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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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,

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 file Form 990 (see instructions) All other organizations with gross receipts 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

2010

Open to Public Inspection

| Α | For the | 2010 calenda | ar year, or tax year beginning | April 1, | , 2010, a | and ending | <u>. </u> | larch 3 | 31 , 20 11 | | |
|--------------------------------------|--|---|---|-----------------------------|-----------|-----------------|--|-------------|---------------------------|--|--|
| B Check if applicable Address change | | | C Name of organization | | | | D Emp | loyer id | lentification number | | |
| | | - | Oak Hill High School Alumni Association | | | | | 55-0652838 | | | |
| 님 | | | | | | | | | umber | | |
| H | Initial return P.O. Box 462 Terminated City or town, state or country, and ZIP + 4 F (3) | | | | | | | |)4-469-9333 | | |
| Ħ | Amended | | F Gro | ир Ехе | mption | | | | | | |
| | Application | n pending | Oak Hill, WV 25901 | | | | Nur | nber I | <u> </u> | | |
| G | Account | ing Method: | ✓ Cash | | | | H Check | ▶ 🗸 | if the organization is no | | |
| 1 | Websit | te: ► www. | oakhillreddevilalumni.org | | | | required | to att | ach Schedule B | | |
| J 1 | Tax-exem | npt status (che | eck only one) — ✓ 501(c)(3) |) ◀ (insert no.) ☐ 4947(| (a)(1) or | 527 | (Form 9 | 90, 99 | 0-EZ, or 990-PF). | | |
| | Check ▶ | | ne organization is not a section 509(a)(3) supp | | | | | | | | |
| | Form 99 | 90-EZ or Forn | m 990 return is not required though Form 99 | 0-N (e-postcard) may be | e require | ed (see inst | tructions). I | 3ut if t | he organization chooses | | |
| | to file a | return, be sur | re to file a complete return | | | | | | | | |
| | Add lines | 5b, 6c, and 7 | 7b, to line 9 to determine gross receipts. If gross | s receipts are \$200,000 or | r more, c | or if total ass | sets (Part II, | | 46.544 | | |
| line | e 25, colu | umn (B) below | v) are \$500,000 or more, file Form 990 instead of | of Form 990-EZ | • | | | ▶ \$ | 46,544 | | |
| - | Part I | Revenu | ie, Expenses, and Changes in Net | Assets or Fund B | alanc | es (see tl | ne instru | ctions | s for Part I.) | | |
| | | Check if | f the organization used Schedule O to | respond to any que | stion i | n this Par | tl | | | | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts r | eceived | | | | 1 | 27,656 | | |
| | 2 | Program s | ervice revenue including government fe | es and contracts . | | | | 2 | 0 | | |
| | 3 | Membersh | nip dues and assessments | | | | | 3 | 0 | | |
| | 4 | Investment | t income | | | | | 4 | 1104 | | |
| | 5a | Gross amo | ount from sale of assets other than inve | ntory | 5a | | 0 | | | | |
| | b | Less: cost | or other basis and sales expenses | | 5b | | 0 | | | | |
| | C | Gain or (los | ss) from sale of assets other than inven- | tory (Subtract line 5b | from li | ne 5a) . | | 5c | 0 | | |
| | 6 | Gaming an | nd fundraising events | | | | | | | | |
| | a | Gross inc | come from gaming (attach Schedule | G if greater than | | | | | | | |
| He | | \$15,000) . | | <i>.</i> . | 6a | | 0 | | | | |
| Revenue | b | Gross inco | ome from fundraising events (not include | ing \$ 27 | ,656 of | contribut | ions | 1 | | | |
| æ | } | from fundr | raising events reported on line 1) (attac | ch Schedule G if the | | | | | | | |
| _ | | sum of suc | ch gross income and contributions exce | eds \$15,000) | 6b | | 13,639 | | | | |
| | С | Less: direc | ct expenses from gaming and fundraisir | ng events | 6c | - | 12,814 | | | | |
| | d | Net incom | ne or (loss) from gaming and fundraisir | ng events (add lines (| 6a and | 6b and | subtract | 1 | | | |
| | ŀ | line 6c) . | | | | | | 6d | 825 | | |
| | 7a | Gross sale | es of inventory, less returns and allowan | ices | 7a | | 271.00 | | - | | |
| | b | Less: cost | of goods sold | | 7b | | 0 | | | | |
| | С | Gross prof | fit or (loss) from sales of inventory (Subt | ract line 7b from line | 7a) | 7 | | 7c | 271 | | |
| | 8 | | enue (describe in Schedule O) | | \ | ا الا | | 8 | 3,874 | | |
| | 9 | Total reve | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and | d 8 🛼 | | . !ડ્ર | ▶ | 9 | 33,730 | | |
| | 10 | Grants and | d sımılar amounts paid (list ın Schedule | O) 4 JUN 38 | 2011 | . 1:21. | | 10 | 12,000 | | |
| | 11 | Benefits pa | aid to or for members | | 11 | 0 | | | | | |
| S | 12 | Salanes, o | alanes, other compensation, and employee benefits | | | | | | 0 | | |
| Z. | 13 | Profession | nal fees and other payments to independ | dent contractors | 当人「『 | 1 . !. | | 13 | 0 | | |
| Expenses | 14 | | Occupancy, rent, utilities, and maintenance | | | | | | 780 | | |
| Ж | 15 | | ublications, postage, and shipping | | | | | 14 15 | 4,261 | | |
| | 16 | | enses (describe in Schedule O) | | | | | 16 | 2,946 | | |
| | 17 | Total expenses. Add lines 10 through 16 | | | | | | | 19987 | | |
| | 18 | Excess or | (deficit) for the year (Subtract line 17 fro | om line 9) | | | | 17 18 | 13743 | | |
| set | 19 | | s or fund balances at beginning of year | | | | | | | | |
| ASS | | | ar figure reported on prior year's return) | | | . • | | 19 | 149,192 | | |
| Net Assets | 20 | Other char | nges in net assets or fund balances (exp | | | | | 20 | (4,571) | | |
| Ž | 21 | | s or fund balances at end of year. Comb | • | | | | 21 | 158,364 | | |
| | | | | | | | | | | | |

