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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

0MB No. 1545-0052 2015

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-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending 20 A Employer identification number Name of foundation US Wind Force Foundation, Inc. 27-3380430 Number and street (or P.O. box number if mail is not delivered to street address) Room/surte B Telephone number (see instructions) PO Box 571 (304) 257-0770 City or town, state or province, country, and ZiP or foreign postal code C If exemption application is pending, check here ▶ □ Petersburg WV 26847 G Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here . . . ▶ □ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, Address change □ Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ▶ □ ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at | J | Accounting method: | Cash | Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . end of year (from Part II. col. (c). Other (specify) line 16) ▶ \$ 13,692 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes (cash basis only) income income hooks the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 20,000 2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents Net rental income or (loss) ĥа Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . . Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 12 Total. Add lines 1 through 11 . 20.000 13 Compensation of officers, directors, trustees, etc. Operatifi and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) . 17 18 Taxes (attach schedule) (see instructions) 50 Depreciation (attach schedule) and depletion . . . 19 20 21 Travel, conferences, and meetings . . . Printing and publications 23 Other expenses (attach schedule) 830 830 Total operating and administrative expenses. Add lines 13 through 23 880 880 25 18,900 18,900 26 Total expenses and disbursements. Add lines 24 and 25 19,780 19,780 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) . Adjusted net income (if negative, enter -0-)

Dα	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	13,472	13,692	13,692
,	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	-		
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			······································
As	10a	Investments—U.S. and state government obligations (attach schedule)			
`	b	Investments—corporate stock (attach schedule)			·
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
	••	Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			_
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
	17	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe >	·		
	16	Total assets (to be completed by all filers—see the			
	10	instructions. Also, see page 1, item I)	42.472	42.400	40.400
_	47		13,472	13,692	13,692
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Balances		Foundations that follow SFAS 117, check here □ □ and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted			1
<u>a</u>	25	Temporarily restricted			1
9	26	Permanently restricted			i
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □			
Ţ		and complete lines 27 through 31.			
Net Assets or Fund	27	Capital stock, trust principal, or current funds			Î
sts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Š	29	Retained earnings, accumulated income, endowment, or other funds	13,472	13,692	į
Ä	30	Total net assets or fund balances (see instructions)	13,472	13,692	į
te l	31	Total liabilities and net assets/fund balances (see			
~		instructions)	13,472	13,692	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	· ·		<u></u>
		I net assets or fund balances at beginning of year-Part II, colur	nn (a), line 30 (mus	t agree with	
		of-year figure reported on prior year's return)			13,472
2		r amount from Part I, line 27a		2	220
3		er increases not included in line 2 (itemize) ▶		3	
4		lines 1, 2, and 3		4	13,692
5		reases not included in line 2 (itemize) ▶		5	
_		I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b). lir		13,692
		, , , , , , , , , , , , , , , , , , , ,			5000 DE most

Part	(a) List and describe the	d Losses for Tax on Investm he kind(s) of property sold (e.g., real estate use; or common stock, 200 shs. MLC Co.)),	Income	(b) How acquired P—Purchase D—Donation		Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a							***	
b								
<u>C</u>								
<u>d</u>				<u> </u>			·	
<u> </u>						ļ		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) f) minus (g)
<u>a</u>								
<u>b</u>								
<u>c</u>								
d				-				
<u>е</u>	Complete only for assets sho	l owing gain in column (h) and owned b	ov the	foundation	on 12/31/69			
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis	Jy 1110	(k) Excess	s of col. (i)		col. (k), but no	. (h) gain minus t less than -0-) or rom col. (h))
a		as of 12/31/69		over col.	(j), if any			
b	-, <u></u> -							 .
С			-					
d							-	
ее								
2	Capital gain net income o			enter in Par -0- in Par		2		0
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instruc	1222 tions)	(5) and (6):). If (loss),	enter -0- in		.,	
Part		ler Section 4940(e) for Redu				3		0
Was t	s," the foundation does not	section 4942 tax on the distribut qualify under section 4940(e). Do	o not	complete	this part.			☐ Yes ☑ No
		ount in each column for each yea	r; see	the instru	ctions before ma	aking	any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in	(b) Adjusted qualifying distributions		Net value of	(c) nonchantable-use as	ssets		(d) ribution ratio divided by col. (c))
	2014	25	5,531		1	8,941	1	.347922
	2013		5,366		2	8,430	1	.279142
	2012		7,187			1,350		.678548
	2011		3,365			2,825		.262378
	2010		,420			8,368	1	.364723
2	Total of line 1, column (d)						2	6.932713
3		for the 5-year base period—divid dation has been in existence if les			ne 2 by 5, or by 	the	3	1.386543
4	Enter the net value of non	ncharitable-use assets for 2015 fro	om Pa	art X, line t	5		4	13,949
5	Multiply line 4 by line 3				· · · · · ·		5	19,341
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)					6	0
7	Add lines 5 and 6					$\cdot \mid$	7	19,341
8	Enter qualifying distribution of the structure of the str	ons from Part XII, line 4 ater than line 7, check the box in	 Part	 VI, line 1b		. hat p	8 art using a 1	19,780 % tax rate. See the

