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Form 990-PF

Return of Private Foundation

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

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

For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation Cardinal Institute for West Virginia Policy, Inc. Number and street (or P O box number if mail is not delivered to street address) Room/suite 47-1932521 B Telephone number (see instructions) PO Box 11495 State ZIP code City or town Charleston w 25339 (304) 561-7634 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply. Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return ☐ Amended 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 Check type of organization X Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) ▶ \$ 43.083 (Part I, column (d) must be on cash basis.) Part Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily expenses per purposes books equal the amounts in column (a) (see instructions)) (cash basis only) 1 109,046 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ If the foundation is **not** required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities . Gross rents Net rental income or (loss) Foa Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a **₹@/9** Capital gain net income (from Part IV, line 2) . Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) 12 Total. Add lines 1 through 11 109,046 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses 80 Other employee salaries and wages 24,711 14 24 711 402 15 Pension plans, employee bendefits Legal fees (attach schedule) 400 16a 400 b Accounting fees (attach schedule) . . Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 2.716 2.716 22 654 Printing and publications 654 23 Other expenses (attach schedule) 41,401 41,401 24 Total operating and administrative expenses. n 70,284 Add lines 13 through 23 70,284 . . 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25. . . 70,284 0 70,284 27 Subtract line 26 from line 12. 38,762 Excess of revenue over expenses and disbursements . . . Net investment income (if negative, enter -0-) . . . Adjusted net income (if negative, enter -0-)

D.	4 III	Attached schedules and amounts in the description column	Beginning of year	End	or year
F	art II	Balance Sheets Attached scriedules and amounts in the description column 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	1,267	43,08	33 43,083
	2	Savings and temporary cash investments			
	3	Accounts receivable		•	
		Less allowance for doubtful accounts	-	-	· ·
	4	Pledges receivable			
	-	Less allowance for doubtful accounts ▶	1	-	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7				
	'	Land allowance for doubtful accounts	-		4
S	8				
Assets			-		
155	9	Prepaid expenses and deferred charges	 		
4	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)	ļļ.		
	14	Land, buildings, and equipment basis			_[
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item l)	1,267	43,08	43,083
	17	Accounts payable and accrued expenses		3,05	;4
s	18	Grants payable		·	
tie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			7
iak	21	Mortgages and other notes payable (attach schedule)			7
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	o	3.05	<u>54</u>
		Foundations that follow SFAS 117, check here		•	7
alances		and complete lines 24 through 26 and lines 30 and 31.			
בו	24	Unrestricted	1,267	40,02	29
ala	25	Temporarily restricted	,,,		Ä
	26	Permanently restricted			!
or Fund B		Foundations that do not follow SFAS 117, check here			_
显		and complete lines 27 through 31.			
6	27	Capital stock, trust principal, or current funds			
ß	28	Paid-in or capital surplus, or land, bldg., and equipment fund	-		\dashv
Se	29	Retained earnings, accumulated income, endowment, or other funds			┥
Net Assets	30	Total net assets or fund balances (see instructions)	1,267	40,02	<u>, </u>
et	31	Total liabilities and net assets/fund balances (see	1,201	40,02	==
Ž	31	· · · · · · · · · · · · · · · · · · ·	4 2027	42.0	,,
	rt III	Analysis of Changes in Not Appets or Fund Relances	1,267	43,08))
_	_	Analysis of Changes in Net Assets or Fund Balances	Line 20 /pount name		
1		net assets or fund balances at beginning of year—Part II, column (a)		1	
_		of-year figure reported on prior year's return)			
_		amount from Part I, line 27a			
3				li i	
_					
5		eases not included in line 2 (itemize)			
6	i otal	net assets or fund balances at end of year (line 4 minus line 5)-Part	t II, column (b), line 3(0 6	40,029

