the statement requirements in the instructions for Part V)   |        |  | ·        |
|------|--|--------|--|----------|
|      | Check if the organization used Schedule O to respond to any question in this Part V  |        | V  | لقا      |
|      | Date to the second of the seco |        | Yes  | No       |
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in   | 22     |  | x        |
|      | Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended  | 33     | ļ ——   |          |
| 34   | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34     |  | X        |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>  | 34     | ļ —  | <u> </u> |
| 33   | reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.  |        |  |          |
| 2    | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or  |        |  |          |
| ū    | 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a    |  | X        |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b    | N/   |          |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"  |        |  |          |
|      | complete applicable parts of Schedule N  | 36     |  | X        |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions   |        |  |          |
| b    | Did the organization file Form 1120-POL for this year?   | 37b    |  | X        |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made  |        |  |          |
|      | in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a    |  | X        |
| þ    | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A   | ļ      |  | l        |
| 39   | Section 501(c)(7) organizations. Enter   |        |  | 1        |
| а    | Initiation fees and capital contributions included on line 9   | 1      |  | l        |
| b    | Gross receipts, included on line 9, for public use of club facilities  39b N/A   | 1      |  | 1        |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  | ĺ      |  | ĺ        |
|      | section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·   |        |  | 1        |
| D    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the   |        |  |          |
|      | year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?   | 40b    | }  | X        |
|      | If "Yes," complete Schedule L, Part 1 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers  | 400    |  |          |
| ·    | or disqualified persons during the year under sections 4912, 4955, and 4958  | 1      |  |          |
| ď    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the   |        |  |          |
| ŭ    | organization   |        |  |          |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   |        |  |          |
|      | transaction? If "Yes," complete Form 8886-T  | 40e    |  | X        |
| 41   | List the states with which a copy of this return is filed.   NONE  |        |  |          |
| 42 a | The organization's books are in care of ► KIZMET CHANDLER Telephone no. ► 304-34   |        |  |          |
|      | Located at ▶ PO BOX 11042, CHARLESTON, WV ZIP+4 ▶ 2  | 533    | <u>0-1</u>                                       | 042      |
| b    | 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  |        | Yes  | No       |
|      | account)?  | 42b    |  | X        |
|      | If "Yes," enter the name of the foreign country:   |        |  |          |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   |        |  | ,,       |
| C    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42€    | l  | X        |
| 40   | If "Yes," enter the name of the foreign country:   |        |  |          |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  | BT / B |  | نــا     |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  | N/A    | <u> </u>   |          |
|      |  |        | Vac  | No       |
| AAa  | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of   |        | 163  | 140      |
| 774  | Form 990-EZ  | 44a    |  | X        |
| h    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead   | 774    | <u> </u>   |          |
| J    | of Form 990-EZ   | 44b    | ļ  | X        |
| r    | Did the organization receive any payments for indoor tanning services during the year?   | 44c    | <del>                                     </del> | X        |
|      | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  |        |  | T        |
|      | ın Schedule O  | 44d    |  |          |
|      |  | Form 9 | 90-EZ  | (2010)   |

| Form          | 990-EŻ (2   | 2010) <b>WEST</b>         | VIRGINI                 | A FREE,              | INC.            |   |                        | 55-0715                      | 930         |                    | Page 4           |
|---------------|-------------|---------------------------|-------------------------|----------------------|-----------------|---|------------------------|------------------------------|-------------|--------------------|------------------|
|               |             |                           |                         |                      |                 |   |                        |                              |             | Yes                | -                |
| 45            |             |                           |                         |                      |                 | meaning of section 512(b)   |                        |                              | 45          | ļ                  | X                |
| a             |             |                           |                         |                      |                 | oth a controlled entity within th                                     | e meaning of section   | 512(b)(13)?                  | 45.         | 1                  | x                |
| 46            |             | orm 990 and Schedule      |                         |                      |                 | es on behalf of or in opposition                                      | a to candidates for ni | thlic office?                | 45a         |                    |                  |
| 40            |             | omplete Schedule C, F     |                         | , in political carri | paigii activiti | es on benan of or in opposition                                       | Tto canalactes for pr  | Dilo Onico.                  | 46          | ĺ                  | X                |
| Pa            | rt VI       | Section 501(c)(           | 3) organizat            | ions and s           | ection 49       | 947(a)(1) nonexempt   | charitable tru         | sts only. All                | sectio      | n 501(d            |                  |
|               | <del></del> | organizations and sec     | tion 4947(a)(1) no      | nexempt charit       | able trusts m   | ust answer questions 47-49b a   | and 52, and complete   | the tables for li            | nes 50      | and 5              | 1,               |
|               |             | Check if the organization | <u>on used Schedule</u> | O to respond to      | any questio     | n in this Part VI   |                        |                              |             | 1                  |                  |
|               |             |                           |                         | •                    |                 |   |                        |                              |             | Yes                | No               |
| 47            |             | ganization engage in I    |                         |                      |                 |   |                        |                              | 47          | X                  | X                |
| 48<br>49 a    | -           | ganization make any t     |                         |                      |                 | " complete Schedule E   |                        |                              | 49a         |                    | X                |
|               |             | as the related organiz    |                         |                      | Dio i ciatoa c  | gumzanon  |                        |                              | 49b         |                    | <u> </u>         |
| 50            |             | -                         |                         |                      | ed employee     | s (other than officers, directors                                     | s, trustees and key er | nployees) who e              | ach re      | ceived             | more             |
|               | than \$100  | 0,000 of compensation     | n from the organiz      | ation. If there is   | none, enter     | None."  | T                      |                              |             |                    |                  |
|               |             |                           |                         |                      |                 | (b) Title and average hours   | (c) Compensation       | (d) Contribution to employee | , ,         | e) Expe            |                  |
|               |             | (a) Name and addres       | . 0100 000              | -                    |                 | per week devoted to position  |                        | benefit plans & deferred     | 1 -         | ccount<br>er allov |                  |
| —             |             |                           | απ φ του, συσ           | NONE                 |                 | F 55  |                        | compensation                 | +           |                    |                  |
|               |             |                           |                         |                      |                 | 1   |                        |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   |                        |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   |                        |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   | }                      |                              | Ì           |                    |                  |
|               |             |                           |                         |                      |                 |   |                        |                              |             |                    |                  |
|               |             |                           |                         |                      |                 | -   |                        |                              | İ           |                    |                  |
|               | <del></del> |                           |                         |                      | <del></del>     | <del> </del>  |                        |                              | +           |                    |                  |
|               |             |                           |                         |                      |                 |   |                        |                              | ĺ           |                    |                  |
| f             | Total nun   | nber of other employee    | es paid over \$100      | ,000                 |                 | <b></b>   |                        | <u> </u>                     |             |                    |                  |
| 51            | Complete    | this table for the orga   | ınızatıon's five hig    | hest compensat       | ed independ     | ent contractors who each recei  | ved more than \$100,   | 000 of compens               | sation 1    | rom th             | е                |
|               | organizat   | ion. If there is none, er |                         | NONE                 |                 |   |                        |                              |             |                    |                  |
|               |             | (a) Name and addre        | ss of each indepe       | ndent contractor     | paid more t     | han \$100,000   | (b) Type of ser        | vice (                       | c) Con      | npensa             | tion             |
|               |             |                           |                         | ·——·                 |                 |   |                        |                              |             |                    |                  |
|               |             | <del>_</del>              |                         | <del></del>          |                 |   |                        |                              |             |                    |                  |
|               |             |                           |                         | · <del></del>        |                 |   |                        |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   |                        |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   | <u> </u>               |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   | _                      |                              |             |                    |                  |
|               |             |                           |                         |                      |                 |   | <del> </del>           |                              |             |                    |                  |
|               |             | <del></del>               |                         |                      |                 |   | 1                      |                              |             |                    |                  |
|               | Total nun   | nber of other independ    | lent contractors e      | ach receiving ov     | er \$100,000    |   | <b>•</b>               | I                            |             |                    |                  |
| 52            |             | •                         |                         | •                    |                 | zations and 4947(a)(1) nonexe   | empt                   |                              |             |                    |                  |
|               |             | trusts must attach a      |                         |                      |                 |   |                        | ▶ [                          |             | es 🗌               | ☐ No             |
|               |             | orrect, and complete Decl | laration of preparer (o | the than officer) is | based on all in | companying schedules and statemer formation of which preparer has any | knowledge              | knowledge and be             | eller, it i | s true,            |                  |
| Sig           | ın D        | Signature of officer      | gavet.                  | cector               | mai             | c compound  | )                      | <u> </u>                     |             |                    |                  |
| He            | re          | Marcas                    | cot (                   | haama                | . D             |   |                        |                              |             |                    |                  |
|               | 7           | Type or print name and    | title                   | napma                | <u> </u>        | ornpora o   |                        |                              |             |                    |                  |
|               |             | Print/Type preparer       | 's name                 | Prepare              | r's signature   | Date  | Check [                | ıf PTIN                      |             |                    |                  |
| Pai           | id          |                           |                         |                      | = \             |   | self- emplo            | yed                          |             |                    |                  |
|               | parer       |                           |                         | ITU                  | $\mu\nu$        | mm 06/23  | /11                    |                              |             |                    |                  |
| Us            | e Only      | Firm's name W             |                         | ISTENDI              |                 | ASSOC., PLLC  | Firm's EIN             |                              |             |                    |                  |
|               |             |                           | 231 CAPI                |                      | -               | SUITE 400   | Phone no.              | 304-3                        | 42-         | 200                | 6                |
| Mari          | the IDC 4.  |                           | CHARLEST                |                      | 25301           |   |                        |                              | ΧY          | <u> </u>           |                  |
| 0321<br>03-04 | 74          | scuss this return with    | me hiehaisi 2110A       | m above Core II      | ion actions     |   |                        |                              |             |                    | <u>No</u> (2010) |

