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Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A F	or the	2012 cale	endar year, or tax year beginning , 2012	2, and endir	ng	, 20
B Ch	eck if plicable		C Name of organization ROANE COUNTY COLLEGE SCHOLAR	RSHIP FO	D Employer ider	ntification number
1 1	dress c		Doing Business As		55-074074	
∐ Na≀	me cha	inge	Number and street (or P O. box if mail is not delivered to street address)	Room/suite	E Telephone nun	nber
Init	tial retu	ırn	804 SUMMIT STREET		(304)927 -	2319
Ter	rminate	d	City, town or post office, state, and ZIP code		G Gross	
Am	ended	return	Spencer WV 25276		receipts \$	52,32
Ap	plicatio	n pending	F Name and address of principal officer:	1(a) Isth⊪sa	group return for affilia	tes? Yes X
				l(b) Are all a	ffiliates included?	Yes 📗 !
		mpt status.	7777	If "No,"	attach a list (see instru	ctions)
	_	: ► N/A		l(c) Group e	xemption number	
		rganization		f formation	1995 M State	of legal domicile WV
Par	Т	Summ				
	1		scribe the organization's mission or most significant activities			
Ā	<u>ro</u>	PROVI	DE COLLEGE SCHOLARSHIPS TO HIGH SCHO	<u>OL STU</u>	DENTS	
A C C T	-					
ίδ	<u> </u>					
ΙĒ	2		s box but if the organization discontinued its operations or disposed of m		1 1	
ΤÄ	3		f voting members of the governing body (Part VI, line 1a)			
E Ñ	4		f independent voting members of the governing body (Part VI, line 1b)		+	
E	5		ber of individuals employed in calendar year 2012 (Part V, line 2a)		5	
&	6		ber of volunteers (estimate if necessary)		6	
	7a		lated business revenue from Part VIII, column(C); line 12 V	• •	· · 7a	
	D	Net unreia	ated business taxable income from Form 990-T, line 34 !/\(\sigma\).		7b	
R		Contribut	ons and grants (Part VIII, line 1h)	P	Prior Year	Current Year
REVERUE	8		16.1	•	12,214	21,1
	9	Program s	service revenue (Part VIII, line 2g)	·	26 444	20 5
Ü	10	Other	it income (Part VIII, column (A), lines 3! 4, and /d)		26,444	29,5 1,5
E	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	4,272	52,3
	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· -	65,600	70,2
	14		d similar amounts paid (Part IX, column (A), lines 1-3)	•	03,000	10,2
É	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	* 1		
EXPERSES			nal fundraising fees (Part IX, column (A), line 11e)	·		
N			raising expenses (Part IX, column (D), line 25)	•		
Ş	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	9,857	10,8
ริ	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		75,457	81,0
	19		less expenses. Subtract line 18 from line 12		-32,527	-28,7
N a D	,	1101011001	odo expenses, dubitact into to north inte 12	Basina	-	End of Year
N P P	20	Total asse	ets (Part X, line 16)	Beginni	1,680,424	1,673,5
S F N	21		ities (Part X. line 26)			
ξNĔ	22		s or fund balances Subtract line 21 from line 20	.	1,680,424	1,673,5
Par	_		ture Block			i
Under	penaltı	es of perjury	, I declare that I have examined this return, including accompanying schedules and stater	ments, and to	the best of my knowles	dge and belief, it is true
correct	t, and c	omplete De	claration of preparer (other than officer) is based on all information of which preparer has	is any knowled	ge.	
		1	Tank interes			5-9-20
Sign		Sign	nature of officer		D	ate
Here	•	PA PA	UL HUGHES PRESI	DENT		
		Тур	e or print name and title			
n-·-	ı		Type preparer's name Preparer's signature Date		Check if	PTIN
Paid					3 self-employed	
-	arer	<u> </u>	n's name ► H AND R BLOCK	F	irm's EIN ▶ 550	669578
Use	Only	·	n's address ► 413 MAIN ST	F	Phone no	
			NCER WV 25276	3	049274481	
			nis return with the preparer shown above? (see instructions)		<u> </u>	Yes X No
For Pa	aperv	vork Redu	ction Act Notice, see the separate instructions.			Form 990 (201

