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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

_	F	0010 - 1			TH 590 and its iti				7177000	<del></del>				
			endar year, or tax year beg				3, and end	aing	_	, 20 D Employer identification number				
В		applicable	C Name of organization Gree	nbrier Mil	itary School Alu	mni Associa	ation			<b>-1</b> ' '				
	Address	change	Doing Business As							==	55-0651040			
$\sqcup$	Name ch	ange	Number and street (or P O	box if mail is	not delivered to str	eet address)	Room.	/suite		E Telephone number				
$\sqcup$	Initial retu	urn	P. O. Box 922								(304) 520-3214	<u> </u>		
	Terminate	ed	City or town, state or provin	ce, country,	and ZIP or foreign p	ostal code								
	Amended	d return	Lewisburg, WV 24901							<b>G</b> Gross re	ceipts \$	126,914.88		
	Application	olication pending F Name and address of principal officer H(e) is this a gro					oup return for s	subordinates? 🔲 <b>Ye</b>	s 🗹 No					
			Philip McLaughlin, 600 C	ourt Stree	t, Lewisburg, W\	/ 24901		Н(b)	Are all s	ubordinates	included? 🔲 Ye	s 🗌 No		
ī	Tax-exen	npt status		501(c) (	) ◀ (insert no )		or 527	7	If "No	o," attach a	list (see instructi	ons)		
J	Website:	: ▶		<del></del>			~	H(c)	Group	exemption	number >			
K	Form of o	organization	✓ Corporation ☐ Trust ☐	Association	☐ Other ▶	L	Year of form	nation	1983	M State	of legal domicile	wv		
	art I	Summ				······					·			
2	1		escribe the organization'	s mission	or most signific	ant activiti	es: Fost	er and ma	aintaın	members	ship and provi	de a		
	1	-	rough a museum, scholar		-									
E,	1	iegacy til	rough a museum, scholar	anipa anu	a leader strip da	ming and d	cvciopine	in progra						
S( A Activities & Governance	2	Check th	nis box ▶☐ If the organia	zation die	continued its or	vorations of	r dienoeo	d of more	a than	25% of 1	te not secote			
<u>8</u> =	2		<del>-</del>				uispose	u oi illoit	5 LIIQII	1 1	is net assets.			
<del>ن</del> حق	3		of voting members of the	-						3				
S.	4		of independent voting m		•			D)		<u> </u>		17		
ĘĹ	5		nber of individuals empl	•	-	13 (Part V,	line 2a)			5		0		
듅	6		mber of volunteers (estim		• •					6		26		
A.	, 7a	, , ,								7a		-0-		
	b	Net unre	lated business taxable in	come fro	m Form 990-T,	line 34 .	<u> </u>	<del></del>	· ·	7b		-0-		
Ŭ,	b							P	Prior Ye	ar	Current Y	ear		
<u>a</u>	8	Contribu	tions and grants (Part VI	II, line 1h)						-0-		-0-		
Š	9	Program	service revenue (Part VI	II, line 2g)						206,966 95,109.09				
Revenue	10	Investme	t income (Part VIII, column (A), lines 3, 4, and 7d)						14,007			28,384.99		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							9,240		(8,644.65)			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								230,313	1	114,841.43		
	13	Grants a	nd sımilar amounts paid	(Part IX. c	olumn (A), lines	: 1–3) .				-0-		-0-		
	l .		paid to or for members (	· · · · · · · · · · · · · · · · · · ·						-0-		-0-		
(A)	1 -		other compensation, emp			· • ·	es 5–10)			-0-		-0-		
Expenses	1		onal fundraising fees (Pa	•	•			<b> </b>		-0-		-0-		
De.			draising expenses (Part	-	• • •	•		180	,	<del>-0-</del>	' 15			
Ä			penses (Part IX, column							110 567				
	1				,,					119,567		87,707.79		
			penses. Add lines 13–17							119,567		87,707.79		
. 10		neveriue	less expenses. Subtrac		Our line lacer	1.11	<u> </u>	Reginnin	of Cui	110,746	End of V	27,133.64		
Net Assets or Fund Balances	00	Tatal	ada (Dant V. U 40)	<		그 <u>怒</u>		Degmini	.g v. vu	rem Year	End of Y			
Bala	20		sets (Part X, line 16)	····	OEN, UT					388,142		<u> 128,738.14</u>		
돌	21		pilities (Part X, line 26) .			<u></u>				-0-		<u>102,045.00</u>		
			ts or fund balances. Sub	tract line	21 from line 20		<u> </u>	<u> </u>		388,142		<u>326,693.14</u>		
ųΡ	art II	Signa	ture Block											
			iry, I declare that I have examin								ny knowledge an	d belief, it is		
tru	e, correct,	, and comp	lete Declaration of preparer (of	her than office	cer) is based on all i	ntormation of	which prepa	arer has any	/ knowle	age /				
			1/1/2 V/A							5/8/	14			
Sig	ın	Sign	ature of officer		1				Dat	е	,			
He	re	1	17/12- 5. Ishie	Ar .	Preside	_								
		Type	or print name and title	1			<del></del>				. –			
D-		Print/Type preparer's name Preparer's signature						Date		PTIN				
Pa		_					ļ			Check self-emp				
	epare	1 – .	name •		<del></del>				Eirm	's EIN ▶	<u> </u>			
US	e Only	y Firm's r	ianie 🚩						Frum	3 LIIN F				