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 55-0715930 WEST VIRGINIA FREE 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 11, check only one box) 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) 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). X 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 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) 10 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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c \_\_\_\_ Type III - Functionally integrated d \_\_\_ Type III · Other a Type I b \_\_\_ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | in col. (i) li | sted in your | organizat | v) Did you notify the organization in col. (i) of your support? |     | the<br>in in col.<br>ed in the | (vii) Amount of support |
|------------------------------------|----------|---|----------------|--------------|-----------|---|-----|--------------------------------|-------------------------|
|                                    |          | (see instructions))   | Yes            | No           | Yes       | No  | Yes | No                             |                         |
|                                    |          |   |                |              |           |   |     |                                |                         |
|                                    |          |   | <del> </del>   |              |           |   |     |                                |                         |
|                                    |          |   | <u> </u>       |              |           |   |     |                                |                         |
|                                    |          |   |                |              |           |   |     |                                |                         |
|                                    |          |   | ļ              |              |           |   |     |                                |                         |
|                                    |          |   |                |              |           |   | ļ   |                                |                         |
|                                    |          |   |                |              |           |   |     |                                |                         |
| Total                              |          |   |                |              |           | <br>  |     |                                |                         |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Schedule A (Form 990 or 990-EZ) 2010

11g(iii)

h

## (Form 990 or 990-EZ) 2010 WEST VIRGINIA FREE, INC. 55-0715930 Page 2 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 | ndar year (or fiscal year beginning in)  | (a) 2006                                | (b) 2007            | (c) 2008            | (d) 2009                 | (e) 2010                              | (f) Total       |
|      | Gifts, grants, contributions, and  |   |                     |                     |                          |                                       |                 |
|      | membership fees received (Do not   |   | ļ                   |                     | ŀ                        |                                       |                 |
|      | include any "unusual grants ")   | 208596.                                 | 136774.             | 263581.             | 299225.                  | 179392.                               | 1087568.        |
| 2    | Tax revenues levied for the organ-   |   |                     |                     |                          |                                       |                 |
|      | ization's benefit and either paid to   |   | İ                   | ļ                   |                          |                                       |                 |
|      | or expended on its behalf  |   |                     |                     |                          |                                       |                 |
| 3    | The value of services or facilities  |   |                     |                     |                          |                                       |                 |
|      | furnished by a governmental unit to  |   | Į                   |                     | i                        |                                       |                 |
|      | the organization without charge  |   |                     |                     |                          |                                       |                 |
| 4    | Total. Add lines 1 through 3   | 208596.                                 | 136774.             | 263581.             | 299225.                  | 179392.                               | 1087568.        |
|      | The portion of total contributions   |   |                     |                     |                          |                                       |                 |
| -    | by each person (other than a   |   | Ì                   | 1                   |                          |                                       |                 |
|      | governmental unit or publicly  |   |                     |                     |                          |                                       |                 |
|      | supported organization) included   |   | ł                   |                     |                          |                                       |                 |
|      | on line 1 that exceeds 2% of the   |   |                     |                     |                          |                                       |                 |
|      | amount shown on line 11,   |   | İ                   | ļ                   |                          |                                       |                 |
|      | column (f)   |   |                     |                     |                          |                                       |                 |
| 6    | Public support. Subtract line 5 from line 4  |   |                     |                     |                          | <del></del>                           | 1087568.        |
|      | ction B. Total Support   |   |                     |                     |                          | · · · · · · · · · · · · · · · · · · · |                 |
| _    | endar year (or fiscal year beginning in)   | (a) 2006                                | <b>(b)</b> 2007     | (c) 2008            | (d) 2009                 | (e) 2010                              | (f) Total       |
|      | Amounts from line 4  | 208596.                                 | 136774.             | 263581.             | 299225.                  | 179392.                               | 1087568.        |
|      | Gross income from interest,  |   |                     |                     |                          |                                       |                 |
| •    | dividends, payments received on  |   |                     |                     |                          |                                       |                 |
|      | securities loans, rents, royalties   |   |                     |                     |                          |                                       |                 |
|      | and income from similar sources  | 38.                                     | 69.                 | 1602.               | }                        | 285.                                  | 1994.           |
| ۵    | Net income from unrelated business   |   |                     | 10011               |                          |                                       |                 |
| 9    | activities, whether or not the   |   |                     | İ                   | ľ                        |                                       |                 |
|      | business is regularly carried on   |   |                     |                     |                          |                                       |                 |
| 10   | Other income Do not include gain   |   |                     |                     |                          |                                       |                 |
| 10   | or loss from the sale of capital   |   |                     |                     |                          |                                       |                 |
|      | assets (Explain in Part IV)  |   |                     | [                   | 3174.                    | _3516.                                | 6690.           |
| 44   | Total support. Add lines 7 through 10  | <del></del>                             |                     |                     | <u>JI/Ŧ•</u>             |                                       | 1096252.        |
|      | Gross receipts from related activities,  | otc (eog instructio                     | ne)                 |                     |                          | 12                                    | 1030232.        |
|      | First five years. If the Form 990 is for   | •                                       | •                   | fourth or fifth to  | L<br>V vear as a section |                                       | <del></del>     |
| 13   | organization, check this box and stop  | •                                       | mst, second, ame    | , louren, or menta. | x year as a section      | 1 30 1(0)(3)                          | ▶□              |
| Se   | ction C. Computation of Publi  |   | centage             |                     |                          |                                       |                 |
| _    | Public support percentage for 2010 (I  |   |                     | olumn (fl)          |                          | 14                                    | 99.21 %         |
|      | Public support percentage from 2009  | • | •                   | 0.0 (1))            | ŀ                        | 15                                    | <u> </u>        |
|      | a 33 1/3% support test - 2010.If the o   |   |                     | line 13, and line 1 | ا<br>4 is 33 1/3% or ma  |                                       |                 |
|      | stop here. The organization qualifies  |   |                     | into 10, and into 1 | + 13 00 17070 OF 1110    | ore, erreen and be                    | ^and<br>►X      |
|      | 33 1/3% support test - 2009. If the o  |   | -                   | ne 13 or 16a and I  | ine 15 is 33 1/3%        | or more check th                      |                 |
| •    | and stop here. The organization qual   | =                                       |                     |                     | ##C 10 10 00 17070       | or more, check an                     | .5 DOX          |
| 17   | 10% -facts-and-circumstances test  |   |                     |                     | 13 16a or 16h ar         | ad line 14 is 1004                    | or more         |
| 176  |  | -                                       |                     |                     |                          |                                       |                 |
|      | and if the organization meets the "fac   |   |                     |                     |                          | t iv now the organ                    | nzation .       |
|      | meets the "facts-and-circumstances"  | -                                       |                     |                     |                          | 7a and los 45 is i                    | 1094 or         |
|      | 10% -facts-and-circumstances test  | •                                       |                     |                     |                          |                                       |                 |
|      | more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. |   |                     |                     |                          |                                       |                 |
| 40   |  |   | =                   |                     |                          |                                       |                 |
| 18   | Private foundation. If the organization  | п ою посспеска с                        | oux on line 13, 168 | i, 100, 17a, 01 17b |                          |                                       |                 |
|      |  |   |                     |                     | эспе                     | uule A (FOIM 99L                      | or 990-EZ) 2010 |