	990 (2012) ROANE COUNTY COLLEGE SCHOL 55-0740743 Pa
art	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	TO PROVIDE COLLEGE SCHOLARSHIPS TO HIGH SCHOOL STUDENTS
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
3	(Code) (Expenses \$70,250 including grants of \$) (Revenue \$
	See attachment #1
)	(Code) (Expenses \$
	<u> </u>
_	
3	(Code) (Expenses \$
_	Other program services (Describe in Schedule O) .

JVA

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	l	Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	Ė		
	or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the			
-	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Λ_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		v
8		7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,			
	or X as applicable			~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a		Χ
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			-
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	 a	-	- 4 2
	business, investment, and program service activities outside the United States, or aggregate foreign investments			
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		—	71
. •	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-"	-	
.,	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	ا 🚛 ا		v
17		16		<u>X</u>
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) lines 6 and 11e2 if "Yes," complete Schodule G. Part Logo instructions)	ا ــ ا	ļ	v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	_		.,
40	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00-	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b	200	

Form 990 (2012)
Part IV CI 12) ROANE COUNTY COLLEGE SCHOL Checklist of Required Schedules (continued)

`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and IIII.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	İ		
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	}		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u> _
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
00	complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			3.7
28	any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
9	Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			3.7
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		_X_
	Part IV	004		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	28b		<u> X</u>
·	afficient districts of the second sec	200		v
29	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<u> </u>		- 23
	Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X_	
JVA	12 9904 TWF 990 Copyright Forms (Software Only) - 2012 TW	Form	990 (2012)

Part				
	Check if Schedule O contains a response to any question in this Part V	• • • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		1.03	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			\Box
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a	L	X
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	}	ļ	ļ
	solicit any contributions that were not tax deductible as chantable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		i i	
	gifts were not tax deductible?	6b	<u> </u>	—
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	\ _	}	١
_	and services provided to the payor?	7a	├ ──	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N./A.	7b	├	┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		1,7
	required to file Form 8282?	7c	├	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+	X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	X	╁┷
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-/'' -	 ^-	┼
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	۳	 	+
a	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	t —	X
10	Section 501(c)(7) organizations. Enter		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	İ	
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		Ì
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<u> </u>	<u> </u>	lacksquare
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an evalenation in Schoolule Q	1446	1	1

Form 9	90 (2012) ROANE COUNTY COLLEGE SCHOL 55-0740743			age 6
Part		o" resp	onse	to
•	line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response to any question in this Part VI	<u></u> .		Ш
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year [18]			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
	or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ı
Casti	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	-	X
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			3,7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	401		
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this is done	12c		
14	Did the organization have a written whistleblower policy?	13		X
15	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
13	Did the process for determining compensation of the following persons include a review and approval by			
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45.		v
b		15a		X
U	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	IVa		
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	•	
Section	on C. Disclosure	ַנוטוּיַ		
17	List the states with which a copy of this Form 990 is required to be filed ▶ ₩V			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nlv)		
	available for public inspection. Indicate how you made these available. Check all that apply	,		
	Own website Another's website Dother (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ▶ See attachment #2			
	······································			_

55-0740743 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII .

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the (A) Name and Title	(B) Average hours per week	i officer and a director/trusteel i						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organiza- tions below)	TRUSECTOR VIDUAL	-207DH024-	OFF-CER	KEY PLOYEE	EMPLOYEE COMPESSATED	FORMER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PAUL HUGHES PRESIDENT ANITA ASHLEY	5.00			Х						
VP/SEC KAY COTTRELL	2.00			Х	:					
TREASURER	2.00			X						
				:						

- uit	VII Section A. Officers	, Director	s, music	565, N	ey Ell	ipioye	es, and	nigne	ssi Compensaleu E	inproyees (continue	zu)			
•	(A)	(B)			Pos	ition			(D)	(E)	i .	(F)		
	Name and title	Average hours per	,	box, un	check less pe	more th	both an		Reportable compensation	Reportable compensation	Estimated amount of			
		week	ITD			rector/	trustee) H C E	F	from	from related	L	ther	J	
		(list any	NRI	NS U	F	K E E M Y P	1	O R	the	organizations	1	ensati	on	
		hours for related	I S E V T C	I ¥	į	L	HPL	M E	organization	(W-2/1099-MISC)	1	m the		
		organiza-	DEO	RUSTEE	C E R	O Y E E	GMP HE E N E E	Ř	(W-2/1099-MISC)		orga	nızatıo	n	
		tions	U R A R	N N	} "	Ē	ĂĒ					related		
		below)	L R	Ř.			E D				orgai	nizatior	ns 	
			}	}										
					,									
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						1		l						
						İ								
]]										
						ļ			ļ					
									İ					
		İ						:						
1b	Sub-total		<u> </u>	L		1		. ▶						
C	Total from continuation sh	eets to Pa	art VII, S	ection	1 A			•						
d	Total (add lines 1b and 1c					•		•						
2	Total number of individuals	(including	but not l	mited	to tho:	se liste	d above) who	received more than	\$100,000 of reportat	ole comp	ensatio	on	
	from the organization											.		
3	Did the organization list any	former of	ficer din	ector (or trus	tee ke	v emnlo	vee o	r highest compensat	ed employee		Yes	No	
·	on line 1a? If "Yes," complete							-			. з		Х	
4	For any individual listed on I													
	organization and related org	anizations	greater	than \$	150,00	00? If "	Yes," co	mplete	e Schedule J for suc	h individual	4		Χ	
5	Did any person listed on line										ı			
0	services rendered to the org		If "Yes,"	comp	lete S	chedu	le J for s	uch p	erson	<u></u>	. 5		Χ	
1	n B. Independent Contractor Complete this table for your		t compo	neato	d indo	nondo	nt contr		that recovered more t	han \$100,000 of				
•	compensation from the orga										tax vear			
		(A)	<u> </u>				o daioi i di	1 ,00	(B)	, and digalization of		C)		
	Name and	d business	address	3					Description of se	ervices	Compe		n	
													_	
														
								<u> </u>						
See	attachment #3													
2	Total number of independer	nt contracto	ors (ınclu	idina h	out not	limite	d to thos	e liste	d above) who receiv	ed more than				
	\$100,000 of compensation f										_			
JVA	12 9908 TWF 990 C	opyright Foi	ms (Softv	vare On	ly) ~ 20	12 TW					Form	990 (2012)	

Form 990 (2012) ROANE COUNTY COLLEGE SCHOL 55-0740743 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Unrelated Revenue excluded from tax under sections 512, 513, or 514 Related or exempt function Total revenue business revenue 1a Federated campaigns 1a **b** Membership dues . 1b c Fundraising events . . 1c GRANTS **d** Related organizations . . 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, & 21,195 similar amounts not included above. 1f g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 21,195 Р **Business Code** R S G E R R R CE All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 29,564 29,564 Income from investment of tax-exempt bond proceeds . . . • 453 Royalties 453 (ı) Real (II) Personal 6a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) . . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 0 c Gain or (loss) T d Net gain or (loss) . Н 8a Gross income from fundraising Ε R events (not including \$ of contributions reported on line 1c) R See Part IV, line 18 Ε ٧ Ε c Net income or (loss) from fundraising events N 9a Gross income from garning activities See U Part IV, line 19 a F **b** Less. direct expenses c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . **b** Less cost of goods sold