Yes No

May the IRS discuss this return with the preparer shown above? (see instructions) . . . .

Firm's address ▶

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	To foster and maintain membership and provide a legacy through a museum, scholarships and a leadership training and development
	program.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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.
4a	(Code: ) (Expenses \$ 44,097.86 including grants of \$ 600.00) (Revenue \$ 43,163.76)
	Conducted leadership training and development programs for high school students in three West Virginia counties.
4b	(Code: ) (Expenses \$ 2,542.75 including grants of \$ 2,000.00) (Revenue \$ 4,490.63)
	Provided scholarships to two students at the West Virginia School of Osteopathic Medicine
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
<i>A-1</i>	Other program convece (Deceribe in Schedule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ \$46,640.61

Part IV Checklist of Required Schedules

			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>	_	Ť
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		1
	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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	l _		,
8				✓
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<b> </b>		•
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7*	5 a.	
	VII, VIII, IX, or X as applicable.		, ",	. 9
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		1
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		✓
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>✓</b>
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			<b>√</b>
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4 41	ł	✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		·
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	· · •		•
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	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 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		j	,
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		✓_
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>*</del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
			- 1	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>√</b>
	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		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	_	<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>√</b>
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 any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<b>√</b>
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	-	<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
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		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	·····	Yes	. L No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 5 1	Tes	No
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	*,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1000		
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0- If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	·	,, - »
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	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.		100	",,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
	gifts were not tax deductible?	6b		<u></u>
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		, , , , , , , , , , , , , , , , , , ,
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b 7c		·
d	If "Yes," indicate the number of Forms 8282 filed during the year	<i>"</i> ", ",	7 , Paf	~, ,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	$\hbox{\it Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?} \ .$	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h 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	<b>7h</b> ﴿ الس الله	4 14 87 1 9 3 - 13	rah r
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	dit.	1.7.	
_	organization, have excess business holdings at any time during the year?	8	1 1	<u></u>
9	Sponsoring organizations maintaining donor advised funds.	<u>~~~</u> `	<u> </u>	
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		J. Mess	W.30
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1 1	" 機	100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	بهاعة البورا	A .D.	* * * * *
11	Section 501(c)(12) organizations. Enter:		, .	
a b	Gross income from members or shareholders	i dinin	; 1444 }	1.30
D			1	340
12a	against amounts due or received from them.)	12a	.547.40	34.34
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	GR Pr	1.48.1	127
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Tre .		2.4
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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			
c	Enter the amount of reserves on hand		40 6 1	1 1 3 3 V

Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
O 1	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Secti	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   1a   17	•	163	140
ıa	If there are material differences in voting rights among members of the governing body, or		, i	h s,
	if the governing body delegated broad authority to an executive committee or similar		) a	
	committee, explain in Schedule O.	( , , , , , ,	1 2 30 1	18 00 100
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 17	,  '	٠, ،	', '
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1, '\	, ,	
	any other officer, director, trustee, or key employee?	2		1
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6 7a	Did the organization have members or stockholders?	6		<b>/</b>
10	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		_
~	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Mr. / Ti	Walter P. L	14. 1. 20
	the year by the following:	J	)	£, ,
a	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - \	✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	<b>√</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	į, , s <sup>5</sup> , ,	55
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100		
13	Did the organization have a written whistleblower policy?	12c	_	<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14	_	1
15	Did the process for determining compensation of the following persons include a review and approval by	74, ,		7.1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 18 T	
а	The organization's CEO, Executive Director, or top management official	15a	<b>2</b> 22[]	✓
b	Other officers or key employees of the organization	15b		✓
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	- 1
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?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<b>✓</b>
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	- 1984-2	1.266.2
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)		1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	.erest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	Organization: Public Mol auchtin, 500 S. Court Street, Lowishurg, MN/ 24901	J. 1110	•	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
		(C)								
(A)	(B)		Position				(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated
	hours per							compensation	compensation from	amount of
	week (list any hours for	요코	'n	♀	8	육	77	from the	related organizations	other compensation
	related	Individual trustee or director	ititu	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	JON.	`	ᇢ	/ee co		(W-2/1099-MISC)		organization and related
	line)	trus	큠		уее	mpe		[	[	organizations
		e e	Institutional trustee			Highest compensated employee				
				ļ		8				
(1) Jose Acosta	0.00							İ		
Director		✓								
(2) Robert Boles	5.00									
Secretary				✓			<u>L</u> _			
(3) Terry Byrnes	0.00									
Director		<b>✓</b>					L_			· · · · · · · · · · · · · · · · · · ·
(4) Walter Cosby	0.00									
Director		<b>✓</b>								
(5) William Deck	0.00									
Director		✓								
(6) Calvin Garvin	0.00									
<u>Director</u>		<b>✓</b>	_	ļ						
(7) William Isbister	5.00				ļ					
Director, President	ļ	<b>✓</b>	_	✓						
(8) Kenneth Lewis	0.00									
Director		<b>/</b>	ļ_							
(9) Lee Martin	0.00									
Director		<b>✓</b>					<u> </u>			
(10) Jorge Martinez	0.00	,								
Director		<b>✓</b>		<u> </u>			<u> </u>	-		
(11) Philip McLaughlin	5.00			,				1	]	
Treasurer				✓			<u> </u>			
(12) Daniel Pennington	3.00	,		١,					-	
Director, Vice President		<b>✓</b>		✓						
(13) Allen Petrie	0.00									
<u>Director</u>	<del> </del>	<b>✓</b>		<u> </u>	ļ		<b> </b>			
(14) C. J. Richardson	0.00									
<u>Director</u>	<u> </u>	<b>✓</b>	Ļ				L			