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

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

| Calendar year (or fiscal year beginning in) P Gifts grants, contributions, and memberahing fees received (Op not include any "unusual grants") 2. Gross secupts from admissions, formed, or fiscalities furnished in any activity that a related to the organization's tax-exempl purpose 3. Gross receipts from admissions, formed, or fiscalities furnished in any activity that a related to the organization's tax-exempl purpose 3. Gross receipts from admissions, formed, or fiscalities furnished in any activity that a related to the organization's benefit and either paid to or expended on its behalf 5. The value of services of fiscalities furnished by a governmental unit to the organization benefit and either paid to or expended on its behalf 6. Total, Add lines 1 through 5 7. A amounts included on lines 1, 2, and 3. received from disqualified persons b. Armounts more of the organization b. Armounts more of the organization b. Add lines 2 and 70 a. Public suspect debalary relates b. Gross received from times 4 b. Unrelated business of tax-exempt on secretive grants of the organization b. Unrelated business taxbile income (less section 5:1 tax-ex) from businesses acquired after lune 8, 19, 195 b. Unrelated business taxbile income (less section 5:1 tax-ex) from businesses acquired after lune 80, 1975 c. Add lines 12 and 10 the b. Unrelated business taxbile income (less section 5:1 tax-ex) from businesses acquired after lune 80, 1975 c. Add lines 12 and 10 the b. Unrelated business taxbile income (less section 5:1 tax-ex) from businesses acquired after lune 80, 1975 c. Add lines 10 and 10 the b. Unrelated business taxbile income (less section 5:1 tax-ex) from businesses acquired after lune 80, 1975 c. Add lines 10 and 10 the b. Unrelated business taxbile income (less section 5:1 tax-ex) from businesses acquired after lune 80, 1975 c. Add lines 10 the business is acquired after lune 80, 1975 c. Add lines 10 the business is acquired after lune 80, 1975 c. Add lines 10 the business is acquired after lune 80, 1975 c. Add lines 1   | Sec | etion A. Public Support                  | siow, piedae com | piete i dit ii j                                 |  | · · · · · · · · · · · · · · · · · · · |                      |              |
|--|-----|--|------------------|--|--|---------------------------------------|----------------------|--------------|
| Griss cecept from admissions, and membership from admissions, merchandrea sold or services per properties of the organization is accessed from admissions, merchandrea sold or services per properties of the organization is accessed from admissions of the organization is accessed from admissions of the organization is accessed from admissions of the organization is accessed from admissions of the organization of its behalf  5. The value of services or facilities furnished by a governmental unit to the organization of the behalf  6. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Admission of the services or facilities furnished by a governmental unit to the organization without charge of Total. Organization of the services or facilities furnished by a governmental unit to the organization of the services or facilities furnished by a governmental unit to the organization of the services or facilities for facilities for the services or facilities for the services or facilities for the services or facilities for facilities for the services or facilities for facilities for facilities for facilities for facilities for facilities for facilities for facilities facilities for facilities for facilities for facilities for facili   |     |  | (a) 2006         | <b>(b)</b> 2007                                  | (c) 2008   | (d) 2009                              | (e) 2010             | (f) Total    |
| metude any *unusual grants *) Gross receipts from admissions, merchandise soli or services per- formed, or facilities furnished in any activity that is related to the organization's travexempt purpose 3. Gross receipts from activities that are not an unrelated trade or bus- mess under section 513 4. Tax revenues level for the organ- tration's travexempt purpose 5. Total. Add lines 1 through 5 7. A mounts included on lines 1.2, and 3. received from disqualified persons b. Annalis andisation without change 6. Total. Add lines 1 through 5 7. A mounts included on lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis andisation in lines 1.2, and 3. received from disqualified persons b. Annalis and lines 1.2, and 3. received from disqualified persons b. Public support interaction business and uncorner from surrelate and the lines in lines 1.2, and 1.2   |     | · · · · · · · · · · · · · · · · · · ·    |                  |  |  |                                       |                      |              |
| 2 Gross receipts from admissions, menth and estion of services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513  4 Tax revenues level for the organization is benefit and either paid to or expended on its behalf or exemption of the paid to or expended on its behalf or exemption of the propert of the organization without charge 6 Total. Add intel 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons be exemption of the section of the properties of the    |     | membership fees received (Do not         |                  |  |  |                                       |                      |              |
| merchandise sold of services per- formed, of ractities furnished in  any activity that is related to the  organization's take exempt purpose  3. Gross receipts from activities that  are not an unrelated rade or bus- mess under section 513 4. Tax revenues leved for the organ- ization's benefit and either part 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.  7. A mounts included on lines 1. 2, and  3. received from disqualified persons  by Amounts formed in the 3 and received  the organization without charge  6. Total. Add lines 2 through 5.  7. A mounts included on lines 1. 2, and  3. received from disqualified persons  by Amounts formed in the 3 and received  through the organization without charge  6. Add lines 7.8 and 7.b  8. Public support liberative it straines!  Section B. Total Support  Calendar year (or freatly ear beginning in)   9. Amounts from line 6  10a Gross income from interest,  closed social persons fro   |     | include any "unusual grants ")           |                  | 1  |  |                                       |                      | _            |
| merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's take exempt purpose organization's take exempt purpose organization's take exempt purpose organization is take exempt purpose organization is take exempt purpose organization is take exempt purpose organization benefit and either paid to or expended of its behalf or expended of its behalf or expended of its behalf or expended of its behalf or expended of its behalf or expended of its behalf or expended of its behalf organization without charge (its organization without charge) (its o   | 2   | Gross receipts from admissions,          |                  |  |  | 1                                     |                      |              |
| any activity that is related to the organization's tax example purpose of sorganization's tax example purpose of the organization's tax example unrelated trade of business under section 513 4 Tax revenues leved for the organization's benefit and either part 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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons D innoist included on lines 1, 2, and 3 received from disqualified persons D innoist included on lines 1, 2, and 3 received from disqualified persons D innoist included on lines 1, 2, and 3 received from disqualified persons D innoist included on lines 2 and 3 received from disqualified persons D innoist included on lines 2 and 3 received from disqualified persons D innoist included on lines 2 and 3 received from disqualified persons D innoist included on lines 2 and 3 received from disqualified persons D innoist included on lines 3 and 3 received from disqualified persons D innoist included in line 1 for the second of the companiest in lines of the second in line 1 for the second of the second in line 1 for th   |     | merchandise sold or services per-        |                  |  |  |                                       |                      |              |
| organization's tax-exempt purpose 3 Cross recepts from activities that are not an unrelated trade or business under section 513 enteres under section 513 enteres under section 513 enteres under section 513 enteres under section 513 enteres under section 513 enteres under section 513 enteres under section 513 enteres    |     | ·  |                  | ,  |  |                                       |                      |              |
