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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
 ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , and ending**B Check if applicable**

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**THE FAMILY POLICY COUNCIL OF WEST VIRGINIA, INC.****D Employer identification number****26-4298604**

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 566

Room/suite

E Telephone number**304-756-8567**

City or town, state or province, country, and ZIP or foreign postal code

CHARLESTON**WV 25322****F Group Exemption
Number ►****G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ► **N/A****J Tax-exempt status (check only one) —** 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **62,373****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	62,373
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less: direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	62,373
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	650
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	210
	16 Other expenses (describe in Schedule O)	16	10,974
	17 Total expenses. Add lines 10 through 16	17	11,834
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	50,539
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,986
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,525

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

G7

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

x

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	14,272	22	52,195
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	8,282	24	11,330
25 Total assets	22,554	25	63,525
26 Total liabilities (describe in Schedule O)	9,568	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,986	27	63,525

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part II.

X

Expenses

What is the organization's primary exempt purpose?

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

Describe the organization

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	COMMUNICATE TO AND ADVOCATE FOR WV FAMILIES THE VALUES OF MARRIAGE, THE SANCTITY OF HUMAN LIFE AND THE PRESERVATION OF RELIGIOUS FREEDOM.		
29	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	11,834
30	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O)		
32	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a)	32	11,834

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

1

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN YOUNG TREASURER	0.00	0	0	0
KENT GEORGE MEMBER	0.00	0	0	0
PHILIP SUITER CHAIRMAN	0.00	0	0	0
MARK GRIGSBY MEMBER	0.00	0	0	0
KAYE ARMSTRONG MEMBER	0.00	0	0	0
ALLEN WHITT PRESIDENT	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter:
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f

41 List the states with which a copy of this return is filed ► WV

42a The organization's books are in care of ► ALLEN WHITT Telephone no. ► 304-756-8567

405 CAPITOL STREET, SUITE 608

Located at ► CHARLESTON

WV ZIP + 4 ► 25301

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► _____ 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

SCHEDULE O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015Open to Public
Inspection

Name of the organization

**THE FAMILY POLICY COUNCIL OF WEST
VIRGINIA, INC.**

Employer identification number

26-4298604
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES
DESCRIPTION **AMOUNT**
EXPENSES

ADVERTISING AND PROMOTION	\$	204
OFFICE	\$	325
TRAVEL	\$	2,873
INSURANCE	\$	437
CONTRACTED SERVICES	\$	5,757
ONLINE COMMERCE	\$	752
MISCELLANEOUS TAXES	\$	40
MEALS & ENTERTAINMENT	\$	586
TOTAL \$		10,974

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOANS TO FPCWV ED (C3)	\$ 8,032	\$ 11,330
DEPOSIT	\$ 250	\$ 0
TOTAL \$		8,282 \$ 11,330

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 9,568	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

A SERVANT ORGANIZATION THAT ADVOCATES FOR POLICIES THAT EMBRACE THE

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

THE FAMILY POLICY COUNCIL OF WEST

Employer identification number

26-4298604

**SANCTITIY OF HUMAN LIFE, ENRICH MARRIAGES, AND THE SAFEGUARD OF RELIGIOUS
FREEDOM.**