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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, 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

2011

Open to Public Inspection

| AI | For the | 2011 calendar year, or tax year beginning April 1 , 2011, and 6 | nding | M | arch 3 | 31, 20 12 | | | | |
|------------------|---------------|--|--|--------------|-------------|---|--|--|--|--|
| В | Check if ap | heck if applicable. C Name of organization | | D Empl | oyer id | entification number | | | | |
| | Address cl | ss change Oak Hill High School Alumni Association, Inc. | | | | 55-0652838 | | | | |
| | Name cha | Number and street (or P O box, if mail is not delivered to street address) Room | Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te | | | | | | | |
| | initial retur | P. O. Box 462 | | | | | | | | |
| = | Terminated | City or town, state or country, and ZIP + 4 | F Grou | | 04)469-2251 | | | | | |
| = | Amended | return | | iber I | • | | | | | |
| | Application | | | L——— | | · - · · · · · · · · · · · · · · · · · · | | | | |
| | | · · · · · · · · · · · · · · · · · · · | ; | | | if the organization is not | | | | |
| _ | Websit | | 1 | • | | ach Schedule B | | | | |
| | | | 527 | ` | | 0-EZ, or 990-PF). | | | | |
| | Check ▶ | — | | | | | | | | |
| | | e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post | card) ma | ıy be req | uired (| (see instructions). But if | | | | |
| | | nization chooses to file a return, be sure to file a complete return. | | | | | | | | |
| | | 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to | tal assets | s (Part II, | | | | | | |
| 1 | ne 25, co | olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | ▶ \$ | 43,757 | | | | |
| P | art i | Revenue, Expenses, and Changes in Net Assets or Fund Balances (s | ee the | instruc | ctions | for Part I.) | | | | |
| | | Check if the organization used Schedule O to respond to any question in thi | s Part I | | | | | | | |
| 2013 | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 | 27,722 | | | | |
| | 2 | Program service revenue including government fees and contracts | | 1 | 2 | 0 | | | | |
|) (공) | 3 | Membership dues and assessments | | | 3 | 0 | | | | |
| | 4 | Investment income | | · | 4 | 199 | | | | |
| ∆U⊊ AU⊊ | 5a | Gross amount from sale of assets other than inventory 5a | | | | | | | | |
| ₹ | b | Less: cost or other basis and sales expenses | | | | | | | | |
| \cap | | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a | | <u> </u> | 50 | 0 | | | | |
| LĒ1 | 6 C | Gaming and fundraising events | 1) | | 5c | <u> </u> | | | | |
| 翌 | 1 - | | | | | | | | | |
| SCANNED Wenue | а | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | |
| SCS Revenue | | L-1-1 | | 352 | | | | | | |
| ಬ 🏅 | b | Gross income from fundraising events (not including \$ 27,722 of con | nbution | is | | | | | | |
| ď | ŀ | from fundraising events reported on line 1) (attach Schedule G if the | | | 1 | | | | | |
| | | sum of such gross income and contributions exceeds \$15,000) 6b | | 10,658 | | | | | | |
| | С | Less: direct expenses from gaming and fundraising events 6c | | 10,965 | 1 | | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b | and sub | otract | | | | | | |
| | | line 6c) | | [| 6d | 45 | | | | |
| | 7a | Gross sales of inventory, less returns and allowances | | 730 | | | | | | |
| | b | Less: cost of goods sold | | 700 | | | | | | |
| | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | 30 | | | | |
| | 8 | Other revenue (describe in Schedule O) | | [| 8 | 3,744 | | | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, (c, and 8 | | . ▶ | 9 | 32,092 | | | | |
| | 10 | Grants and similar amounts paid (list in Schedule O) | | | 10 | 10,750 | | | | |
| | 11 | Benefits paid to or for members | | | 11 | 0 | | | | |
| က္ | 1 | Benefits paid to or for members | | | 12 | 0 | | | | |
| Expenses | 13 | Professionalifees and other payments to independent contractors | | · · · | 13 | 0 | | | | |
| ĕ | 14 | Occupancy, rent, utilities, and maintenance | • • • | • • | 14 | 360.00 | | | | |
| X | 15 | Printing, publications postage and shipping | | | 15 | 4,768 | | | | |
| _ | | Other expanded the state of the | • • • | • • | _ | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | 16 | 2,443 | | | | |
| | 17 | Total expenses. Add lines 10 through 16 | <u> </u> | . 🟲 | 17 | 18,321 | | | | |
| ষ্ট | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 13,771 | | | | |
| 386 | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (mu | | | | _ | | | | |
| Net Assets | | end-of-year figure reported on pnor year's return) | | | 19 | 158,364 | | | | |
| È | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | 20 | (20,995) | | | | |
| ~ | 1 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | 21 | 151 1 <i>4</i> 0 | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642l