Part '	Lexcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	<u>nstrı</u>	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	J
•	here ▶ □ and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:		-	
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
d 7	Backup withholding erroneously withheld		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0	
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11		0	
Part '				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		~
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10		
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		√
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_	NA	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		~
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 			
7	conflict with the state law remain in the governing instrument?	_6 	V V	
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-	•	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	~	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"]
10	Complete Part XIV	9		
	names and addresses	10		

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
12	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		~
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		~
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.uswff.org	13	~	L
14	The books are in care of ▶ David Friend Telephone no. ▶ (72	4) 832		
45		5601-9	784	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	• •	•	▶ ∟
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	_
	over a bank, securities, or other financial account in a foreign country?	16		-
	the foreign country ▶			
Part	VII-3 Statements Regarding Activities for Which Form 4720 May Be Required			L
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	.		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		İ	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	.		į
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	MA	
С	Organizations relying on a current notice regarding disaster assistance check here	İ		
_	were not corrected before the first day of the tax year beginning in 2015?	1c		~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		·	I I
	6e, Part XIII) for tax year(s) beginning before 2015?	l		ļ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ļ		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
_	all years listed, answer "No" and attach statement—see instructions.)	2b	NIA	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	I		
	at any time during the year?			į
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	1	l	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			i i
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015.)	3b	NA	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		اا
		TU		_

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Part	VII-B St	atements Regarding Activities	for W	hich Form	4720	May Be R	lequire	ed (contii	nued)			
5a	During the ye	ar did the foundation pay or incur a	ny amo	ount to:								
	(2) Influence	propaganda, or otherwise attempt the outcome of any specific public indirectly, any voter registration dr	electi		ion 495	55); or to c	arry on	☐ Yes	✓ No			
	(3) Provide a	grant to an individual for travel, stu	dv. or d	other similar	purpos	es?		☐ Yes	☑ No			
	(4) Provide a	grant to an organization other than 945(d)(4)(A)? (see instructions)	n a cha	ritable, etc.,	organiz	ation desc	ribed ir	Yes	☑ No			
		or any purpose other than religious, or for the prevention of cruelty to o	•	•	•	ary, or educ		l ∐Yes	☑ No			
b		is "Yes" to 5a(1)-(5), did any of the ection 53.4945 or in a current notice							ibed in	5b	NA	~
c	If the answer	relying on a current notice regarding is "Yes" to question 5a(4), does to aintained expenditure responsibility	he four	ndation clain	n exem	ption from			►□			
6a	Did the found	th the statement required by Regula lation, during the year, receive any benefit contract?					əmiums		□ No			
b	•	ation, during the year, pay premiun	ns, dire	ctly or indire	ctly on	a personal	benefi	_	ピNo ?	6b	<u> </u>	
	If "Yes" to 6b	file Form 8870.			-	•						
		ring the tax year, was the foundation a he foundation receive any proceeds						☐ Yes		7b	NA	
		rmation About Officers, Direc										_
		Contractors	, .		J	aon man	ug (,	· ···g····y ·	aid Li	iipioy		
1		rs, directors, trustees, foundation	n mana	agers and th	eir con	npensatior	ı (see i	nstructio	ns).			
) Name and address	(b) Title hou	e, and average rs per week ed to position	(c) Co	mpensation not paid, nter -0-)	(d) emple	Contribution byee benefit erred compe	s to plans	(e) Expe	nse acc allowan	
See A	tached Stateme	ent	.00			0						
			.00			0						_
		-	.00			0		_				
			.00			0						
2	Compensation "NONE."	on of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions	s). If n	one, d	enter
	(a) Name and add	ess of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit leferred	(e) Expe	nse acc allowan	
None	-											
			_									
								-				
Total	number of oth	er employees paid over \$50,000 .	• •	<u>.</u>				• • •	. ▶			