Form 990-PF (2015)

		the kind(s) of property sold (e.g., real esta ouse, or common stock, 200 shs MLC Co			(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a								
b								
<u></u>							-	
<u>d</u>								
<u>e</u>		(D.D.,,,,,,		01	-411		(h) C	(1)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) f) minus (g)
а								
b								
С								
d								
е		<u> </u>						
	Complete only for assets s	howing gain in column (h) and own	ed by the four	ndation	on 12/31/69			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (ı) (ı), ıf any			less than -0-) or rom col (h))
a								-
b								
C								
d e	-							
е		l If gav	n, also enter	ın Par	t Line 7			
2	Capital gain net income of		s), enter -0-			2		
3		n or (loss) as defined in sections l, line 8, column (c) (see instructi			er -0- in }	3		
			<u> </u>					
or c	ptional use by domestic pri	der Section 4940(e) for Recovered to the section and the section of the section o						
or o	optional use by domestic pri tion 4940(d)(2) applies, leav the foundation liable for the s," the foundation does not	vate foundations subject to the s ve this part blank section 4942 tax on the distribut qualify under section 4940(e). D	section 4940 table amoun	(a) tax t of an ete this	on net investme y year in the base s part.	nt inco	me.) d?	☐ Yes 🛛 N
or c sec as t	optional use by domestic pri tion 4940(d)(2) applies, lead the foundation liable for the s," the foundation does not Enter the appropriate amo	vate foundations subject to the s ve this part blank section 4942 tax on the distribut	section 4940 table amoun	(a) tax t of an ete this	on net investme y year in the base s part. ons before makir	nt inco	me.) d?	
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or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

"Yes," complete Part XIV .

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Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . 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? . . .

foundation had excess business holdings in 2015)

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Form 9	90-PF (2015)	Cardinal Institute for West Virgin	na Polic	cy, Inc.					47-19	932521	Р	age 6
Par	t VII-B	Statements Regarding Activities			4720 I	May Be Ro	equire	d (conti	nued)			
5a	(1) Carry	e year did the foundation pay or incur any on propaganda, or otherwise attempt to i	nfluenc	æ legislation (Yes	X No	,		
		nce the outcome of any specific public ele ly or indirectly, any voter registration drive				-	١,	□vaa	X No			
		de a grant to an individual for travel, study						∐ Yes ☐ Yes				
		de a grant to an organization other than a		•	•							
	sectio	n 4945(d)(4)(A)? (see instructions)						☐ Yes	X No	•		
		de for any purpose other than religious, ch ses, or for the prevention of cruelty to chil						☐ Yes	X No	,		
b		swer is "Yes" to 5a(1)–(5), did any of the t ons section 53 4945 or in a current notice		•	-		•		ed in	5b	N/A	
С	If the ansi because	tions relying on a current notice regarding wer is "Yes" to question 5a(4), does the fo it maintained expenditure responsibility fo	oundati or the gi	ion claim exer rant?	nption 1			 Yes	► □			
6a	Did the fo	attach the statement required by Regulation nundation, during the year, receive any fur onal benefit contract?	nds, dır	ectly or indire	ctly, to		ms	☐ Yes	X No			
b	•	ornal benefit contract. Fundation, during the year, pay premiums,				 ersonal bei	· · · nefit coi			6b		X
	If "Yes" to	6b, file Form 8870						_				
7a h		e during the tax year, was the foundation a pa fid the foundation receive any proceeds o						Yes	X No	7b	N/A	
		nformation About Officers, Direct							Paid En			
		and Contractors					J , -	,				
1	List all of	fficers, directors, trustees, foundation i										
		(a) Name and address	hou	le, and average urs per week ted to position	i (If i	mpensation not paid, nter -0-)	empl	Contribution oyee benefi ferred comp	t plans	(e) Expe	nse acc allowan	
See A	ttached St	atement		.00		0						
				.00		0						
				.00		0						
2	Compens	sation of five highest-paid employees (other t	.00 han those in	cluded	on line 1—	see in:	struction	s). If no	ne, ent	er	
		d address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	reek	(c) Comper	nsation	(d) Contrib employee plans and comper	benefit deferred	(e) Expe	nse acc allowan	
NONE						·						
									·			
										1		

Cardinal Institute for West Virginia Policy, Inc. Form 990-PF (2015) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of **Expenses** organizations and other beneficiaries served, conferences convened, research papers produced, etc The organization was formed to research, analyze, create, and communicate public policy models as well as educate the citizens of West Virginia regarding principles of public policy and sound governance 59,323 Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount

All other program-related investments See instructions Total. Add lines 1 through 3 Form 990-PF (2015) Form 990-PF (2015)

See Instructions.) 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 1b	Part		ın foundatio	ons,
purposes a Average monthly fair market value of secunities b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1 c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see instructions) 4 Z74 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 Milnimum Investment return. Enter 5% of line 5 6 Milnimum Investment return. Enter 5% of line 5 7 Not value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 Milnimum investment return from Part X, line 6 7 Tax on investment return from Part X, line 6 7 Tax on investment return from Part X, line 6 7 Tax on investment return from Part X, line 5 7 Distributable amount before adjustments. Subtract line 2c from line 1 7 Distributable amount before adjustments. Subtract line 2c from line 1 7 Distributable amount before adjustments. Subtract line 2c from line 5. Enter here and on Part XIII, line 3 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Poporam-related investments—cotal from Part I, column (d), line 26 8 Expenses, contributions, giffs, etc.—cotal from Part I, column (d), line 26 8 Expenses, contributions, giffs, etc.—cotal from Part I, column (d), line 26 8 Expenses, contributions, giffs, etc.—cotal from Part I, column (d), line 26 8 Cash distribution test (attach the required schedule) 9 Cash distribution test (attach the required schedule) 1 Cash distribution test (attach the required schedule) 1 Cash distribution. Subtract line 6 from line 5 from line 4 9 Cash distribution. Subtract line 6 from line 6 from line 6 9 Cash distribution. Subtract line 6 from line 6 9 Cash distribution best (attach the required schedule) 1 Cash		see instructions.)	т т	· · · — - —
a Average monthly fair market value of secunities b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 Inlinimum Investment return. Enter 5% of line 5 7 Minimum investment return. Enter 5% of line 5 1 Income tax for 2015 (This does not include the tax from Part VI) 2 Tax 1 Income tax for 2015 (This does not include the tax from Part VI) 2 Add lines 2 and 2b 2 Add lines 2 and 4 3 Distributable amount before adjustments. Subtract line 2 from line 1 3 Subtract line 2 from line 1 3 Subtract line 2 from line 5 4 Deduction from distributable amount (see instructions) 1 Add lines 2 and 4 4 Deduction from distributable amount (see instructions) 2 Add lines 2 and 4 5 Distributable amount before adjustments. Subtract line 2 from line 1 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 900 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish chantable, etc. purposes a Expenses, contributions, gifts, etc.—lotal from Part I, column (d), line 26 b Program-related investments—lotal from Part I, column (d), line 26 c Amounts paid (including administrative expenses) to accomplish chantable, etc. purposes a Expenses, contributions, gifts, etc.—lotal from Part I, column (d), line 26 c Program-related investments—lotal from Part I column (d), line 26 c Program-related investments—lotal from Part I for line 1 subtract line 2 from line 3 subtract line 2 from line 3 subtract line 4 from line	1			
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Enter 1% of Part I, line 27b (see instructions)			-	10,204
6 Adjusted qualifying distributions. Subtract line 5 from line 4	J	· · · · · · · · · · · · · · · · · · ·	5	
	6	·		70 294
HOLE. THE AMOUNT OF THE O WILL DE USED IN FAIL V, COMMINITARY, III SUDSEQUENT YEARS WHEN CAICUIDING WHENTER THE ROUNDATION	•			
qualifies for the section 4940(e) reduction of tax in those years.			and the loui	Idadon

Part	All Undistributed income (see instructions			 	
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				900
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			9	·
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015.				
а	From 2010				
b	From 2011				
С	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e	o			
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$ 70,284				
а	Applied to 2014, but not more than line 2a			9	
	Applied to undistributed income of prior years			-	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
·					
А	Applied to 2015 distributable amount				900
e	Remaining amount distributed out of corpus	69,375			300
5	Excess distributions carryover applied to 2015.	09,575			
3	(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				
O	indicated below:				
_		60.375			
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	69,375			
D	Prior years' undistributed income. Subtract		•		
	line 4b from line 2b		0		ļ. <u>.</u>
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				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions			0	
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				
	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) .		·		
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	69,375			
10	Analysis of line 9				
а	Excess from 2011				
b	Excess from 2012				
С	Excess from 2013				
d	Excess from 2014				
e	Excess from 2015 69 375	İ			