orm **990-EZ** (2011)

| | · · · · · · · · · · · · · · · · · · · | | | | | rage = |
|----------|---|--------------------------------------|---|---|-------------|--|
| Pai | | | | | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | (A) Beginning of year | | |
| 00 | Cook sovings and investments | | <u> -</u> | 158,364 | 20 | · · · · · · · · · · · · · · · · · · · |
| 22 23 | Cash, savings, and investments | | · · · · · · | | 23 | 151,527 0 |
| 23 24 | Other assets (describe in Schedule O) | | | | 24 | 0 |
| 25 | Total assets | | · · · · · · · · · · · · · · · · · · · | 158,364 | - | 151,527 |
| 26 | Total liabilities (describe in Schedule O) | | | ···· | 26 | (387) |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with | n line 21) | 158,364 | | 151,140 |
| Par | | | | | | |
| | Check if the organization used Schedule | • | | • | /Bec | Expenses jurred for section |
| What | is the organization's primary exempt purpose? | | | | | c)(3) and 501(c)(4) |
| Desc | ribe the organization's program service accomplis | shments for each or | f its three largest p | rogram services. | | inizations and section |
| | leasured by expenses. In a clear and concise m | | | | | 7(a)(1) trusts, optional others.) |
| | ons benefited, and other relevant information for ea | | | | | |
| 28 | Nineteen (19) scholarships were awarded by the Oak | Hill High School Alu | mni Association, Inc | . to qualified | | |
| | Oak Hill High School graduates. Approximately \$248 | ,750 has been award | ed by the associatior | since 1985 | | |
| | | | | | 1 | |
| | (Grants \$ \$10,750) If this amount | | | ▶ 🗆 | 28a | 10,750 |
| 29 | The OHHS alumni association sponsored a commun | | | |] | |
| | AA championships by women and men athletic team | s. Approximately \$10 | 050 was raised to hel | p defray | İ | |
| | expenses of the organization. | | | | | |
| | | includes foreign gra | | <u> ▶ ∐</u> | 29a | 0 |
| 30 | The Reunion Log, a glossy 12-24 page tabloid size n | | | | Ì | |
| | the association and the achievements and activities | | · | About 400 | | |
| | copies were sold, raising approximately \$1,300 to he | | | | | |
| | | ıncludes foreign gra | ints, check here | <u> ▶ ⊔</u> | 30a | 0 |
| 31 | Other program services (describe in Schedule O) | | | | ١ | |
| 20 | | includes foreign gra | | | 31a | |
| | Total program service expenses (add lines 28a t | | | | 32 | 12 (5 (17/2) |
| Par | | · · | | • | nstru | ctions for Part IV.) |
| | Check if the organization used Schedule | | (c) Reportable | (d) Health benefits, | | · · · · <u>(</u> |
| | (a) Name and address | (b) Title and average hours per week | compensation | contributions to employ | | |
| | (4) (14) | devoted to position | (Forms W-2/1099-MISC) (if not paid, enter -0-) | benefit plans, and deferred compensation | | other compensation |
| Cher | yl Keffer | Dunnisham 0 | | | + | |
| | Sanger Rd., Oak Hill, WV 25901 | President & Director, 3 hr. | o | | 0 | 0 |
| | ifer McCauley | Vice President & | | | + | _ |
| | Box 440, Scarbro, WV 25917 | Director, 1 hr. | o | į | o | 0 |
| | beth Epperson | Secretary & | | | \top | ······································ |
| 1088 | Sanger Road, Oak Hill, WV 25901 | Director, 1.5 hr. | o | | o | 0 |
| Dear | na Stafford | Treasurer & | | | \top | |
| P.O. | Box 582, Fayetteville, WV 25840 | Director, 4 hr. | o | | o | 0 |
| Mary | Bowling | Asst. Treasurer & | | | \top | |
| 1062 | Rogers Street, Oak Hill, WV 25901 | Director, 3 hr | 0 | | 0 | 0 |
| Jam | es Alexander | Director,1/2 hr. | | | \neg | |
| P.O. | Box 25, Oak Hill, WV 25901 | | 0 | | 0 | 0 |
| Leon | ı Jarosz, Jr. | Director, 1/2 hr. | | | | |
| P.O. | Box 189, Scarbro, WV 25917 | | 0 | | 0 | 0 |
| Calv | in Kidd | Director, 1/2 hr | | | | |
| 104 | Rakes Street, Oak Hill, WV 25901 | | 0 | | 0 | 0 |
| Becl | ky Legg | Director, 1/2 hr | | | ł | |
| 62 W | hite Oak Farm Dr., Scarbro, WV 25917 | | 0 | | 0 | 0 |
| | ey Mackey | Director, 1/2 hr. | | | | |
| 203 | Thomas Drive, Oak Hill, WV 25901 | | .0 | | 0 | 0 |
| | lyn Montgomery | Director, 1/2 hr. | | | | |
| 230 | Jones Avenue, Oak Hill, WV 25901 | | 0 | | 0 | 0 |
| | Nichols | Director, 1/2 hr | | | | |
| 1039 | Summerlee Ave., Oak Hill, WV 25901 | | 0 | 1 | o | 0 |