| 3 Gross recepts from activates that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b monitar included on lines 1, 2, and 3 received from disqualified persons b monitar included on lines 1, 2, and 3 received from disqualified persons b monitar included on lines 1, 2, and 3 received from disqualified persons b monitar included on lines 1, 2, and 3 received from disqualified persons to the season of the season   |     |  |                  |  |  |                                       |                      |              |
| are not an unrelated trade or business and unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 Amounts included on lines 1, 2, and 3 received from disqualified persons in behalf and included on lines 1, 2, and 3 received from disqualified persons in the second in legislate of the second lines 2 and a received from the than disqualified persons in the second in legislate of the second lines 2 and a received from one than disqualified persons in the second lines 2 and a received from one than disqualified persons in the second lines 2 and a received from the second lines 2 and a received from the second lines 2 and a received from the second lines 2 and a received from the second lines 2 and a received from the second lines 2 and a received from line 6  10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business saciable income (less section 51 trace) from bis bissnesses accurred after June 30, 1975  c Add lines 10 and 100  11 Neither from similar sources  b Unrelated business is regularly carried on a different section of the business is regularly carried on and 100 bissness (as part IV)  13 Total support geams, so, it, and is)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Section C. Computation of Investment Income Percentage  15 Public support percentage from 2009 Schedule A, Part III, line 17  16 First five years. If the Form 990 is for the organization of investment income percentage from 2009 Schedule A, Part III, line 17  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 Firs   | 3   |  |                  |  |  |                                       |                      |              |
| ineas under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2, 2nd 3 received from disqualified persons by Amounts included on lines 2, 2nd 3 received from disqualified persons by Amounts included on lines 2, 2nd 3 received from disqualified persons by Amounts included on lines 2, 2nd 3 received from disqualified persons by Amounts included on lines 3 to the year of the disqualified persons by Amounts included in 18 of the year of the disqualified persons by Amounts from line 6 10a Gross income from interest, dividendes, payments received on securities floars, rents, toyathes and the complete of the persons    | Ť   | ·  |                  |  |  |                                       |                      |              |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be an accessive of the services of the   |     |  |                  |  |  |                                       |                      |              |
| ration'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.  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons.  1. Amounts included on lines 2, 2 and 3 received from disqualified persons.  2. Add lines 7 and 70 and 1    | 4   | · · · · · · · · · · · · · · · · · · ·    |                  |  | <del> </del>                                     |                                       | <del> </del>         |              |
| or expended on its behalf  5. The value of services or facilities turnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts funded on lines 1, 2, and 3 received from disqualified persons b b Amounts necked on lines 2 and a receives through the disqualified persons that exceed the greater of \$8,000 or the other amount on line 13 for the year c Add lines 7 and 7 b  8. Public support (Beignites from line 5)  9. Amounts from line 6 10. Gross income from increst, dividends, payments received on securities large, and a courses b Unrelated business taxable income (less section 5 11 faxes) from businesses acquired after June 30, 1975 c Add lines 10. and 10b  1. Not income from unrelated business acquired after June 30, 1975 c Add lines 10. and 10b  1. Not income from unrelated business acquired after June 30, 1975 c Add lines 10. and 10b  1. Not income from unrelated business acquired after June 30, 1975 c Add lines 10. and 10b  1. Not income from unrelated business acquired after June 30, 1975 c Add lines 10. and 10b  1. Not income from unrelated business acquired after June 30, 1975 c Add lines 10. and 10b  1. Not income Do not include gain or loss from the sale of capital assest (Explain in Part IV) 13. Total support percentage for 2010 (line 8, column (f) divided by line 13, column (f)  14. First five years. If the Form 950 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  15. Public support percentage for 2010 (line 10c, column (f) divided by line 13, column (f)  16. Public support percentage for 2010 (line 10c, column (f) divided by line 13, column (f)  17. Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)  18. Investment income percentage for 2010 (line 10c, column (f) divided by line 14, and line 15 is  | 7   |  |                  |  | }  |                                       | •                    | 1            |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received to more than 4 and a sequence of the disqualified persons b Amounts included on lines 2 and 3 received to more than 4 and a sequence of the disqualified persons that exceed the greater of \$5.00 or 1% of the amount on line 1 stor the year of children's the lines?  Section B. Total Support Calledar year (or fiscal year beginning in) \( \begin{align*}{c} \) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities bans, rents, royalties and income from similar sources b Unrelated business taxable income (less section \$11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the businesses is regularly carried on or not the businesses is regularly carried on or not the businesses is regularly carried on or not the businesses is regularly carried on or not the businesses is regularly carried on or not the businesses is regularly carried on or not have the companies of the comp |     | · •                                      |                  |  |  |                                       |                      |              |
| furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received persons D Amounts included on lines 1, 2, and 3 received exact the gratie of \$3,000 or 1% of 1% and 1% or 1% of 1% or 1%  | _   | · •                                      |                  |  |  | <del> </del>                          |                      |              |
| the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1.2, and 3 received from disqualified persons b Amounts included on lines 1.2, and 5 Amounts included on lines 1.2, and 6 Amounts included on lines 1.2 and a received b Amounts included on lines 1.2 and a received consider that included persons lines amount on line 13 for the year c Add lines 7 and 7 b 8 Public support (selinative 7 from line 5) 8 Public support (selinative 7 from line 5) 8 Public support (selinative 7 from line 6) 10a Gross income from interest, dividends, payments received on securities lears, learned on line 10b, received learned on line 10b, received learned on line 10b, received learned   | 5   |  |                  |  |  |                                       |                      |              |
| 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received toon other than desqualified persons that exceed the geater of \$5.000 or 1% of the same of the consideration and an accordance of the same of the consideration and the same of th  |     | , ,                                      |                  |  |  |                                       |                      | }            |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the grade of \$5,000 or 1% of the amount on line 13 to the year 2 and 7 b  8. Public support (Submellat Ziriomitas)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  9. Amounts from line 6  10. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  10. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  2. Add lines 10a and 10b  11. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13. Total support feathers, 10c, 11, and 12)  14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15. Public support percentage from 2009 Schedule A, Part III, line 15  8. Public support percentage from 2009 Schedule A, Part III, line 15  8. Public support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15. In the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15. In the organization of the organization did not check the box on line 14 or line 19a, and line 16 is more than 31/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a pub   | •   | , , , , , , , , , , , , , , , , , , ,    |                  |  |  | <del> </del>                          | <del> </del>         |              |