P

| Pa | til Balance Sheets. (see the instructions Check if the organization used Schedul | | stion in this | : Part I | | | |
|-------|---|--|-------------------------|--------------|--------------------------------------|----------|--|
| | | | | | ginning of year | <u> </u> | (B) End of year |
| 22 | Cash, savings, and investments | | | `` | 149,192 | 22 | 158,364 |
| 23 | Land and buildings | | | | | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | | | | 24 | |
| 25 | Total assets | | | | 149,192 | | 158,358 |
| 26 | | | | | | 26 | |
| 27 | Net assets or fund balances (line 27 of colum | | | | 149,192 | - | 158,364 |
| Par | | | | Part II | | | Expenses |
| ı Gi | Check if the organization used Schedule | | | | | (Rea | uired for section |
| Mha | is the organization's primary exempt purpose? | Providing scholarships for | | | | | c)(3) and 501(c)(4) |
| | the organization's primary exempt purpose: the what was achieved in carrying out the organization | | | | | | nizations and section |
| | rvices provided, the number of persons benefited, and | | | | 101, 00001120 | | (a)(1) trusts, optional thers.) |
| 28 | Twenty-two (22) scholarships were awarded by the | | | | lified | 10.0 | T |
| 20 | OHHS graduates. Approximately \$238,000 has been | | | - | eu | ļ | |
| | Onns graduates. Approximately \$236,000 has been | awarded Since 1965 by the a | iumini assoc | nation | | | |
| | (Carata & #12,000) Ethica area are | | | | | 00. | 40.000 |
| ~~ | · | t includes foreign grants, ch | | | <u> </u> | 28a | 12,000 |
| 29 | The OHHS alumni held a banquet to honor the Oak | | | | jinia AA | | |
| | championship. Coach Robert Huggins, West Virgin | | ne guest sp | eaker. | | | |
| | Community support yielded \$1,100 to be used for s | | | | | | |
| | | t includes foreign grants, ch | | | | 29a | 0 |
| 30 | The Reunion Log, a glossy 16-24 page tabloid size | | | | | 1 | |
| | of the association and the achievements and activit | · | 25 copies we | ere solo | l in 2010, | | |
| | raising about \$1,000 to help defray expenses of the | | | | | | } |
| | | t includes foreign grants, ch | eck here . | | . ▶ 🗆 | 30a | 0 |
| 31 | Other program services (describe in Schedule O) | | | | | | |
| | | t includes foreign grants, ch | | | | 31a | |
| | Total program service expenses (add lines 28a | | | | | 32 | 12,000 |
| Par | | | | | | nstru | ctions for Part IV.) |
| | Check if the organization used Schedule | | | | | | 🗸 |
| | (a) Name and address | (b) Title and average hours per week | (c) Comper (if not p | | (d) Contribution employee benefit | | (e) Expense account and |
| | | devoted to position | enter -(| | deferred comper | | other allowances |
| | / Hanning | - President and Director, 4 hr | | | | | |
| 539 i | rudence Rd., Oak Hill, WV 25901 | r rosident did Birostor, 4 iii | | 0 | | 0 | 0 |
| | a Price | -VP & Director, 1 hr | | | [| | |
| 1401 | Linden Lane, Oak Hill, WV 25901 | | | 0 | | 0 | 0 |
| | beth Epperson | Secretary & Director, 1.5 hr | | | | | |