| Part | | | | |
|-----------------|---|------------|--------|----------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | SPan | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 103 | .\d |
| 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 | | 1 |
| 35 _a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| b c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | |
| 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 | | ✓ |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? | 37ь | - | 1 |
| 38a | 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 | | √ |
| b 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | | | |
| 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 | | | 4-0548 | 3 |
| b | Located at ► 50 Color Forms to 100 ZIP + 4 ► 25 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | Yes | |
| | If "Yes," enter the name of the foreign country: ▶ | 42b | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | ļ | | |
| С | At any time during the calendar year, did the organization maintain an office outside 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 | | | - |
| | | | Yes | No |
| 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 | | ✓ |
| 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 | 44b | | √ |
| C | 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 | | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44d 45a | | - |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ (see instructions) | 45b | { | ✓ |

| | , , | | | | | _ | |
|-----------|---|--------------------------------------|--|--|-----------------|---------------------------------------|-----------------|
| Form 99 | 90-EZ (2011) | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | Yes | age 4 No |
| 46 | Did the organization engage, directly or in | ndirectly, in political c | ampaign activities on | behalf of or in opposi | ition | 163 | NO |
| | to candidates for public office? If "Yes," | | | | | | ✓ |
| Part | | | | | | | |
| | 501(c)(3) organizations and sect and 52, and complete the tables | | | ists must answer qu | lestions 4 | 7–490 |) |
| | Check if the organization used Sc | | | his Part VI | | | |
| | | | | | | Yes | No |
| 47 | Did the organization engage in lobbying | | | n in effect during the | | | |
| 40 | year? If "Yes," complete Schedule C, Par Is the organization a school as described i | | | Pohodulo E | 47 | | √ |
| 48 49a | Did the organization make any transfers t | | • | | . 48 . 49a | - | -\ / |
| b | If "Yes," was the related organization a se | • | _ | | . 49b | | |
| 50 | Complete this table for the organization's | | | | | | key |
| | employees) who each received more than | n \$100,000 of comper | nsation from the organ | · · · · · · · · · · · · · · · · · · · | e, enter "N | lone." | |
| | (a) Name and address of each employee | (b) Title and average hours per week | (c) Reportable compensation | (d) Health benefits, contributions to employee | (e) Estimate | ed amou | nt of |
| | paid more than \$100,000 | devoted to position | (Forms W-2/1099-MISC) | benefit plans, and deferred compensation | other con | npensati | on |
| NONE | | NONE | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | NONE | NONE | | N | ONE |
| | | | | | | | |
| | | | | | <u> </u> | | |
| | | 1 | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Total number of other employees paid ov | /or \$100 000 | ► NONE | L | <u> </u> | | |
| 51 | Complete this table for the organization | | | | n received | more | thar |
| | \$100,000 of compensation from the orga | | | | 10001100 | 111010 | triai |
| (a) | Name and address of each independent contractor pa | aid more than \$100,000 | (b) Type of serv | ice (c |) Compensati | on | |
| NONE | | | | | | | |
| NONE | · | | NONE | | | N | ONE |
| | | | | | | | <u> </u> |
| | | | | | | | |
| | | | 1 | | | | |
| | | | | · | | | |
| | | | 1 | | | | |
| | | | | | | | |
| | | | | | | | |
| | Total number of other independent contri | _ | | | ONE | | |
| 52 | Did the organization complete Schedule | | | | N 177 17 | | |
| | nonexempt charitable trusts must attach | | ······································ | <u> </u> | ► ✓ Yes | | lo |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Sign Signature of office Here Type or print name and title Date Preparer's signature PTIN Check I if self-employed Print/Type preparer's name **Paid Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Oak Hill High School Alumni Association, Inc. 55-0652838 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 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. **b** Type II c Type III-Functionally integrated d Type III-Other 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) 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 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). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes No No (A) (B) (C) (D) (E)