					•	c) ition							
	(A)	(B)	١,		eck	more	than o		(D)	(E)	.	(F)	_1
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportab compensation		Estimate amount o	
		week (list any hours for	<del></del>		_			<u></u> -	from the	related organizatio	200	other compensat	100
		related	divid	stitu	Officer	Key employee	ghes	Former	organization	(W-2/1099-N		from the	1
		organizations below dotted	ctor	tions	,	nplo	nt co /ee	_	(W-2/1099-MISC)			organization	
		line)	Individual trustee or director	Institutional trustee		yee	mpe					organizatio	
			ee	stee			Highest compensated employee						
(15) M	ike Ruth	0.00						-				· /	-
Direct			1										
	obert Skinner	0.00						ł					
Directo	<del>-</del>		<b>-</b>	-				<del> </del>					
	enton Staley	0.00	1						}		Ì		
Directe (18) Sa	om Woods	0.00						<u> </u>	<del> </del>		-+		
Direct		9.00	1										
	erry Woodside	0.00				-							
Direct		<del> </del>	✓										
(20)													
								<u> </u>					
(21)		<b></b>											
	<del>_</del>							<u> </u>		ļ			
(22)		<b></b>	ļ	ļ.,					1		}		
(00)				H									
(23)	**	<del> </del>	}										
(24)									-				
(27)		<del></del>											
(25)	······································	· · · · · · · · · · · · · · · · · · ·						$\vdash$					
3													
1b	Sub-total							<b>—</b>	-0-		-0-		-0
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	-0-	_	-0-		-0
d	Total (add lines 1b and 1c)				<u>.                                    </u>			<u> </u>	-0-		-0-		-0
2	Total number of individuals (including bur reportable compensation from the organ		to th	ose	list	ed a	above	e) w	ho received me	ore than \$1	00,000	) of	
		-										Yes	No No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated	1	
	employee on line 1a? If "Yes," complete											3 4	<b>√</b>
4	For any individual listed on line 1a, is the organization and related organizations											1.88% 34 0.110.65% (90	
	individual	greater th	an p	150,	UUU		7 63	>,	complete sch	edule J 10	Suci	4	2 333
5	Did any person listed on line 1a receive of	or accrue co	 Imne	nsat	· ion	fror	n anv	· ·	related organiz	 vation or inc	 Iividua		73.
•	for services rendered to the organization						-		•			5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed inc	depe	ende	ent	contr	acto	ors that receive	ed more tha	ın \$100	0,000 of	
	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within	the org	ganization's	tax
	(A) Name and business add	Iroes							(B) Description of se	envices		(C) Compensation	
	Name and business add			<del></del>						5/VICES			
		<del></del>											
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who	. Francisco Britania		

r all	LVIII	Check if Schedule C		ponse or note t	o any line in this			
		24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the second		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, g and similar amounts not inc Noncash contributions includ Total. Add lines 1a-1	tributions) 1e ffts, grants, cluded above 1f led in lines 1a-1f \$					
	2a b	Dues Contributions		Business Code 900099 900099	16,735.00 58,046.08	16,735.00 58,046.08	And the second of the second	
Program Service Revenue	d e f	Program Fees Reunion Fee Income All other program sen	vice revenue .	900099 900099	1,021.15 3,343.86 15,955.00	3,343.86 15,955.00		
<u> </u>	3	Total. Add lines 2a-2 Investment income and other similar amo	(including divid unts)	ends, interest,	95,101.09 28,384.99			28,384.99
	5	Income from investmen Royalties	t of tax-exempt b	ond proceeds ► ► (II) Personal	The state of the s			The second second second
	6a b c	Gross rents Less: rental expenses Rental income or (loss)			The state of the s			
	d 7a	Net rental income or ( Gross amount from sales of assets other than inventory	loss) (i) Securities	(ii) Other	The same House			
	c	Less: cost or other basis and sales expenses .  Gain or (loss)						
nue	d 8a	Net gain or (loss) . Gross income from fu	ndraising	▶	0	7		
Other Revenu		,	· a					
₽	b c 9a	Less: direct expenses Net income or (loss) fi Gross income from ga See Part IV, line 19	om fundraising		A STATE OF THE STA			
	ь с 10а	Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance	rom gaming acti ventory, less	vities ▶				
	b c	Less: cost of goods s Net income or (loss) fr Miscellaneous R	old <b>b</b> om sales of inv	12,068.45	(8,644.65)	(8,644.65)		The state of the s
	11a b c							
	d e 12	All other revenue .  Total. Add lines 11a— Total revenue. See in		<b>&gt;</b>	114,841.43	86,456.44		<u>제 : 1447 경우 (5.741 중</u> <b>28,384.99</b>