| 1108 | 1/2 Sanger Road, Oak Hill, WV 25901 | Scoretary & Birector, 1.5 III | | 0 | | 0 | 0 |
| Robe | rt Sanger | - Asst. Treas. & Director,5 hr | | | • | | |
| 1004 | Jones Avenue, Oak Hill, WV 25901 | A35t. Treas. & Director, 5 Til | | 0 | | 0 | 0 |
| Jam | s Alexander | - Director, 1/2 hr | | | | | |
| P.O. | Box 25, Oak Hill, WV 25901 | Director, 1/2 III | | 0 | | 0 | 0 |
| Sylv | a Allen | - Director, 1/2 hr | , | | | | |
| 165 | entral Avenue, Oak Hill, WV 25901 | Director, 1/2 fil | | 0 | | 0 | l o |
| Leor | Jarosz, Jr. | Diseases 4/2 hr | | | | | |
| P.O. | Box 189, Scarbro, WV 25917 | Director, 1/2 hr | | 0 | | 0 | o |
| Cher | yl Keffer | Di | | | | | |
| 1108 | Sanger Road, Oak Hill, WV 25901 | Director, 1/2 hr | | 0 | | 0 | lo |
| Calv | n Kidd | - | | | | | |
| 104 | takes Street, Oak Hill, WV 25901 | Director, 3/4 hr | | 0 | į | 0 | l o |
| Shirl | ey Mackey | | | | | | |
| | homas Drive, Oak Hill, WV 25901 | Director, 1/2 hr | | 0 | | 0 | o |
| | yn Montgomery | | | | | | |
| | ones Avenue, Oak Hill, WV 25901 | Director, 3/4 hr | | 0 | | 0 | o |
| | Nichols | | | | - | J | |
| | Summerlee Ave., Oak Hill, WV 25901 | Director, 3/4 hr | | 0 | | 0 | o |
| | ela Smith | | | | | | - |
| | es Pidge Poed, Oak Hill W/V 25001 | Director, 1/2 hr | | | | | |

| Part | Check if the organization used Schedule O to respond to any question in this Part V | | | _ |
|----------|--|---------------|-----|------------|
| | Chock in the digarilaction access contocute to to populate any question in the value v | | 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 Schedule O | 33 | | ✓ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | | |
| а | 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 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | 1 |
| 36 | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | 35b 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | ⊣ | | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b | | / |
| b 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38a | | |
| а | Initiation fees and capital contributions included on line 9 | 1 | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | - | | ĺ |
| 700 | section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | | |
| b | 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? If "Yes," complete Schedule L, Part I | 40ь | | ✓ |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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 | | ✓ |
| 41 | List the states with which a copy of this return is filed. West Virginia | | | |
| 42a | Located at ▶ P.O. Box 462, 111 Central Avenue, Oak Hill, West Virginia ZIP + 4 ▶ | 304-46 259 | | } |
| 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 | 163 | √ |
| | 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.? | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43 | | . • | ▶ □ |
| | | | Vaa | N- |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a 44b | | 1 |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | * |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |

| Form 99 | 0-EZ (2 | 010) | | | | | | _ | age 4 |
|-----------|---|---|--|--|------------------|---|-----------------|--------------|----------|
| 45 | l | . valeted even protice a controlled entitle | | | | = E10/b\/10\0 | AE | Yes | + |
| 45 a | | y related organization a controlled entit he organization receive any payment fro | - | | _ | | 45 | | ✓ |
| a | | ning of section 512(b)(13)? If "Yes," Fo | | | | | į | | |
| | | 990-EZ (see instructions) | | | | | 45a | | 1 |
| 46 | | he organization engage, directly or indi | | ıvities | on behalf of | or in opposition | | | |
| | to ca | andidates for public office? If "Yes," co | mplete Schedule C, Part I | | | · · · · · . | 46 | | ✓ |
| Part \ | _ | Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables for Check if the organization used Scheen | 4947(a)(1) nonexempt chari r lines 50 and 51. | table | trusts mus | t answer questic | ll sec ons 4 | tion 7–49 | ь . г |
| - | | <u></u> | · · · · · · · · · · · · · · · · · · · | | | | | Yes | No |
| 47 | Did tl | he organization engage ın lobbyıng acti | vities? If "Yes," complete Sche | dule (| C, Part II . | | 47 | | 1 |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | | |
| 49a | | he organization make any transfers to a | - | d org | anization? . | | 49a | | ✓ |
| | b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, | | | | | | 49b | | L_ |
| 50 | | plete this table for the organization's fiv oyees) who each received more than \$ | | | | | | | |
| | citibi | oyees) who each received more than \$\phi\$ | (b) Title and average | | Compensation | (d) Contributions to | | Exper | |
| | (a) Na | me and address of each employee paid more than \$100,000 | hours per week devoted to position | | • | employee benefit plans & deferred compensation | ac | count a | and |
| NONE | | | detected to position | | | · | 00 | <u> </u> | |
| | | | NONE | | NONE | NONE | | ŀ | NONE |
| | | | | | | | | | |
| | | | | _ | | <u>.</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | } | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| f | | number of other employees paid over | · · · · · · · · · · · · · · · · · · · | | ONE | | | | |
| 51 | | plete this table for the organization's t ,000 of compensation from the organiz | | | ent contracto | ors who each rec | eived | more | thai |
| | • • • • | (a) Name and address of each independent contr | | | (b) Typ | e of service | (c) Co | mpensa | ation |
| None | | | | | | | | | |
| | | | | | NONE | | | | NONE |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | • | | | ĺ | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | number of other independent contract | _ | | .▶ | NONE | | | |
| 52 | | he organization complete Schedule A? xempt charitable trusts must attach a c | | nızatı | ons and 494 | ```` |] Yes | _ | No |
| Linder n | | of perjury, I declare that I have examined this retu | • | and eta | tements and to | | | | |
| true, cor | rect, an | d complete Declaration of preparer (other than of | ficer) is based on all information of which | n prepa | rer has any knov | wledge. | iye an | J Dellei, | , it is |
| | | 004.00 | | • | | _ | | - | |
| Sign | | 1 Kufert V. Sange | L | | | June 20 | , 20 | 11 | |
| Here | | Signature of officer | | | | Date - | | | |
| | | Robert L. Sanger, Assistant Treasure Type or print name and title | er | | | | | | |
| | | | Preparer's signature | | Date | | PΠN | | |
| Paid | 0F0- | типа туро ргорагог з пате | . . | | | Check rf self-employed | | | |
| Preparent | | Firm's name ▶ | | | ' F | irm's EIN ▶ | | | |
| | | Firm's address ▶ | | | | Phone no. | | | |
| May th | ne IRS | discuss this return with the preparer st | nown above? See instructions | | | . . | Yes | | No |

► ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 55-0652838 Oak Hill High School Alumni Association, Inc. 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 11 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 **b** Type II e 🔲 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 II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions)) Yes Yes No Yes No No (A) (B) (C) (D) (E)