| 3 received from disqualified persons b Amounts included on lines 2 and 3 received from the times 2 and 3 received from the times 2 and 3 received from the times 2 and 3 received from the times 2 and 3 received from the time object the greater of \$5.000 or 1% of the amount on lines 15 for the year or Add lines 7a and 7b  8 Public support (Sebestian 187 free ling 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b  11 Net income from unrelated business activities not irreluded in line 10b, whether or not the business activities not irreluded in line 10b, whether or not the business is regularly carried on 1875  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 Exetion C. Computation of Public Support Percentage 16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Nestment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2000. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                |     | * 1                                      |                  |  |  | <del> </del>                          | <del> </del>         | <del></del>  |
| b Amounts included on lines 2 and 3 reserved from the throat ordinal fore present of \$5,000 or 1% of the smount on line 13 for the year of \$5,000 or 1% of the smount on line 13 for the year of \$5,000 or 1% of the smount on line 13 for the year of \$4,000 or 1% of the smount on line 13 for the year of Add lines 7a and 7b  8 Public support (or fiscal year beginning in)   | 78  | · ' '                                    |                  |  |  |                                       |                      |              |
| tom other than disqualified persons that exceed the gester of \$5.000 or 1% of the year c Add lines 7a and 7b  8 Public support (Sebectime 7a time line 6)  Section B. Total Support  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part II y)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  15 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 8, column (f) divided by line 13, column (f))  18 Investment income percentage for 2010 (line 8, column (f) divided by line 13, column (f))  19 33 1/3% support tests - 2010, if the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Inne 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Inne 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Inne 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                  | L   | ' ' H                                    |                  | <del>                                     </del> | <del>                                     </del> | <del> </del>                          | <del></del>          | <u></u>      |
| amount on line 13 for the year  c Add lines 7a and 7b  8 Public support (Subadales 7t from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (explain in Part IV)  13 Total support (admines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization qualifies as a publicly supported organization    b 33 1/3% support tests - 2009. If the organization qualifies as a publicly supported organization    line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   |     |  |                  |  |  |                                       | j                    |              |
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| Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  9. Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c  c Add lines 10a and 10b  11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  12. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13. Total support (Aed lines 9, to, 11, and 12)  14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15. Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17. Investment income percentage from 2009 Schedule A, Part III, line 17  18. Investment income percentage from 2009 Schedule A, Part III, line 17  19. 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization bits and inne 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15. In the support tests - 2009, if the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |     | Ţ.                                       |                  | <del> </del>                                     |  | <del> </del>                          | <del> </del>         |              |
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| whether or not the business is regularly carried on    12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   | 11  |  |                  |  |  |                                       |                      |              |
| regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1   |     |  |                  |  |  |                                       |                      | Í            |
| or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 Section D. Computation (f) Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income percentage from 2009 Schedule A, Part III, line 17  17 Section D. Computation (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investment (f) Investm   |     | 1  |                  |  |  |                                       |                      |              |
| assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  | 12  |  |                  |  |  |                                       |                      |              |
| 13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Interest in the form of the support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   |     |  |                  |  | ]  | J                                     | 1                    |              |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Investment income percentage from 2009 Schedule A, Part III, line 17  18  | 13  |  |                  |  |  |                                       |                      |              |
| Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Incomplete the support tests of the organization of the properties of the organization of the properties o   |     | =  | the organization | 's first, second, thi                            | rd, fourth, or fifth t                           | ax vear as a secti                    | on 501(c)(3) organiz | zation.      |
| Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  16 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income percentage from 2009 Schedule A, Part III, line 17  17   |     |  | 0.9              |  | · <b>- ,</b> · · · · · · · · · · ·               | ,                                     |                      | ▶□           |
| Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  15 %  16 Public support percentage from 2009 Schedule A, Part III, line 15 16 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17 18  %  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Incomplete the support tests is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Incomplete the support tests is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Incomplete the support tests is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Incomplete the support tests is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33 1/3%, check this box and stop here.   | Se  |  | ic Support Pe    | ercentage  |  | -                                     |                      |              |
| Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment   |     |  |                  |  | column (f))                                      |                                       | 15                   | %            |
| Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |     |  |                  | -  |  |                                       |                      |              |
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   |     |  |                  |  | )  |                                       | 1.5                  |              |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |     | <del></del>                              |                  |  |  |                                       | 17                   | <u>%</u>     |
| 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   |     |  |                  |  | (-,,   |                                       |                      |              |
| more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |     |  |                  |  | on line 14, and line                             | e 15 is more than                     |                      |              |
| b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  | .50 |  |                  |  |  |                                       |                      | ▶□           |
| line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |     |  |                  |  |  |                                       |                      | and          |
|  | •   |  |                  |  |  |                                       |                      | . —          |
|  | 20  |  |                  | •  |  |                                       |                      |              |