Part	XIV Private Operating Foundat	ions (see instruc	ctions and Part \	/II-A, question 9)	•	N/A
1a	If the foundation has received a ruling o	r determination let	ter that it is a priva	te operating		
	foundation, and the ruling is effective fo		•	▶		
b	Check box to indicate whether the foundation			ribed in section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed			, ,		0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
_	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					0
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					0
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
b	"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) (2) Support from general public					0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income					0
Part	• • • • • • • • • • • • • • • • • • • •	•	•	e foundation ha	d \$5,000 or mor	e in assets at
	any time during the year—		s.)			
1 a	Information Regarding Foundation Ma List any managers of the foundation wh before the close of any tax year (but only	o have contributed				foundation
Not a	oplicable	, a.o, nave con	induced more triall	40,000). (Occ 360th	o., oo, (a)(2).)	
	List any managers of the foundation wh			•		n of the
Nat -	ownership of a partnership or other entitional to	ty) of which the fou	ingation has a 10%	or greater interest	•	
	oplicable	0:4 0:6 1	0.1	.		
2	Information Regarding Contribution, Check here ► X if the foundation on unsolicited requests for funds. If the fou under other conditions, complete items	ily makes contribut ndation makes gift	ions to preselected	d charitable organiz	ations and does no viduals or organiza	et accept ations
а	The name, address, and telephone num	nber or e-mail addr	ess of the person t	to whom application	s should be addre	ssed
b	The form in which applications should b	e submitted and in	formation and mat	enals they should in	nclude	
С	Any submission deadlines		-			
d	Any restrictions or limitations on awards factors	s, such as by geogr	raphical areas, cha	ritable fields, kinds	of institutions, or o	ther

Part	XV Supplementary Information (contin	nued)			
3_	XV Supplementary Information (continuous Grants and Contributions Paid During to	he Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a	Paid during the year				
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	Total	. <u> </u>		▶ 3a	
b	Approved for future payment				
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	Total				