Total

18

| schedu | le A (Form 990 or 990-EZ) 2011 | | | | | | Page 2 |
|----------|---|-----------------------|----------------------------------|---------------------------------|------------------------------|--|--------------------------------------|
| Part | | | | | - · · · · | | • |
| | (Complete only if you checked th | | | | | | alify under |
| <u> </u> | Part III. If the organization fails to | qualify unde | er the tests lis | sted below, p | lease comple | ete Part III.) | |
| | on A. Public Support | 4 1 0007 | 71000 | 1 (1000 | | 1 4 2 2 2 4 | |
| | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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 | | * | , | | | |
| _ | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 | - | | | • | | |
| Cooti | organization, check this box and stop her on C. Computation of Public Suppor | | | • • • • • | | • • • • • | · · • |
| 14 | Public support percentage for 2011 (line 6 | | | 1 column (fl) | | 14 | % |
| 15 | Public support percentage for 2011 (interest | | _ | | | 15 | 78 |
| 16a | 331/3% support test—2011. If the organiz | | | | | | |
| | box and stop here. The organization qual | | | | | | |
| b | 331/3% support test—2010. If the organicheck this box and stop here. The organi | | | | | 9 15 is 33½% | |
| 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 | inces" test, che | eck this box ar | nd stop here. E | line 14 is Explain in upported |
| _ | organization | | | | | | . ▶ 🗆 |
| b | 10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m | on meets the eets the | e "facts-and-ci s-and-circums | rcumstances" tances" test. T | test, check the organization | nis box and st on qualifies as a | op here. a publicly |
| | supported organization | | | | | | . ▶ □ |

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.)