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	·			
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			, ,	,
_	organizations in the United States. See Part IV, line 21			, ,	, , ,
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				
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
<b>a</b>	Management	·			**************************************
b	Legal				
C	Accounting	1,580.00		1,580.00	
d	Lobbying		Company of the contract of the		
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0.004.04	The second of th		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,681.21		3,681.21	<u> </u>
12	Advertising and promotion				
13	Office expenses	3,843.85		3,843.85	
14	Information technology	2,786.63		2,786.63	
15	Royalties				
16	Occupancy				
17	Travel	10,843.04	10,843.04		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings .	22,125.65		22,125.65	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				·····
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If		Section of the sectio		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	S STATE	110 110 110 110		
_	Program development & delivery fees	20 500 00	13. 40 4 1 140 4 4 15 4 4 15 4 4 15 4 4 15 4 4 15 4 15 4 15 4 15 15 15 15 15 15 15 15 15 15 15 15 15	, m 15-5 , 5 e	· " " " " " " " " " " " " " " " " " " "
a	Newsletter	32,500.00	32,500.00	F F2F 00	
b	Scholarships	5,525.90	2,600.00	5,525.90	
d	Photography	2,600.00 1,307.00	2,000.00	1,307.00	
e	All other expenses	914.51	914.51	1,307.00	
25	Total functional expenses. Add lines 1 through 24e	87,707.79		40,850.24	
26	Joint costs. Complete this line only if the	67,101.19	40,007.00	40,030.24	-
	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)				

H	art X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	136,155	1	66,241.15
	2	Savings and temporary cash investments	232,369	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	1. ( ; n; )	5	Carry M. C. Branch
ls.	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 sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	11,417.50
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	<u></u>	10c	
	11	Investments—publicly traded securities		11	351,079.49
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	- <del></del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	388,142	16	428,738.14
	17	Accounts payable and accrued expenses		17	2,045.00
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
,	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S.	22	Loans and other payables to current and former officers, directors,	, -		
Liabilities		trustees, key employees, highest compensated employees, and	10 1 10 Wall 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>	the service of the service of
abi		disqualified persons. Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	100,000.00
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-	26	102,045.00
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	Parks of the state		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ĕ	27	Unrestricted net assets	155,777	27	39,753.73
ala	28	Temporarily restricted net assets	133,777	28	286,939.41
8	29	Permanently restricted net assets	232,319		200,333.41
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	- (1) (2)		
S O	30	Capital stock or trust principal, or current funds	<del></del>	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>e</u>	33	Total net assets or fund balances	388,142	33	326,693.14
Z	34	Total liabilities and net assets/fund balances	388,142		428,738.14
	,				Form <b>990</b> (2013)

Page	1	1

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		114,84	11.43
2	Total expenses (must equal Part IX, column (A), line 25)	2		87,70	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3		27,13	33.64
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		388,14	12.00
5	Net unrealized gains (losses) on investments	5	_	_	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(88,582	2.50)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	l			
	33, column (B))	10		326,69	93.1 <u>4</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<del>:</del>	<del></del>	<u> </u>
	A Constitution of the cons		( ·	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," exp	laun in	1	ý . ľ	• 1
	Schedule O.	nain in			}
20			2a		
24	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp		2 <b>a</b>	1 174 -	<u>▼</u> • ` ,4
	reviewed on a separate basis, consolidated basis, or both:	ilea oi	[A, 75]		11
	Separate basis Consolidated basis Both consolidated and separate basis		nden I aph		K Story
h	Were the organization's financial statements audited by an independent accountant?		2b	<u>`~</u> [~	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			<u> </u>
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ا ۱	1,	. ]
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			لـــــا
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın in	,		
	Schedule O.				- 11
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Forn	n <b>990</b> (	2013)

#### 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization					<u> </u>	Employer identification number				
Greenbrier Military School Alumni Association  Part I Reason for Public Charity Status (All organizations must complete this part)						55-0651040				
								nstruction	ons.	
The organization is not a privil  1	n of church in <b>section</b> erative hos organizatio	nes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in <b>sec</b> section	tion 170( 170(b)(1)(	(b)(1)(A)(i (A)(iii).	-	<b>)(iii).</b> Ente	er the
5 An organization ope	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.)									
7 An organization that	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
support from gross	normally i ies related investmei		an 33 <sup>1</sup> / <sub>3</sub> % ions—sulated bus	6 of its su bject to d siness ta	upport fro certain e xable ind	xceptions come (les	s, and (2) ss sectio	no mor	e than 3	31/₃% of its
11 An organization org	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
<ul> <li>a ☐ Type I</li> <li>b ☐ Type II</li> <li>c ☐ Type III—Functionally integrated</li> <li>d ☐ Type III—Non-functionally integrated</li> <li>e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</li> </ul>										
f If the organization organization, check		written determination			that it is	a Type 	I, Type	ll, or Typ	pe III sur	porting
	006, has th	ne organization accer	pted any	gift or co	ontributio	n from a	iny of the	)		
following persons?										
		ndirectly controls, eith								Yes No
• • • • • • • • • • • • • • • • • • • •	•	ody of the supported of	_						11g(i)	<del>                                     </del>
	(ii) A family member of a person described in (i) above?					+				
									. 11g(iii	<u>1</u>
<del></del>	(ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		<del> </del>		nization in of your			(vii) Amount of monetary support		
			Yes	No	Yes	No	Yes	No	1	_
(A)										
(B)										
(C)										
(D)					,					_
(E)										_
						<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>		<del>  -</del>	<del></del>