Form 990-PF (2015)

3	and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
lone		
		·
otal r	umber of others receiving over \$50,000 for professional services	
	X-A Summary of Direct Charitable Activities	
	Summary of Direct Chamble Activities	
	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N	/A	
2 -		
_		
_		
3		
4 -		
Part		
	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
•		
_		
2		
All ot	ner program-related investments. See instructions.	
3		
otal.	Add lines 1 through 3	

Page	ξ
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Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign found	dations,
	see instructions.)	استحفقا	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	14,161
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	14,161
θ	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	14,161
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	212
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	13,949
6	Minimum investment return. Enter 5% of line 5	6	697
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	oundation	ons
	and certain foreign organizations check here ► □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	697
2a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	697
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	697
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	1_1	
	line 1	7	697
Part	Qualifying Distributions (see instructions)		
		[annimity]	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40.00
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	19,780
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
Ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	19,780
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1_1	
_	Enter 1% of Part I, line 27b (see Instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,780
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ig whethe	er the foundation
	qualifies for the section 4940(e) reduction of tax in those years.	-	000 DE

Part	VIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
_					697
2	Undistributed income, if any, as of the end of 2015:				
a	Enter amount for 2014 only				
ь	Total for prior years: 20,20,20	<u> </u>			
3	Excess distributions carryover, if any, to 2015:				
a	From 2010	- 1			
Ь	From 2011	- 1			
C	From 2012				
ď	From 2013	-{ i			
e	From 2014	-/ - I			
f	Total of lines 3a through e	129,467			
4	Qualifying distributions for 2015 from Part XII,				
	line 4: ▶ \$19,780				
a	Applied to 2014, but not more than line 2a .		~		
b	Applied to undistributed income of prior years (Election required—see instructions)	}			
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2015 distributable amount				697
e	Remaining amount distributed out of corpus	19.083			07/
5	Excess distributions carryover applied to 2015	17,083			<u> </u>
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as	ŀ			
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	148,550			,
b	Prior years' undistributed income. Subtract	140,000	· · · · · · · · · · · · · · · · · · ·		<u>'</u>
_	line 4b from line 2b		0		i
С	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				1
d	Subtract line 6c from line 6b. Taxable				
_	amount—see instructions				
_	Undistributed income for 2014. Subtract line	·		<u></u>	
•	4a from line 2a. Taxable amount—see				
	instructions	:		o	
f	Undistributed income for 2015. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2016				0
7	Amounts treated as distributions out of corpus			······································	<u>_</u>
-	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions) .				1
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	148,550			
10	Analysis of line 9:	, 500			
а	Excess from 2011 2,724				, F
ь	Excess from 2012	4 I			
c	Excess from 2013	4			ł
ď	Excess from 2014 24,584	1 1			-
e		()			
		<u></u>			a de la companya de