Total revenue. See instructions 12 9909

JVA

d All other revenue e Total. Add lines 11a-11d

c MISC

c Net income or (loss) from sales of inventory . Miscellaneous Revenue

b NEWSPAPER AD SPONSORSH

11a SCHOLARSHIP REFUNDS

Business Code

500

581

1,113

52,325

32

500

581

31,130

32

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all

Secuor	Check if Schodulo O contains a response to any superior		izations must comple		
Do not	Check if Schedule O contains a response to any question t include amounts reported on lines 6b,		(D)	(C)	
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21	70,250	70,250		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
·	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Donofte monday and an array				
5	Compensation of current officers, directors,				
·	American and the state of the s				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
8	Pension plan accruals and contributions (include section				
•	•				
9	401(k) and 403(b) employer contributions)				
10	Other employee benefits				
11	l l	<u> </u>			
	Fees for services (non-employees)				
a b	Management				
C	<u>,</u> -	250		250	· · · · · · · · · · · · · · · · · · ·
d	· · · · · · · · · · · · · · · ·			250	
e	Lobbying			-	
f	Professional fundraising services See Part IV, line 17 Investment management fees				
	_	-			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion				
13	O# .	941		941	
14	Information to the state of			711	
15	Royalties				
16	Occupancy	-			
17	Travel				
18	Payments of travel or entertainment expenses			·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		· · · · · ·		<u>. </u>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)				
а	and any any any any any				
b	INVESTMENT FEES	8,549		8,549	
c	WV DEVELOPMENT FEES	239		239	
d	GOVERNMENTAL FEES	40			 -
e	All other expenses	799		799	
25	Total functional expenses. Add lines 1 through 24e	81,068	70,250	10,778	
26	Joint costs. Complete this line only if the organization			, , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
JVA	12 99010 TWF 990 Copyright Forms (Software Only) - 201	2 TW		<u>·</u>	Form 990 (2012)

695,969

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10c

11

12

25

26

0

690,133

Form 990 (2012) ROANE COUNTY COLLEGE SCHOL 55-0740743 Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash -- non-interest-bearing 12,278 1 34,119 2 Savings and temporary cash investments 978,013 943,449 2 3 Pledges and grants receivable, net . 3 4 Accounts receivable, net ... 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L · · · 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary ASSETS 6 Notes and loans receivable, net 7 Inventories for sale or use . 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a

10b

13 14 Intangible assets 14 15 Other assets See Part IV, line 11...... 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 1,673,537 1,680,424 16 17 Accounts payable and accrued expenses 17 18 19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities . . . 20 A B 21 Escrow or custodial account liability Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, L trustees, key employees, highest compensated employees, and I disqualified persons Complete Part II of Schedule L . . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 Ε 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X

complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets 1,680,424 27 1,673,537 U N D 28 Temporanly restricted net assets 28 ASSETS 29 B A L A N Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | | and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 O R E 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 Total net assets or fund balances 1,680,424 1,673,537 33 34 Total liabilities and net assets/fund balances 1,680,424 1,673,537 34

b Less accumulated depreciation.

26 Total liabilities. Add lines 17 through 25 .

11 Investments -- publicly traded securities

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🂢 and

Form	990 (2012)			Pag	e 12		
	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				\boxtimes		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,	, 325		
2	Total expenses (must equal Part IX, column (A), line 25)	2		81,	,068		
3	Revenue less expenses. Subtract line 2 from line 1	3		-28,	743		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	680,	424		
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6		21,			
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,	673,	, 537		
Par	t XII Financial Statements and Reporting	'					
	Check if Schedule O contains a response to any question in this Part XII				П		
				Yes	No		
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🗍 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				·		
	reviewed on a separate basis, consolidated basis, or both.				1		
	Separate basis Consolidated basis Both consolidated and separate basis				1		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				<u> </u>		
	separate basis, consolidated basis, or both				٠		
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1		
		N/A	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in	-1,					
•	Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				·		
	the Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N./A	3b				
JVA	12 99012 TWF 990 Copyright Forms (Software Only) - 2012 TW	~ · / · E 3		990 (2012)		

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.