Total

| Schedu | le A (Form 990 or 990-EZ) 2010 | | | | | | Page 2 |
|--------|---|-----------------------|----------------------------------|---------------------------------|----------------------------------|-----------------|-------------------|
| Part | | | | | | | - |
| | (Complete only if you checked the | | | | • | | ualify under |
| Socti | Part III. If the organization fails to on A. Public Support NA | quality unde | er trie tests iis | stea below, p | lease comple | ele Fart III.) | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (4) 2000 | (0,200) | (0) 2000 | (4) 2000 | (0) 20 10 | (y) Total |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | <u> </u> | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | _ | | |
| | on B. Total Support | | | | | T | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | Amounts from line 4 | | | | | | - |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop her | | | | - | | |
| Secti | on C. Computation of Public Suppor | | • NA | • • • • • | | · · · · | · · · · <u> </u> |
| 14 | Public support percentage for 2010 (line 6 | | | 1. column (fl) | | 14 | % |
| 15 | Public support percentage from 2009 Sch | | | | | 15 | |
| 16a | 331/3% support test-2010. If the organiz | | | | | | |
| | box and stop here. The organization qual | ifies as a publ | licly supported | organization | | | ▶ □ |
| b | 331/3% support test—2009. If the organicheck this box and stop here. The organi | | | | · | 9 15 is 331/39/ | 6 or more, ► □ |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization | ets the "facts- | and-circumsta | nces" test, che | eck this box ar | nd stop here. | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me supported organization | on meets the eets the | e "facts-and-ci s-and-circums | rcumstances" tances" test. T | test, check th he organizatio | ns box and s | a, and line |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

| | if the organization falls to qualify | under the tes | its listed beig | w, please co | mpiete Part I | i.) | | | |
|-------|---|-----------------|-----------------|----------------|-------------------|-----------------|------------|--|--|
| | on A. Public Support | (=) 0000 | (h) 0007 ! | (a) 0000 1 | (4) 0000 | (a) 0010 | (6 T-4-) | | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 29,313 | 51,152 | 15,280 | 24,991 | 27,656 | 148,932 | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 11,540 | 11,405 | 11,824 | 12,519 | 13,910 | 61,198 | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 6 | Total. Add lines 1 through 5 | 40,853 | 62,557 | 27,644 | 37,510 | 41,566 | 210,130 | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| С | Add lines 7a and 7b | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 210,130 | | |
| | on B. Total Support | | | | | | | | |
| Calen | dar year (or fiscal year beginning in) ▶ │ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total | | |
| 9 | Amounts from line 6 | 40,853 | 62,557 | 27,644 | 37,510 | 41,566 | 210,130 | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 8,797 | 11,328 | 7,243 | 2,050 | 1,104 | 30,522 | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| C | Add lines 10a and 10b | 8,797 | 11,328 | 7,243 | 2,050 | 1,104 | 30,522 | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 3,033 | 3,401 | 3,936 | 5,671 | 3,874 | 19,915 | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 52,683 | 77,286 | 38,823 | 45,231 | 46,544 | 260,567 | | |
| 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 | | | | | | | | |
| Secti | on C. Computation of Public Suppor | t Percentage | e | | | | | | |
| 15 | Public support percentage for 2010 (line 8 | , column (f) di | vided by line 1 | 3, column (f)) | | 15 | 80.64 % | | |
| 16 | Public support percentage from 2009 Sch | edule A, Part i | III, line 15 | | | 16 | 78.30 % | | |
| Secti | on D. Computation of Investment Inc | come Percer | ntage | | | | | | |
| 17 | Investment income percentage for 2010 (I | | | | | 17 | 11.71 % | | |
| 18 | Investment income percentage from 2009 | | | | | 18 | 14.1 % | | |
| 19a | 331/3% support tests-2010. If the organi | | | | | | | | |
| | 17 is not more than 331/3%, check this box a | | _ | | | _ | | | |
| b | 331/3% support tests—2009. If the organiz | | | | | | | | |
| | line 18 is not more than 331/3%, check this b | | - | | - | - | | | |
| 20 | Private foundation. If the organization did | d not check a | box on line 14, | 19a, or 19b, c | heck this box | and see instruc | ctions 🕨 🗌 | | |

| Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | <u> </u> |
|---|----------|
| Column (a) 2006 Line 12 Other Income | |
| Reunion Log Sales and Ads, A once-a-year- newspaper \$2.783 | |
| Concord University Return of Scholarship Payment \$ 250 | |
| TOTAL \$3,033 | |
| Column (b) 2007 Line 12 Other Income | |
| Maaarshall University Returen of Scholarship Payment \$ 250 | |
| Intuit, Inc. Rebate for software purchase 31 | |
| Reunion Log Sales A once-a-year issue of newspaper \$1,695 | |
| Reunion Log Ad sales in once-a-year issue of newspaper \$1,425 | |
| TOTAL \$3,401 | |
| Column (c) 2008 Line 12 Other Income | |
| WVU Institute of Technology Return of Scholarship Payment \$1,000 | |
| Reunion Log Sales and ads for once-a-year newspaper \$2,936 | |
| TOTAL \$3,936 | |
| Column (d) 2009 Line 12 Other Income | |
| Return of Scholarship Award by University \$2,250 | |
| Reunion Log Sales and Ads for once-a-year newspaper \$3,241 | • |
| TOTAL \$5,671 | |
| Column (e) 2010 Line 12 Other Income | |
| The Reunion Log sales and ad sales for once-a-year newspaper \$3,624 | |
| Return of Scholarship award by Mountain State University \$ 250 | |
| TOTAL \$3,874 | |
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| | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2010

Open to Public Inspection
Employer identification number

| Oak Hill High School Alumni Association, Inc. | 55-0652838 | | | | | |
|---|--|--|--|--|--|--|
| Form 990 EZ, Part I, Line 8 Other Revenue | | | | | | |
| 1) The Reunion Log, a glossy, 18 to 24 page annual newspaper, sales and ads: \$3,624.00 | | | | | | |
| | | | | | | |
| 2) Return of Scholarship Check by Mountain State University (student did not attend 2nd semester) \$2 | 250.00 | | | | | |
| Total Other Revenue: \$3,874.00 | | | | | | |
| Form 990 EZ, Part I, Line 10 Grants and Similar Amounts Paid: | | | | | | |
| Total Scholarship awards amounting to \$12,000 were given to twenty-two (22) graduates of Oak Hill Hi | gh School. Twenty-one (21) of the | | | | | |
| students were new recipients, one was a second time recipient. | | | | | | |
| Total Scholarship Awards: \$12,000.00 | | | | | | |
| Form 990 EZ, Part I, Line 16 Other Expenses | | | | | | |
| Internet and web site expenses: \$428.00 | | | | | | |
| New Lap Top Computer and Software: \$1,648.00 | | | | | | |
| General Administrative Postage: \$92.00 | | | | | | |
| Post Office Box Rent: \$44.00 | | | | | | |
| General Office Supplies and Equipment: \$469.00 | | | | | | |
| Filing Fee for Annual Report with West Virginia Secretary of State Office: \$25.00 | | | | | | |
| Board of Directors Dinner Meeting: \$240.00 | | | | | | |
| TOTAL OTHER EXPENSES: \$2,946.00 | | | | | | |
| Form 990 EZ, Part I, Line 20 Other changes in net assets or fund balances | | | | | | |
| An amount of \$4,571 was added to Oak Hill High School Alumni Association, Inc. accounts held by the | e Beckley Area Foundation, 129 Main | | | | | |
| Street, Beckley, WV 25801, EIN 31-11225328. The Beckley Area Foundation is a 501 (c) (3) organization | n. The earnings from these accounts | | | | | |
| fund scholarships for qualified graduates of Oak Hill High School. \$4,571 are approximately 3.06% of | the net assets at the beginning of the | | | | | |
| 2010 - 2011 fiscal year. | ••••• | | | | | |
| | | | | | | |
| | | | | | | |

| Schedule O (Form 990 or 990-EZ) (2010) | | | | | Page 2 |
|---|-----------------|----------------|------------|-------------------|----------------|
| Name of the organization | | | | Employer identifi | |
| Oak Hill High School Alumni Association, Inc. | | | | 55- | 0652838 |
| 2010 Form 990-EZ, Part IV | | | | | |
| List of Officers, Directors, Trustees and Compensation, con | tinued | | | | |
| Nancy Harding, 1507 Roundhill Road, Oak Hill, WV 25901 | Diector, 1/4 hr | 0 compensation | 0 contribu | tion to pension | 0 expense acct |
| Tina Johnson Payne, Rt. 1, Box 130, Fayetteville, WV 25840 | Director, 0 hr | 0 compensation | 0 contribu | ıtion to pension | 0 expense acct |
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