| | in the organization rails to quality | under the tes | is listed Delu | w, piease co | impiete rait i | <u>''/</u> | |
|-------|--|-----------------|------------------|-------------------|---------------------------------------|-----------------|---------------------------------------|
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 51,152 | 15,280 | 24,991 | 27,656 | 27,722 | 146,801 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | İ | | İ | | | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | 11,405 | 11,824 | 12,519 | 13,910 | 11,415 | 61,073 |
| 3 | Gross receipts from activities that are not an | | | ,_,,,,,, | 10,010 | | 01,070 |
| Ū | unrelated trade or business under section 513 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 4 | Tax revenues levied for the | Í | | | | | |
| | 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 | 1 | | : | | | |
| | organization without charge | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6 | Total. Add lines 1 through 5 | 62,557 | 27,104 | 37,510 | 41,566 | 39,137 | 207,874 |
| 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 | | | | | <u>-</u> | |
| _ | 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 | | 5.55 | 0.00 | | | <u> </u> |
| 8 | Public support (Subtract line 7c from | | | | | | |
| • | line 6.) | 1 | } | ŀ | 1 | | 207,874 |
| Socti | on B. Total Support |]. | i | i | | | 207,874 |
| | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 | | 62,557 | 27,104 | 37,510 | 41,566 | | |
| _ | | 02,337 | 27,104 | 37,310 | 41,300 | 39,137 | 207,874 |
| 10a | Gross income from interest, dividends, | ļ | | | ĺ | | |
| | payments received on securities loans, rents, royalties and income from similar sources. | 44 000 | 7.040 | 0.050 | | 400 | |
| _ | · · | 11,328 | 7,243 | 2,050 | 1,104 | 199 | 21,924 |
| þ | Unrelated business taxable income (less | - 1 | | | • | Ì | |
| | 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 | 11,328 | 7,243 | 2,050 | 1,104 | 199 | 21,924 |
| 11 | Net income from unrelated business | | | i | | | |
| | 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 | | | | Ì | 1 | |
| | (Explain in Part IV.) | 3,401 | 3,936 | 5,671 | 3,874 | 3,744 | 20,626 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | · |
| | and 12.) | 77,286 | 38,283 | 45,231 | 46,544 | 43,080 | 250,424 |
| 14 | First five years. If the Form 990 is for the | e organization | 's first, second | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) |
| | organization, check this box and stop her | = | | | _ | | → □ |
| Secti | on C. Computation of Public Suppor | t Percentage | 9 | , | · · · · · · · · · · · · · · · · · · · | | |
| 15 | Public support percentage for 2011 (line 8 | | | 3, column (f)) | | 15 | 83.01 % |
| 16 | Public support percentage from 2010 Sch | | - | | | 16 | 80.64 % |
| | on D. Computation of Investment Inc | | | | <u> </u> | _+, | |
| 17 | Investment income percentage for 2011 (| | | / line 13 colum | n (f) | 17 | 8.75 % |
| 18 | Investment income percentage from 2010 | | | | * * * * | 18 | 11.71 % |
| 19a | 331/3% support tests—2011. If the organi | | | | | | |
| 134 | 17 is not more than 331/3%, check this box | | | | | | · |
| L | 33¹/s% support tests—2010. If the organiz | | _ | | | - | |
| b | line 18 is not more than 331/3%, check this t | | | | | | |
| ^^ | | | _ | | • | · · | |
| 20 | Private foundation. If the organization di | a nor check a l | JOX OITHIRE 14, | raa, or 190, C | HECK HIS DOX | and see mstruc | tions 🕨 📋 |

| Schedule A (Form 990 or 990-E | Z) 2011 | F | age 4 |
|-------------------------------|-----------------------------------|---|-----------|
| Part II, line | 17a or 17b; and Part III, line | this part to provide the explanations required by Part II, line 10; 212. Also complete this part for any additional information. (See | |
| instructions | s). | | |
| Column (a) 2007 Line 12 (| Other Income: | | · |
| Marshall University Retur | n of Scholarship Payment | \$250 | |
| Intuit, Inc. Rebate for soft | ware ;purchase | 31 | |
| Reunion Log Sales.A onc | e-a-year issue of newspaper | 1,695 | |
| Reunion Log Ad sales in | once-a-year issue of newspaper | 1,425 | |
| TOTAL (a) 2007 | | \$3,401 | |
| Column (b) 2008 Line 12 (| Other Income: | | |
| WVU Institute of Technology | ogy return of scholarship payme | nt. \$1,000 | |
| Reunion Log Sales and a | ds for once-a-year newspaper | 2,936 | |
| TOTAL (b) 2008 | | \$3,401 | |
| Column (c) 2009 Line 12 (| Other Income: | | |
| Return of Scholarship by | University | \$2,250 | |
| Reunion Log sales and a | ds for once-a-year newspaper | 3,241 | |
| TOTAL (c) 2009 | | \$5,671 | |
| Column (d) 2010 Line 12 | Other Income: | | |
| The Reunion Log sales as | nd ad sales for once-a-year news | рарег \$3,624 | |
| Return of scholarship aw | ard ;by Mountain State University | y 250 | |
| TOTAL (d) 2010 | | \$3,874 | |
| Column (e) 2011 Line 12 (| Other Income: | | •••• |
| The Reunion Log, Sales a | and Ads: | \$3,452 | |
| Return of check made ou | t for wrong amount: | 255 | - |
| Return of purchase price | for defective computer router: | 37 | |
| TOTAL (e) 2011 Line 12 O | Other Income | \$3,744 | |
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| | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

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.