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		the organizati							Employer		ation n	umbe	r
		E COUNTY	COLLEGE S	CHOLARSHIP F	COUNDA	NOITA	INC		5-074	0743			
Pa:		Reason	Tor Public Cha	rity Status (All organ ecause it is: (For lines 1	izations m	ust comple	te this par	t.) See ins	tructions				_
1	Ϊ̈́			r association of churche									
2	П			o)(1)(A)(ii). (Attach Sche		70 III 0001	1011 110(2)	(')(-)(')					
3				service organization des		section 1	70(b)(1)(A)	(iii).					
4		A medical resea	arch organization ope	rated in conjunction wit	h a hospit	al describe	d in sect	ion 170(b)	(1)(A)(iii).	Enter the	e hospit	al's na	me,
	_	city, and state.											
5			n operated for the ber). (Complete Part II)	nefit of a college or unive	ersity owne	ed or opera	ated by a g	jovernmen	ital unit de	scribed ii	n sect	tion	
6	Ц			or governmental unit di									
7		section 170(b)	(1)(A)(vi). (Complete	· ·			rernmental	unit or fro	m the gen	eral publ	ıc descr	nbed II	n
8	Ц			tion 170(b)(1)(A)(vi). (C									
9	X	An organization	that normally receive	es (1) more than 33 1/3	% of its su	pport from	contribution	ons, memb	ership fee	s, and gr	ross		
				exempt functionssubjections and unrelated busine							3		
				ine 30, 1975 See secti					rom busin	esses			
10	П			ated exclusively to test for									
11	Ħ			ated exclusively for the b					o carry out	the			
		purposes of on	e or more publicly su	pported organizations d bes the type of supporti	lescribed ıı	n section 5	09(a)(1) or	section 50	09(a)(2) S	ee sec t	tion		
		a ∏ Type I	b ∏ Type					dГ	Type III-I		ctionally	integr	ated
е		By checking the		e organization is not cor				<u> </u>			,	eg.	
		persons other t	han foundation mana	gers and other than one							ion		
		509(a)(1) or sec	ction 509(a)(2)										
f				determination from the	IRS that it	is a Type I	l, Type II, c	r Type III	supporting	I			_
~		organization, ch						•		• • • •	• •	•	L
g		following perso	ns?	nization accepted any g			•						
		(i) A person w	ho directly or indirect	ly controls, either alone	or togethe	r with pers	ons descri	bed in (ii)		ı		Yes	No
				dy of the supported org scribed in (i) above? .	janization?			•	••	·	11g(i)		X
			<u>=</u>	scribed in (i) above? on described in (i) or (ii)	· · ·			•	• • • •		11g(ii) 11g(iii)	 	X
h				out the supported organ		•	• •		••	[r rg(m)	<u> </u>	LΑ
			-						(vi)	I - 4 b -	<u> </u>		
(i) N		of supported	(ii) EIN	(iii) Type of organization					(vi) I organizatio	istne In in col. (i) (vii)	Amou	nt of
	org	anization		(described on lines 1-9 above or IRC section		isted in your document?	1	nıncol (I) support?	organize	ed in the	mone	tary s	upport
				(see instructions))	governing	OOCUMBIIL!	di your s	supportr	U	S.?			
					Yes	No	Yes	No	Yes	No			
					1	1							
										İ			
							[
				<u> </u>									
Tota	.1	,											

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

Section A. Public Support

(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.)

Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	251,284	1,058,143	22,825	12,214	21,195	1,365,661			
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									
3	Gross receipts from activities that are not an unrelated trade or business under section 513.					.=				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_								
5	The value of services or facilities furnished by a governmental unit to the organization without charge	251 204	1 050 143	22.025	10.001		1 265 661			
6	Total. Add lines 1 through 5	251,284	1,058,143	22,825	12,214	21,195	1,365,661			
	Amounts included on lines 1, 2, and 3 received from disqualified persons									
D	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									
	Add lines 7a and 7b									
<u>8</u>	Public support (Subtract line 7c from line 6.)		<u>. </u>				1,365,661			
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
9	Amounts from line 6	251,284	1,058,143	22,825	12,214		1,365,661			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,117	35,483	20,702	26,444	29,564	127,310			
b	Unrelated business taxable income (less section 511 taxes) from businesses		33, 103	20,702	20,111	23,000.	127,310			
С	Add lines 10a and 10b.	15,117	35,483	20,702	26,444	29,564	127,310			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	<u>.</u>		. '						
12	Other income Do not include gain or		_							
	loss from the sale of capital assets	750	2,932	4,272	4,272	1,566	13,792			
13	(Explain in Part IV.)	267,151	1,096,558	47,799	42,930		1,506,763			
14	First five years. If the Form 990 is for the org	anızatıon's first, s	second, third, for	urth, or fifth tax ye	ear as a section	501(c)(3)				
Sec	organization, check this box and stop here tion C. Computation of Public Sup				<u> </u>	• • • • • • • • • • • • • • • • • • • •	····· P L			
15	Public support percentage for 2012 (line 8, co			nn (f))		15	90.64 %			
16	Public support percentage from 2011 Schedu					16	92.03%			
	tion D. Computation of Investment						22.03 /8			
17	Investment income percentage for 2012 (line			3, column (f))		17	8.44 %			
18	Investment income percentage from 2011 Sc					18	92.87 %			
19a	33 1/3% support tests 2012. If the organization			ne 14, and line 1			17 is			
	not more than 33 1/3%, check this box and s	t op here. The or	rganization quali	fies as a publicly	supported orga	nization	▶ 🔯			
b										
20	Private foundation. If the organization did no						·· 【H			
JVA	12 990A3 TWF 990 Copyright Forms (S			A = 1		e A (Form 990 c	r 990-F7) 2012			
	., .	, ,	1//	HL	\ 55,150,01	(JOU LE, 2012			

ROANE COUNTY COLEGE SCHOLARSHIP FOUNDATION, INC CONTRIBUTORS 2012

1 Charles B. Lewis Trust C/O Orton Jones, Atty-at-Law P O Box 7 Spencer, WV 25276	5,500.00	10 Paul Hughes 804 Summit Street Spencer, WV 25276	510.00
2 Reserve Oil & Gas 929 Charleston Road Spencer, WV 25276	2,600.00	11 David & Sandra Boothe 45 Billings Road Reedy, WV 25270	500.00
3 Sidney Boggs Estate C/O Joshua & Amy Downey 200 Main Street	1,293.92	12 Richard D. Frum P O Box 665 Spencer, WV 25276	500.00
Spencer, WV 25276		13 Barbara S. Myers 61 Sunset Beach Road	500.00
4 David & Clara Combs 414 Clay Road	1,150.00	Morgantown, WV 26508	
Spencer, WV 25276		14 Contractor Services, Inc 929 Charleston Road	500.00
5 Linda Raines Torre 101 Flintlock Road	1,000.00	Spencer, WV 25276	
Charleston, WV 25314		15 Spencer Rotary Club P O Box 1049	500.00
6 Fred & Martha Hardman 26 Deerfield Road Spencer, WV 25276	1,000.00	Spencer, WV 25276	
7 Thomas Hardman 406 Green Acres Circle Spencer, WV 25276	1,000.00		
8 Justice Larry V. Starcher 3127 N. Greystone Drive Morgantown, WV 26508	1,000.00		
9 Thelma Hughes 400 Church St, Apt 17 Spencer, WV 25276	720.00		
Sub Total LESSS THAN \$500 AGGREGATE	18,273.92		
	2,921.17	,	
Total Contributrions	21,195.09		