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Section	on A. Public Support	yuaniy unde	i tile tests its	ited below, pi	ease comple	ic r art iii.)	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2003	(b) 2010	(6) 2311	(4) 2012	(6) 2313	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)			y of the second			
6	Public support. Subtract line 5 from line 4	of soldings in a ly ville	· 通過一個	表。2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	and the same	中華外國的高等	
	on B. Total Support				( ) ( )	( ) 2242	(0 T
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7 8	Amounts from line 4						
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 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>	c. (see instruction he organization ere	ons) n's first, secon 	 d, third, fourth	or fifth tax y	12   ear as a sectio	
Secti	on C. Computation of Public Suppo					T	
14	Public support percentage for 2013 (line					14	%
15 16a	Public support percentage from 2012 Schedule A, Part II, line 14						
b							
17a	20 40 40 and the date						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization in supported organization	ition meets the neets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and <b>st</b> on on qualifies as a	op here. publicly

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.)

Secti	on A. Public Support	y dilaci the te	Sto liotod Dolo	ow, piodeo oc	inploto i dit		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees					, .	
	received (Do not include any "unusual grants.")	60,944	57,650	56,469	206,966	90,736.08	472,765.08
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	7,569	5.953	3,400	9,340	7,788.81	34,050.81
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						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	68,513	63,603	59,869	216,306	98,524.89	506,815.89
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	the state of the state of	" at the " for it	of state of	to the sale of	Cartifage Build a with	506,815.89
	on B. Total Support			<del></del>			
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6	68,513	63,603	59,869	216,306	98,524.89	506,815.89
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	79	28	3,316	14,007	28,384.99	45,814.99
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1	,			
c	Add lines 10a and 10b	79	28	3,316	14,007	28,384.99	45,814.99
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	68,592	63,631	63,185	230,313	126,909.88	552,630.88
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u>.</u> .	<u> </u>		<u>.</u> . ▶ 🔲
<u>Secti</u>	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line						91.71 %
16	Public support percentage from 2012 Sc			<u> </u>	<u> </u>	16	96.44 %
	on D. Computation of Investment In			<del></del>		T .= 1	
17	Investment income percentage for 2013	•	• • • • • • • • • • • • • • • • • • • •	<del>-</del>			8.29 %
18	Investment income percentage from 201:	•	•				3.56 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2013. If the organ						
ь	17 is not more than 33½%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . <b>33½% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
20	<b>Private foundation.</b> If the organization d	-	-				

# 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.

OMB No 1545-0047

Doop to Publi

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Greenbrier Military School Alumni Association	55-0651040				
Form 990, Pat III, Line 4A: The Association conducts leadership training and development programs for high school students.					
Form 990, Part VI, Section A, Line 8b: There is no committee with authority to act on behalf of the governing body.					
Form 990, Part VI, Section B, Line 11a: A copy of the return was reviewed by the President and Treasu	rer before filing.				
Form 990, Part VI, Section C, Line 19: A copy of the Form 990, financial statements and governing doc	uments are available for public				
inspection at the Association's offices.					
Form 990, Part XI, Line 9: The Association converted to an accrual basis this year and recorded an inv	ertory (asset) of \$11,417.50 and an				
obligation (liability) of \$100,000.00 to the Greenbrier County Historical Society. Net (\$88,582.50).					
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