Open to Public Inspection

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: \$3,452.00 2) Return of check made out for wrong amount: \$255.00 3) Return of purchase price for defective computer router: \$37.06 TOTAL PART I, LINE 8 OTHER REVENUE: \$3,744.00 Form 990 EZ, Part I, Line 10 Grants and similar amounts paid: Total Scholarship Awards amounting to \$10,750 were given to 18 graduates of Oak Hill High School. All of the graduates were new recipients TOTAL PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID: \$10,750 Form 990 EZ, Part I, Line 16 Other Expense: Office Supplies and Equipment: \$389.38 Bank Charge: \$8.90 **Board of Directors Dinner Meeting: \$900.00** Web Site Hosting and Registration Fees: \$480.00 Computer Data Online Backup Services: \$545.26 Administrative Postage Expense: \$96.38 P.O. Box: \$23.00 **TOTAL PART I LINE 16 OTHER EXPENSES: \$2,443.00** Form 990 EZ, Part I, Line 20 Other Changes in net assets or fund balances. An amount of \$20,995.15 was added to Oak Hill High School Alumni Association, Inc. accounts held by the Beckley Area Foundation, 129 Main Street, Beckley, West Virginia 25801. EIN 31-11225328. The Beckley Area Foundation is a 501 (c) (3) organization. The earnings from these accounts fund scholarships for qualified graduates of Oak Hill High School. The dispersed amount of \$20,995.15 is approximately 13.26% of the net assets at the beginning of the 2011-2012 fiscal year. Form 990 EZ, Part II, Line 26 Total Liabilities: Credit Card Charges that remained unpaid on March 31, 2012: \$387.00 **TOTAL PART II LINE 26, TOTAL LIABILITIES: \$387.00**

| Solection by cyron and or agreed (2011) Mismod file organization Oak Hill High School Alumin Association, Inc. Employer identification number \$50482838 Part IV, List of Officers, Directors, Trustees, and Key Employees: Normal Price, 1401 Linden Lane, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 Pam Smith, 511 Pea Ridge Road, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 Annual Price Acct. 0.00 Pam Smith, 511 Pea Ridge Road, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 Annual Price Acct. 0.00 Pam Smith, 511 Pea Ridge Road, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 Annual Price Acct. 0.00 Pam Smith, 511 Pea Ridge Road, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 Annual Price Acct. 0.00 Pam Smith, 511 Pea Ridge Road, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 Annual Price Acct. 0 | • Only at the O. (Ferry 2000 as 2000 FT) (2014) | 0 |
|---|--|---|
| Oak Hill High School Alumni Association, Inc. 55-0652838 Part IV, List of Officers, Directors, Trustees, and Key Employees: Norma Price, 1401 Linden Lane, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct., 0.00 | Schedule © (Form 990 or 990-EZ) (2011) | Page 2 |
| Part IV, List of Officers, Directors, Trustees, and Key Employees: Norma Price, 1401 Linden Lane, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct., 0.00 | | |
| | | |
| Pam Smith, 511 Pea Ridge Road, Oak Hill, WV 25901: Director, 1/2 hr., Compensation 0.00, Contributions to Benefits, 0.00, Expense Acct. 0.00 | Norma Price, 1401 Linden Lane, Oak Hill, WV 25901; Director, 1/2 hr., Compensation 0.0 | 0, Contributions to Benefits, 0.00, Expense Acct., 0.00 |
| | Pam Smith,511 Pea Ridge Road, Oak Hill, WV 25901: Director, 1/2 hr., Compensation 0.0 | 0, Contributions to Benefits, 0.00, Expense Acct. 0.00 |
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