XL:scdonors2012

SCHEDULE		Grants and Other Assistance to Organizations,	r Assistance	to Organiza	itions,		OMB No 1545-0047
(Form 990)	့	Governments, and Individuals in the United States	Individuals	in the United	d States		2012
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization a ▼	the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Form 990, Part IV,).	line 21 or 22.		Open to Public Inspection
┌ .			,			Employer ider	Employer identification number
Part General	COUNTY COLLEGE SCHOLARSHIP FOR General Information on Grants and Assista	UNDATION	INC			155-0740743	43
1 Does the organizato	Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?.	ount	ssistance, the grante	es' eligibility for the	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	рı	Say.
OL	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ning the use of grant func	ds in the United State	Se			
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Jue 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	than \$5,000. Part II can be	zations in the L be duplicated if addit	Jnited States. (Ijonal space is need	Somplete if the organiza ed	ation answered "Yes" to	o Form 990,
(a) Name and address of organization or government	of organization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 instructions	anizations listed in the line	e 1 instructions			•	
3 Enter total number of	Enter total number of other organizations listed in the line 1 instructions	instructions.				•	
For Paperwork Reduction	ž	. Form 990.				Schedu	Schedule I (Form 990) (2012)
JVA 12 99011 TWF 990	990 Copyright Forms (Software Only) - 2012 TW	:012 TW					

Schedule I (Form 990) 2012

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Parl IV, line 22

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 69,750 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 65 (b) Number of recipients SCHOLARSHIPS PROVIDED T (a) Type of grant or assistance HIGH SCHOOL STUDENTS

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information STUDENTS ARE REQUIRED TO FURNISH PROOF OF ENROLLMENT BEFORE FUNDS ARE SENT, AND FUNDS ARE TRANSFERRED INTO THE RECIPIENT'S ACCOUNT AT THE SCHOLL WITH INSTRUCTIONS THAT THEY CAN BE USED FOR "ANY NECESSARY COSTS OF ATTENDING SCHOOL" Part IV

Schedule I (Form 990).(2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ROANE COUNTY COLLEGE SCHOLARSHIP FOUNDATION INC

Employer identification number

55-0740743

SCHOLARSHIP REFUNDS 500.00 ROYALTIES 453.00 MISC INCOME 613.00 TOTAL LINE 11 FORM 990 1566.00

GRANTS AND SIMILAR AMOUNTS PAID LINE 13 SEE ATTACHED LIST OF SCHOLARSHIPS PAID 2012

INVESTMENT FEES 8549.00
WV DEVELOPMENT OFFICE FEE 239.00
GOVERNMENTAL FEE 40.00
ACCOUNTING 250.00
OFFICE EXPENSE 941.00
OTHER EXPENSE 799.00
TOTAL LINE 17 FORM 990

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

<u>Attachment</u>	1: Form 990	Page 2, Par	t III		
Open to Public Inspection	l .				
Name of Organizatio	For calendar year 2012	, or tax period beginning		, and ending	
		CHUI VDCUID E	OUNDATION INC		Employer Identification Number 55-0740743
Part III - Statemer	nt of Program Service	COMPlishments	CONDALTON INC		00-0/40/43
Code.	Expenses	70,250	including Grants of	 	Revenue.
			npt Purpose Achievements		
SEE ATTACH	ED				
				,	

990 BOOKS ARE IN CARE OF

<u>Attachmen</u>	t 2: Form 990 Page 6, Part VI, Section C, Line 20
Open to Public	
Inspection	For calendar year 2012 or tax period beginning , and ending
Name of Organiza ROANE COU	hon Employer Identification Number NTY COLLEGE SCHOLARSHIP FOUNDATION INC 55-0740743
Part VI - Line 20	
Individual Name or Business Name:	PAUL HUGHES
Street Address	804 SUMMIT STREET
US Address:	
Zip code or Foreign Address	25276 City Spencer State WV
City	
Province o	r State
Country	
Postal cod	e
Phone Nui	mber
Fax Numb	er