032023 12-21-10

#### SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

| •  | Section 501(c)(4), (5), or (6) organiza   | ations Complete Part III             |  |  |  |
|----|---|--------------------------------------|--|--|--|
|    | ne of organization  |                                      |  | Empl   | oyer identification number   |
|    | WEST VI   | RGINIA FREE, INC                     | <u>.                                    </u> |  | <u> 55-0715930</u>   |
| Pa | art I-A Complete if the or  | ganization is exempt und             | der section 501(c)                           | or is a section 527 o                          | rganization.   |
| 2  | Provide a description of the organic<br>Political expenditures<br>Volunteer hours | zation's direct and indirect politic | cal campaign activities                      |  |  |
| Pa | art I-B Complete if the or  | ganization is exempt und             | der section 501(c)                           | (3)  | <del></del>  |
|    | Enter the amount of any excise tax  |                                      |  | <b>▶</b> \$                                    |  |
|    | Enter the amount of any excise tax  | , ,                                  |  |  |  |
|    | If the organization incurred a section  | , ,                                  |  |  | Yes No   |
|    | Was a correction made?  |                                      | ,  |  | Yes No   |
|    | If "Yes," describe in Part IV   |                                      |  |  |  |
| Pε | art I-C Complete if the or  | ganization is exempt und             | der section 501(c)                           | , except section 501(                          | c)(3).   |
| 1  | Enter the amount directly expende   | ed by the filing organization for se | ection 527 exempt fund                       | ction activities > \$                          |  |
| 2  | Enter the amount of the filing orga   | nization's funds contributed to o    | ther organizations for s                     | ection 527                                     |  |
|    | exempt function activities  |                                      |  | ▶\$  |  |
| 3  | Total exempt function expenditure   | s Add lines 1 and 2 Enter here       | and on Form 1120-POL                         | -1   |  |
|    | line 17b  |                                      |  | ▶\$  | <del></del>  |
|    | Did the filing organization file Form   |                                      |  |  | ☐ Yes ☐ No   |
| 5  | Enter the names, addresses and e  | , ,                                  | ·  | _  | • •  |
|    | made payments For each organiz contributions received that were p                 | •                                    | • •  |  | •  |
|    | political action committee (PAC)  |                                      |  |  | te segregated fund of a  |
| _  | (a) Name  | (b) Address                          | (c) EIN                                      | (d) Amount paid from                           | (e) Amount of political  |
|    | (a) Name  | (b) Address                          | (C) EIN                                      | filing organization's funds If none, enter -0- | contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0- |
| _  |   |                                      |  |  |  |
|    |   |                                      |  |  |  |
|    |   |                                      |  |  |  |
|    |   |                                      |  |  |  |
| ,  |   |                                      |  |  |  |
|    |   |                                      |  |  |  |
|    |   | 1                                    | !  | 1  |  |

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule C (Form 990 or 990 EZ) 2010            | WEST VI          | RGINIA FREE.   | INC.   | 55-0                             | 715930 Page 2                  |
|---|------------------|--|--|----------------------------------|--------------------------------|
| Part II-A Complete if the or (election under se | ganization is    | exempt under section   | on 501(c)(3) and file                            | ed Form 5768                     |                                |
| A Check I if the filing organiz                 |                  | an affiliated group  |  | ···                              |                                |
|   | -                | ox A and "limited contr <u>ol" p</u> i   | rovisions apply                                  |                                  |                                |
| Lim   | uts on Lobbying  |  |  | (a) Filing organization's totals | (b) Affiliated group<br>totals |
| 1a Total lobbying expenditures to inf           | luence public op | inion (grass roots lobbying)   |  | 6491.                            | <u></u>                        |
| b Total lobbying expenditures to inf            |                  |  | }  | 3951.                            |                                |
| c Total lobbying expenditures (add              | •                | , , , , , , , , , , , , , , , , , , ,  | -  | 10442.                           |                                |
| d Other exempt purpose expenditu                | •                |  |  | 213623.                          |                                |
| e Total exempt purpose expenditur               |                  | and 1d)  | Ī  | 224065.                          |                                |
| f Lobbying nontaxable amount En                 |                  |  | oth columns                                      | 44813.                           |                                |
| If the amount on line 1e, column (a)            | or (b) is: Ti    | ne lobbying nontaxable an  | nount is:  |                                  |                                |
| Not over \$500,000                              | 20               | 0% of the amount on line 16  | e  |                                  |                                |
| Over \$500,000 but not over \$1,00              | 00,000 \$1       | 100,000 plus 15% of the ex   | cess over \$500,000                              |                                  |                                |
| Over \$1,000,000 but not over \$1,              | 500,000 \$1      | 175,000 plus 10% of the ex   | cess over \$1,000,000.                           |                                  |                                |
| Over \$1,500,000 but not over \$17              | 7,000,000 \$2    | 225,000 plus 5% of the exc   | ess over \$1,500,000                             |                                  |                                |
| Over \$17,000,000                               | \$1              | 1,000,000  |  |                                  |                                |
|   |                  |  |  |                                  |                                |
| g Grassroots nontaxable amount (e               |                  | •  |  | 11203.                           |                                |
| h Subtract line 1g from line 1a If ze           | •                |  |  | 0.                               |                                |
| i Subtract line 1f from line 1c If zer          | ŕ                |  |  | 0.                               | L                              |
| j If there is an amount other than z            |                  | 1h or line 1i, did the organi  | zation file Form 4/20                            | Г                                | ¬., г¬.,                       |
| reporting section 4911 tax for this             |                  |  | 0-11-5040  | <u>L</u>                         | Yes No                         |
|   | zations that ma  | ar Averaging Period Unde<br>de a section 501(h) election<br>See the instructions for lin | on do not have to comp                           |                                  |                                |
|   | Lobbying         | Expenditures During 4-Ye   | ear Averaging Period                             |                                  |                                |
| Calendar year<br>(or fiscal year beginning in)  | (a) 2007         | (ь) 2008   | (c) 2009   | (d) 2010                         | (e) Total                      |
| 2a Lobbying nontaxable amount                   |                  |  | 46396.   | 44813.                           | 91209.                         |
| <b>b</b> Lobbying ceiling amount                |                  |  |  |                                  |                                |
| (150% of line 2a, column(e))                    | -                |  |  |                                  | 136814.                        |
| c Total lobbying expenditures                   |                  |  | 6875.  | 10442.                           | 17317.                         |
| d Grassroots nontaxable amount                  |                  |  | 11599.   | 11203.                           | 22802.                         |
| e Grassroots ceiling amount                     |                  |  |  |                                  | 24002                          |
| (150% of line 2d, column (e))                   | <del> </del>     |  | <del>                                     </del> |                                  | 34203.                         |

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

2887.