Form 9	90-PF (2015)					Page 10
Part						
1a	If the foundation has received a ruling	-		•		
_	foundation, and the ruling is effective fo		_			(2)
b	Check box to indicate whether the four		e operating tounda		section 4942(j)	(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2014	Prior 3 years	1 (2.22)	(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
_	each year listed		 	- 		0
b	85% of line 2a		· 			0
Ŭ	line 4 for each year listed					
d	Amounts included in line 2c not used directly		†· · · 			
_	for active conduct of exempt activities					
е	Qualifying distributions made directly		+			
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					٥
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under]	
	section 4942(j)(3)(B)(i)					0
Ь	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on	[
	securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	an exempt organization					0
	(4) Gross investment income			_	<u> </u>	- 0
Part		n (Complete t	his part only if t	the foundation	had \$5.000 or m	ore in assets at
	any time during the year-				40,000 01	
1	Information Regarding Foundation		·-· · · · · · · · · · · · · · · · · · ·			·
а	List any managers of the foundation		outed more than 29	% of the total cor	tributions received	by the foundation
	before the close of any tax year (but o	only if they have o	contributed more th	han \$5,000). (See	section 507(d)(2).)	
None						
b	List any managers of the foundation					rge portion of the
	ownership of a partnership or other en	ntity) of which the	e foundation has a	10% or greater in	iterest.	
None				_115		
2	Information Regarding Contribution					
	Check here ▶ ☐ If the foundation	only makes con	tributions to prese	elected charitable	organizations and	does not accept
	unsolicited requests for funds. If the fother conditions, complete items 2a,	oundation makes	s gms, grants, etc.	(see instructions)	to individuals or or	rganizations under
			11			
а	The name, address, and telephone nu	imber or e-mail a	daress of the pers	ion to wnom appil	cations should be a	addressed:
US WI	nd Force Foundation, Inc. PO Box 571 Pe	tersburg, WV 268	47 (304) 257-0770 fo	oundation@uswff.o	rα	
b	The form in which applications should				- 3	
	The form in which applications should	i de subillitteu al	id information and	materials they sh	ould include:	
Presci	ribed grant forms are available from foun	dation				
	Any submission deadlines:				· · · · · · · · · · · · · · · · · · ·	
N/A	_					
d	Any restrictions or limitations on av	vards, such as l	by geographical a	reas, charitable	fields, kinds of ins	titutions, or other
	factors:					
Curre	ntly limited to charitable organizations in	the area surround	ling Mineral Co., W\	/		

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y	ear or Approved for Fu	ture Payme	ent	<u> </u>
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
Aging & Family Services of Mineral County			Purchase new	
1 South Main Street Keyser WV 26726	None	PC	commerical freezer	1,500
·		1		
Burlington United Methodist Family Services			Purchase formula	
539 New Creek Highway Keyser WV 26726	None	SOI	and diapers	500
Burlington Volunteer Fire Department			Purchase rescue	
PO Box 97 Burlington WV 26710	None	EO	equipment	2,000
V C DON'S V DANINGSON W V DON'D				_,
Eastern WV Community & Technical College			Purchase hydraulics	
316 Eastern Drive Moorefield WV 26836	None	PC	trainer	3,400
Elk District Volunteer Fire Company 19911 Northwestern Turnpike Elk Garden WV 26717	None	EO	Concrete pad for generator	1,000
19911 Northwestern furnishe Elk Garden WV 20717	140tie		generator	1,000
Elk District Volunteer Fire Company (Challenged Hunt)			Portable blind for	
PO Box 33 Elk Garden WV 26717	None	EO	challenge hunters	500
Fire Escape Community, Inc.	None	PC	Remodel teen	1 000
PO Box 263 Keyser WV 26726	None	PC	center	1,000
Keyser Youth Baseball			Tee ball fence and	
PO Box 1151 Keyser WV 26726	None	PC	backstop	2,500
Keyser-Mineral County Public Library Association	N	0.0	Purchase new	F00
105 North Main Street Keyser WV 26726	None	PC	monitor	500
Mineral County Family Resource Network (Energy Express)			Six week summer	
RR 3 Box 3046 Keyser WV 26726	None	PC	reading program	2,500
				:
Mineral County Historical Foundation			Repairs to	
PO Box 1325 Keyser WV 26726	None	PC	Carskadon Mansion	1,000
WVU Foundation, Inc.			Install gutters and	
RR 3 Box 3046 Keyser WV 26726	None	PC	A/C to dining hall	2,500
·				•
Total			3a	18,900.00
b Appproved for future payment				
Total			3b	0 00