JVA

DEPENDENT CONTRACTORS	
PART VII - FIVE HIGHEST COMPENSATED INDEPENDE	schment 3: Form 990 Page 8, Part VII

Open to Public Excelendarion 2012 or the popularion	and ending		
	6		•
Name of Organization ROANE COUNTY COLLEGE SCHOLARSHIP FOUNDATION INC	Employer Identifica 55-0740743	Employer Identification Number 5-0740743	
(a) Name and address of each independent contractor paid more than \$100,000		(b) Type of service	(c) Compensation
NONE			
JVA Copyright Forms (Software Only) – 2012 TW L0613F			12_E042

990 PAGE 10, OTHER EXPENSES

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Open to Public

Inspection For calendar year 2012 or tax period beginning

, and ending

Name of Organization ROANE COUNTY COLLEGE SCHOLA		TON INC	Employer Identif	
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
INVESTMENT FEES WV DEVELOPMENT FEES GOVERNMENTAL FEES FOREIGN TAXES S BOGGS ESTATE TAXES	8,549 239 40 777 22	Services	and General 8,549 239 777 22	(b) I dilatasing
Total:	9,627		9,587	

SCHOLARSHIPS PAID - 2012

RECIPIENT	AMOUNT	RECIPIENT	AMOUNT
Abbott, Adam	750.00	Nichols, Leah	1,000.00
Ashman, Elaine	1,000.00	Nichols, Brian	500.00
Atkinson, Rhett	2,000.00	Nicholson, Corie	1,000.00
Bates, Michael	500.00	Parsons, Emily	1,000.00
Blosser, Chris	1,000.00	Peters, Brittney	1,000.00
Boggs, Jacob	1,000.00	Price, Chad	1,000.00
Bowen, Kaitlyn	1,000.00	Pritt, Brittany	1,000.00
Bowman, Willie	500.00	Randolph, Michelle	1,000.00
Carper, Ryan	1,000.00	Reed, Joseph	1,000.00
Cole, Allison	1,000.00	Richards, Cassandra	500.00
Conley, Katelyn	500.00	Ricks, Rebekah	2,000.00
Cottrell, Morgan	2,000.00	Rogers, Conor	1,000.00
Cottrell, Anastasia	1,000.00	Shimp, Emily	1,000.00
Cottrell, Dylan	500.00	Skaggs, Megan	1,000.00
Cottrill, Eve	1,000.00	Smith, Jacob	1,000.00
Cutlip, Courtney	1,000.00	Stearns, Vanessa	2,000.00
Daniels, Emily	500.00	Stockner, Ashleigh	500.00
Dawson, Courtney	1,000.00	Stover, Carly	2,000.00
Drake, Amber	2,000.00	Summers, Jacob	1,000.00
Dynes, Justin	1,000.00	Taylor, Colter	1,000.00
Epling, Chelsea	1,000.00	Taylor, Virginia	2,000.00
Frame, Tyrell	2,000.00	Wasserman, Rachel	2,000.00
Goodwin, Caitlyn	1,000.00	West, Amanda Jo	1,000.00
Hall, Millicent	500.00		
Hall, Kelly	500.00	Total Scholarships Awarded	70,250.00
Hart, Tyler	1,000.00		
Hersman, Alex	1,000.00	Less Refund Tyler Hart	500.00
Hicks, Michael	1,000.00	Net Scholarships in 2012	69,750.00
Holliday, Allison	1,000.00		
Hylbert, Brandy	500.00		
Jarvis. Nick	1,000.00		
Keiffer, Alex	1,000.00	•	
Keller, Erin	1,000.00		,
Livorski, Diane	500.00		
Love, Lanisha	500.00		
Ludle, Michael	1,000.00		
Martin, Meghan	1,000.00		
Matthewson, Breanna	2,000.00		
McMinn, Weston	2,000.00		
Montgomery, Shelby	2,000.00		
Moore, Mariah	1,000.00		
Nagy, Brandy	1,000.00		