### Schedule C (Form 990 or 990-EZ) 2010 WEST VIRGINIA FREE, INC. 55-071593 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|   | Yes   | No  | Ame  | ount |
|---|---|---|--|------|
| During the year, did the filing organization attempt to influence foreign, national, state or   |   |   |  |      |
| local legislation, including any attempt to influence public opinion on a legislative matter  |   |   |  |      |
| or referendum, through the use of   |   | ľ   | ł  |      |
| a Volunteers?   |   | X   |  |      |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | X   | ļ   | <u> </u>                                       |      |
| c Media advertisements?   |   | X   |  |      |
| d Mailings to members, legislators, or the public?  |   | X   |  |      |
| e Publications, or published or broadcast statements?   |   | X   |  |      |
| f Grants to other organizations for lobbying purposes?  |   | X   |  |      |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |   | X   |  |      |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   | ļ   | X   |  |      |
| Other activities? If "Yes," describe in Part IV   | ļ   | X   |  |      |
| j Total Add lines 1c through 1i   |   |   |  |      |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | ļ   | X   | ļ  |      |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  | i   |   |  |      |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |   | ļ   | ļ  |      |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |   | \   | L <u>.                                    </u> | _    |
| 111 4 4 11 10 11 10 11 11 11 11 11 11 11 11 11  | ection 501(c                                | )(5), or se   | ection   |      |
| art III-A Complete if the organization is exempt under section 501(c)(4), se  |   |   |  |      |
| art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).   |   |   | Yes  |      |
| art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).   |   | 1   | Yes  |      |
| art III-A Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?   |   | 1 2   | Yes  |      |
| Tart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if  | ection 501(c                                | 2<br>3<br>)(5), or se   | ection   |      |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes."   | ection 501(c                                | 2<br>3<br>)(5), or se<br>ine 3 is a                             | ection   |      |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes."  Dues, assessments and similar amounts from members   | ection 501(c<br>Part III-A, li              | 2<br>3<br>)(5), or se   | ection   |      |
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| The section of the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the   | ection 501(c<br>Part III-A, li<br>political | 2<br>3<br>)(5), or seine 3 is a<br>1<br>2a<br>2b<br>2c          | ection   |      |

#### SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

2010

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization 55-0715930 WEST VIRGINIA FREE, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b a X Special fundraising events Phone solicitations C ď In-person solicitations 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? Yes No b If "Yes," list the ten 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 (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? from activity fundraiser or entity (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

032081 01-13-11

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

| Schedule G (Form 990 or 990 EZ) 2010 WEST VIRGINIA FREE, INC.   | 5-0715930 Page 3          |
|---|---------------------------|
| 11 Does the organization operate gaming activities with nonmembers?   | Yes No                    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed   |                           |
| to administer charitable gaming?  | Yes No                    |
| 13 Indicate the percentage of gaming activity operated in   |                           |
| a The organization's facility   | 13a %                     |
| b An outside facility   | 13b %                     |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records   | <b>;</b>                  |
| Name  |                           |
| Address >   |                           |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  | Yes No                    |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount  | nt                        |
| of gaming revenue retained by the third party > \$  |                           |
| c If "Yes," enter name and address of the third party.  |                           |
| Name >  |                           |
| Address   |                           |
| 16 Gaming manager information:  |                           |
| Name ▶  |                           |
|   |                           |
| Gaming manager compensation > \$  |                           |
| Department of convices provided   |                           |
| Description of services provided  | <del></del>               |
|   |                           |
| Director/officer Employee Independent contractor  |                           |
| bliectol/onicel Employee midependent contractor   |                           |
| 17 Mandatory distributions  |                           |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to   |                           |
| retain the state gaming license?  | Yes No                    |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in  | the                       |
| organization's own exempt activities during the tax year \$\ \bigseleft\ \mathbb{Part IV} \Bigseleft\ \mathbb{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, colum          | and (A) and (Ded III      |
| Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. |                           |
| intes 3, 30, 100, 100, 100, 10, and 170, as applicable Also complete this part to provide any additional lines  | mation (see instructions) |
|   |                           |
|   |                           |
|   |                           |
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|   |                           |
|   |                           |
|   |                           |
| 032083 01-13-11 Schedule G  | (Form 990 or 990-EZ) 2010 |

#### SCHEDULE O

(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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| WEST VIRGINIA FREE, INC.                                  | 55-0715930 |
|---|------------|
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:     |            |
| DESCRIPTION OF PROPERTY:                                  | AMOUNT:    |
| INTEREST INCOME   | 285.       |
|   |            |
| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:               |            |
| DESCRIPTION OF OTHER REVENUE:                             | AMOUNT:    |
| MISCELLANEOUS   | 3516.      |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:             |            |
| DESCRIPTION OF OTHER EXPENSES:                            | AMOUNT:    |
| NEWSLETTER PRODUCTION                                     | 6331.      |
| ADVERTISING AND PUBLIC EDUCATION                          | 12779.     |
| TRAVEL EXPENSES   | 8193.      |
| CHOICE FUND CONTRIBUTION                                  | 1000.      |
| OFFICE SUPPLIES   | 5685.      |
| INSURANCE   | 2814.      |
| MISCELLANEOUS   | 3149.      |
| EQUIPMENT RENTAL  | 1641.      |
| PAYROLL PROCESSING/CREDIT CARD FEES                       | 1411.      |
| BOARD MEETINGS  | 1410.      |
| TOTAL TO FORM 990-EZ, LINE 16                             | 44413.     |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROTEC | T THE      |
| REPRODUCTIVE RIGHTS OF WOMEN.                             |            |
|   |            |