Pa	rt XV	-A Analysis of Income-Producing Ac	tivities				
		s amounts unless otherwise indicated.		siness income	Excluded by sect	ion 512, 513, or 514	(0)
_	D		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	_	ram service revenue:			 		
	а b _				 		
	<u> </u>						
	ă -				-		
	<u> </u>						
	-						
	· =	ees and contracts from government agencies					
9	-	bership dues and assessments					· · · · · · · · · · · · · · · · · · ·
3		est on savings and temporary cash investments			 		
4		lends and interest from securities		· · · · · · · · · · · · · · · · · · ·			
5		rental income or (loss) from real estate:			 		
		Pebt-financed property			 		
		lot debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income			 		
8		or (loss) from sales of assets other than inventory			 		
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory				· · · · · · · · · · · · · · · · · · ·	
		er revenue: a				- ·	
	b						
	c -		-				
	d ~			···			
	е _						
12	Subt	otal. Add columns (b), (d), and (e)				0	0
		II. Add line 12, columns (b), (d), and (e)				13	0
	104	ii. Add life 12, coldiffis (b), (d), and (e)					_
		sheet in line 13 instructions to verify calculation	ıs.)				
Sec		sheet in line 13 instructions to verify calculation	ıs.)				
See Pa	work rt XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		nportantly to the
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See Pa	work rt XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		mportantly to the

Part	XVII		n Regarding Trar	sfers To and Tr	ansactio	ns and	Relationsh	ips Wit	h Noncha	ritabl	le	0
1	Did th		directly or indirectly	engage in any of th	ne following	with an	v other organ	nization	described	1	Yes	No
-	in sec		ne Code (other than									
а	_		porting foundation to	o a noncharitable e	xempt ora:	anization	of:					
_		ash			xompt org	II II LUCIOII	01.			1a(1)		1
		ther assets .								1a(2)		-
b		r transactions:								10(2)		
_			a noncharitable exe	empt organization						1b(1)		~
			ets from a noncharit	•				• • •		1b(2)		
			s, equipment, or other							1b(3)		
			rrangements				• • • •			1b(4)		
		oans or loan gua								1b(5)		
		_	ervices or membersh									
С			equipment, mailing li							1b(6) 1c		
d			of the above is "Ye									
•	value	of the goods of	other assets, or servi	s, complete the it	onowing sc enorting fo	inedule. undation	If the found	snoula a	always snow	w then	iair m foir m	arket
			on or sharing arrang									
(a) Line		b) Amount involved		hantable exempt organiz			ription of transfe					
(4) =	, ,	2,721104111 11101104	(e) Harris of Horis	and the control of gard		(4) 0000	inplication deliste	- uanoai		uniy aut	angerne	31112
	-											
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	\dashv											
				· · · · · · · · · · · · · · · · · · ·		.						
	-											
	-											
	-+		<u> </u>	*								
	-											
	-+											
	 -⊦											
	<u></u> .		<u> </u>									
2a b_	desci	ribed in section 5	ectly or indirectly af 501(c) of the Code (c e following schedule	other than section 5	ated to, on 501(c)(3)) or	e or mo r in secti	re tax-exem on 527? .	pt orgar] Yes	· 🕶	No
		(a) Name of organ	nization	(b) Type of	organization			(c) Descri	ption of relation	nship		
											-	
												-
	Unde	r penalties of perjury, I	declare that I have examine	ed this return, including ac	companying so	hedules and	statements, and	to the bes	t of my knowled	ige and i	oelief, it	is true,
Sign	Corre	cy, and complete. Deci	laration of preparer (other th		L	t which best	parer has any kno	wiedge.	May the IF	RS discu	ss this	return
Here		1 March 1		14-27-	16 VP8	Directo	•		with the p	reparer	shown I	below
	Sign	ature of officer or tru	I	Date	Title				_ (see instruc	cacris) / [1 7 83 [_140 ·
Paid		Print/Type preparer	's name	Preparer's signature			Date		neck rf	MIT		
Prepa	arer			<u></u>					if-employed			
Use (Firm's name						Firm's El			_	
	J y	Firm's address ▶				_		Phone no				
										_		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of	the organization			Employer identification number
US Wind	Force Foundation, Inc	<u>:</u>		27-3380430
Organiz	ation type (check on	e):		
Filers of	:	Section:		
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization	
		☐ 4947(a)(1) non	nexempt charitable trust not treated as a private for	undation
		527 political o	rganization	
Form 99	0-PF	√ 501(c)(3) exen	npt private foundation	
		4947(a)(1) nor	nexempt chantable trust treated as a private foundate	ation
		☐ 501(c)(3) taxal	ble private foundation	
		· · · · · · · · · · · · · · · · · · ·		
	nly a section 501(c)(7	•	neral Rule or a Special Rule. ization can check boxes for both the General Rule.	and a Special Rule. See
General	Rule			
Ø	•	r property) from an	0-EZ, or 990-PF that received, during the year, cor y one contributor. Complete Parts I and II. See inst	<u> </u>
Special	Rules			
	regulations under se	ections 509(a)(1) an I that received from	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 d 170(b)(1)(A)(vi), that checked Schedule A (Form 9 any one contributor, during the year, total contributorm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)
	contributor, during the	he year, total contri	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that butions of more than \$1,000 exclusively for religiou the prevention of cruelty to children or animals. Co	s, charitable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	he year, contribution of more than \$1,000 an exclusively religions to this organizations.	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the consexclusively for religious, charitable, etc., purpose. If this box is checked, enter here the total contributes, charitable, etc., purpose. Do not complete any non because it received nonexclusively religious, charitable, etc.,	ses, but no such outions that were received y of the parts unless the partstantributions
Caution 990-EZ.	. An organization tha or 990-PF), but it mu	it is not covered by ust answer "No" or	the General Rule and/or the Special Rules does not part IV, line 2, of its Form 990; or check the box of	ot file Schedule B (Form 990, on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization **Employer identification number** US Wind Force Foundation, Inc. 27-3380430 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c)
Total contributions No. Name, address, and ZIP + 4 Type of contribution __1___ Pinnacle Wind, LLC Person **2 Payroll** 3 MacArthur Place, Suite 100 Noncash 20,000 (Complete Part II for Santa Ana, CA 92707 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash

(Complete Part II for noncash contributions.) Name of organization Employer Identification number US Wind Force Foundation, Inc. 27-3380430 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Schedule B	(Form 990,	990-EZ.	or 990-PI	7) (2015)
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Page 4

	rganization				Employer identification number
	orce Foundation, Inc.				27-3380430
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the Use duplicate copies of Part III if add	r the year from any tions completing Pa ne year. (Enter this in	one contributor. on the total of the total on the total of the total on the total of the total on the total of the total o	Complete I of <i>exclusi</i>	columns (a) through (e) and ively religious, charitable, etc.
(a) No.				<u></u>	
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De:	scription of how gift is held
	***************************************		***************************************		
*******			***************************************		
-		(e) Trans	fer of gift	L	
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship of tra	nsferor to transferee
			***************************************	••	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
}		(e) Trans	fer of gift		
			-		
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship of tra	nsferor to transferee

/OVNIC					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held

		*		•••••	
		(e) Trans	fer of gift	<u></u>	
1	Transferee's name, address, a	nd ZIP + 4	Relation	ship of tra	nsferor to transferee
	***************************************			• • • • • • • • • • • • • • • • • • • •	
(a) No.		<u> </u>			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
		.,			
• • • • • • • • • • • • • • • • • • • •		***************************************		*********	

		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of tra	nsferor to transferee
Į			}		

Part I, Line 18 (990-PF) - Taxes

	50)		50
	Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable
Description	Books	Income	Income	Purposes
1 2014 WV Tax	50			50

Part I, Line 23 (990-PF) - Other Expenses

_		830			830
	Description	Revenue and Expenses per Books	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
1	2015 Annual Report Filing Fee	25			25
2	Tax Return Software	40			40
3	Postage/Mailing Service	85			85
4	Insurance	680			680

US Wind Force Foundation, Inc.

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

								Avg Hrs			
	Check "X" if					Foreign		Per			Expense
Name	Business	Street	City	State	Zip Code	County Title		Week	Compensation	Benefits	Account
							President &				
James M. Cookman		832 Point Drive	Petersburg	W	26847		Director	1.00	0	0	0
David K Friend		159 Lakewood Drive	Greensburg	PA	12601		VP & Director	2 00	0	0	0
							Treasurer &				
Michael J. Dolan		108 Lincoln Avenue	West Wyoming	PA	18644		Director	0.50	0	0	0
				•	2,02,0		rotion of	2	-	- 6	
David F. McAnally		207 Adams Pointe Boulevard	Mars	AA A	16046		חוברוסו	0.50			٦
Joseph E. Trainor		121 Buckthorn Drive	Baden	PA	15005		Director	0.50	, 0	0	0
Douglas F. Vance		115 Town Hill Road	Berlin	PA	15530		Director	0.50	0	0	0
Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-C	,										