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

19

#### SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

| WEST VIRGINIA FREE, INC.                                  | 55-0715930     |
|---|----------------|
| ADVOCACY OF WOMEN'S REPRODUCTIVE HEALTH ISSUES. PROVIDED  |                |
| EDUCATION AND DISTRIBUTION OF MATERIAL REGARDING EMERGENC | Υ              |
| CONTRACEPTION OPTIONS AND OTHER REPRODUCTIVE CHOICES FOR  |                |
| WOMEN.  |                |
|   |                |
| FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLIS | HMENTS:        |
| APPALACHIAN WOMEN'S LIVES PROJECT - PROVIDE EDUCATION TO  |                |
| WEST VIRGINIA WOMEN REGARDING THEIR REPRODUCTIVE CHOICES. |                |
| CONDUCTED STATEWIDE OUTREACH TO EDUCATORS, COLLEGES,      |                |
| COUNSELORS, ETC.  |                |
|   |                |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF | IT CONTRACTS:  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU | NDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT | RACT.          |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI | UMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.            |                |
|   |                |
|   |                |
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#### Form' **88'68**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| <ul><li>If you a</li></ul>   | re filing for an Automatic 3-Month Extension, comple                         | te only Pa     | art I and check this box                    |           | •                              | • LX.      |  |
|--|--|----------------|---|-----------|--------------------------------|------------|--|
| ● If you a   | re filing for an Additional (Not Automatic) 3-Month Ex                       | tension, d     | complete only Part II (on page 2 of this    | form)     |                                |            |  |
| Do not co  | omplete Part II unless you have already been granted a                       | an automa      | itic 3-month extension on a previously fi   | led Fo    | rm 8868                        |            |  |
| Electroni  | c filing (e-file). You can electronically file Form 8868 if                  | you need a     | a 3-month automatic extension of time t     | o file (6 | 6 months for a corp            | oration    |  |
| equired t  | o file Form 990-T), or an additional (not automatic) 3-mo                    | nth extens     | sion of time. You can electronically file F | orm 8     | 868 to request an e            | extension  |  |
| of time to   | file any of the forms listed in Part I or Part II with the ex                | ception of     | Form 8870, Information Return for Trans     | sfers /   | Associated With Ce             | ertain     |  |
| Personal   | Benefit Contracts, which must be sent to the IRS in page                     | er format      | (see instructions) For more details on the  | he elec   | tronic filing of this          | form,      |  |
| visit www  | irs gov/efile and click on e-file for Chanties & Nonprofits                  | 3              |   |           |                                |            |  |
| Part I   | Automatic 3-Month Extension of Time  | e. Only su     | bmit original (no copies needed)            |           |                                |            |  |
| A corpora  | tion required to file Form 990-T and requesting an autor                     | matic 6-mo     | onth extension - check this box and con     | plete     |                                |            |  |
| Part I only  | 1  |                |   |           | <b>&gt;</b>                    | · 🗀        |  |
|  | corporations (including 1120-C filers), partnerships, REN<br>ome tax returns | 1ICs, and t    | rusts must use Form 7004 to request ar      | exten     | sion of time                   |            |  |
| Type or  | Name of exempt organization  |                |   | Emp       | Employer identification number |            |  |
| orint  |  |                |   |           |                                |            |  |
|  | WEST VIRGINIA FREE, INC.   |                |   |           | 55-0715930                     |            |  |
| File by the<br>due date for<br>filing your   | ate for Number, street, and room or suite no. If a PO box, see instructions  |                |   |           |                                |            |  |
| eturn See<br>nstructions   | City, town or post office, state, and ZiP code For a fe                      | oreion ado     | Iress, see instructions                     |           |                                |            |  |
|  | CHARLESTON, WV 25330-1042  | o.g. i add     |   |           |                                |            |  |
|  | CHARLESTON WY 25550 TOTAL  |                |   |           |                                |            |  |
| Enter the  | Return code for the return that this application is for (file                | e a separa     | te application for each return)             |           |                                | 0 3        |  |
|  | ,  |                | ,   |           |                                | \          |  |
| Applicati  | on   | Return         | Application                                 |           |                                | Return     |  |
| ls For   |  | Code           | Is For                                      |           |                                | Code       |  |
| Form 990 01 Form 990-T (corporation)   |  |                |   |           |                                | 07         |  |
| Form 990-BL 02 Form 1041-A   |  |                |   |           |                                | 08         |  |
| Form 990   | Form 4720  |                |   | 09        |                                |            |  |
| Form 990-PF  |  |                | Form 5227                                   | 10        |                                |            |  |
| Form 990-T (sec. 401(a) or 408(a) trust)   |  |                | Form 6069                                   | 11        |                                |            |  |
| Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069  Form 990-T (trust other than above) 06 Form 8870 |  |                |   |           |                                | 12         |  |
|  | KIZMET CHANDLE   | R              |   |           |                                |            |  |
| • The bo   | ooks are in the care of ▶ PO BOX 11042 -                                     |                | LESTON, WV 25330-104                        | 2         |                                |            |  |
|  | ione No. ► 304-342-9188  |                | FAX No ▶                                    |           |                                |            |  |
| -  | organization does not have an office or place of busines                     | s in the Ur    | nited States, check this box                |           |                                | • 🗀        |  |
|  | s for a Group Return, enter the organization's four digit                    |                |   | is is fo  | r the whole group,             | check this |  |
| box ▶ [  | If it is for part of the group, check this box                               | and atta       | ach a list with the names and EINs of all   | memb      | ers the extension is           | s for      |  |
|  | quest an automatic 3-month (6 months for a corporation                       |                |   |           |                                |            |  |
|  |  |                | ition return for the organization named a   |           | The extension                  |            |  |
| ıs fe  | or the organization's return for   | Ū              | -   |           |                                |            |  |
|  | X calendar year 2010 or  |                |   |           |                                |            |  |
| <b>▶</b> [   | tax year beginning   | , ar           | nd ending                                   |           |                                |            |  |
|  |  | ·              |   |           |                                |            |  |
| 2 If th  | ne tax year entered in line 1 is for less than 12 months, o                  | check reas     | on Initial return Fina                      | al retur  | 'n                             |            |  |
|  | Change in accounting period  |                |   |           |                                |            |  |
|  |  |                |   |           |                                |            |  |
| 3a If th   | nis application is for Form 990-BL, 990-PF, 990-T, 4720,                     | or 6069. e     | enter the tentative tax, less any           | [         |                                |            |  |
|  | nrefundable credits. See instructions  | ,              |   | 3a        | \$                             | 0.         |  |
|  | nis application is for Form 990-PF, 990-T, 4720, or 6069,                    | enter anv      | refundable credits and                      | 1         |                                |            |  |
|  | imated tax payments made include any prior year over                         |                |   | 3b        | \$                             | 0.         |  |
|  | ance due. Subtract line 3b from line 3a. Include your pa                     |                |   | "         | <del></del>                    |            |  |
|  | using EFTPS (Electronic Federal Tax Payment System)                          | -              |   | 3c        | s                              | 0.         |  |
|  | If you are going to make an electronic fund withdrawal                       |                |   |           |                                |            |  |
|  | or Paperwork Reduction Act Notice, see Instruction                           |                |   |           | Form <b>8868</b> (F            |            |  |
|  |  | <del>-</del> - |   |           | /1                             | ,          |  |

023841 01-03-11