ra	rt XVI	Analysis of income-Producing Ac					
Ente	er gros	is amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	
		•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	_	ram service revenue					
	a _						
	р _						
	с _. –						
	d _						
	e _						
	' -						
_		ees and contracts from government agencies				· · · · · · · · · · · · · · · · · · ·	
2		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				_	
		Debt-financed property					
•		Not debt-financed property		-			
6		rental income or (loss) from personal property					
7		r investment income	<u> </u>				
8		or (loss) from sales of assets other than inventory	ļ				
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	_	r revenue a					
	p _						
	<u> </u>						
	d _						
42	d _ e _						
	d _ e _ Subte	otal Add columns (b), (d), and (e)		0	· · · · · · · · ·	0	0
13	d _ e _ Subte	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e)			· · · · · · · · ·	0	0
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Exempt Organizations	Part	XVII			sfers To and Trans	actions and F	Relationshi	ps With Nonch	aritable		ge 10
in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 12(2) X (2) Other assets 112(2) X (2) Other assets 0 a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of sasets from a noncharitable exempt organization (1) Sales of sasets from a noncharitable exempt organization (1) Sales of sasets of sasets from a noncharitable exempt organization (10) Sales of facilities, equipment, or duration assets (1) Sales of facilities, equipment, and property, including assets of the sasets f the saset of the saset of the sasets of the saset o	1	Did f			agge in any of the foll	owing with one o	ther ergenize	tion described	<u> </u>	Tvoo	No
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(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of nonchaniable exempt organization (d) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ yes ☒ No b if "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship (e) Type of organization (e) Type of organization (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of re		(4) R	Reimbursement ar	rangements .					1b(4)		Х
(6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ Yes ☑ No b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of reliationship Under penalties of pepury, I declare that I have examined the return, including accompanying schedules and slattements, and to the best of my knowledge and belief, it is true. Sign Under penalties of pepury, I declare that I have examined the return, including accompanying schedules and slattements, and to the best of my knowledge and belief, it is true. Sign Here Under penalties of pepury, I declare that I have examined the return, including accompanying schedules and slattements, and to the best of my knowledge and belief, it is true. President President President President President President President President Propositions of officer or traffice Preparer's same Foundation Group, Inc. Preparer Preparer's same Propositions Preparer's same Propositions Preparer's same Propositions Preparer's same Propositions Preparer's same Propositions Preparer's same Propositions Preparer's same Propositions Preparer's same Propositions Preparer		(5) L	oans or loan gua	rantees					1b(5)		Х
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No											
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of Separer (other than taxpayer) is based on all information of which preparer has any knowledge Violution President President President Preparer's hown below (see instructions)? ▼ Yes No Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Date Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Typ		desc	ribed in section 5	01(c) of the Code (ot				nizations [Yes	X N	lo
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Sign Here Correct, and configure Declarates of Declarates of Declarates of Light President President		Linda		1			11				
Here Signature of officer or trustee Date Title Preparer President President President President Preparer shown below (see instructions)? Yes No No	01								-		-
Paid Preparer Signature of officer or trustee Date Title Check If PTIN	_	N	111 1	La	1		omo u go				
Paid Preparer's name Greg McRay Preparer's name Greg McRay Firm's name Foundation Group, Inc Preparer's signature Greg McRay Greg McRay Firm's name Foundation Group, Inc Preparer's signature Greg McRay 11/2/2016 Check ☐ rf self-employed PO0281093 Firm's EIN Foundation Group, Inc	Here	56	nature of officer or true	100							
Paid Preparer Ise Only Greg McRay Greg McRay Greg McRay 11/2/2016 Greg McRay Firm's name Foundation Group, Inc Firm's EIN 62-1813735 Firm's name Foundation Group, Inc Firm's EIN Firm's		L. Sigi				TIUG	Date		PTIN		
Firm's name ► Foundation Group, Inc Firm's EIN ► 62-1813735			1_		1 '					1002	
	•			Foundation Group 1			1 1112120			1033	
	Use O	nly				le. TN 37217				45	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Cardinal Institute for West Virginia Policy, Inc.

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

Employer identification number

47-1932521

Organization type (check one)	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is con	vered by the General Rule or a Special Rule .
•	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
contributor, during the y	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the y contributions totaled mo during the year for an e General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the organization because it received nonexclusively religious, charitable, etc., contributions during the year
Caution An organization that is	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box 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).

Name of organization

Cardınal Institute for West Vırgınıa Policy, Inc.

Employer identification number
47-1932521

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Patrick Graney 500 River East Drive Belle WV 25015 Foreign State or Province Foreign Country	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	New Direction WV PO Box 11245 Charleston WW 25339 Foreign State or Province Foreign Country	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Atlas Network 1201 L Street NW Washington DC 20005 Foreign State or Province Foreign Country	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	State Policy Network 1655 N Fort Meyer Drive Arlington VA 22209 Foreign State or Province Foreign Country	\$37,000	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	Donors Capital Fund PO Box 1305 Alexandria VA 22313 Foreign State or Province Foreign Country	\$32,500	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province Foreign Country	\$	Person Payroll Occupate Part II for noncash contributions.)				

Name of organization Employer identification number
Cardınal Institute for West Virginia Policy, Inc. 47-1932521

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or			-		Employer identification number
	stitute for West Virginia Policy, Inc.	4 - 15 - 41 4 -			47-1932521
Part III	Exclusively religious, charitable, etc.		_		
	(10) that total more than \$1,000 for the the following line entry. For organization				
	contributions of \$1,000 or less for the y				
	Use duplicate copies of Part III if addition	•		uction	32,000
(a) No.					-
from Part i	(b) Purpose of gift	(c)) Use of gift	(4	d) Description of how gift is held
Parti			 		
		(e) T	ransfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relations	nip of	transferor to transferee
	For Prov Country				
(a) No.				Ι,	
from Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held
	•••••••				
		(a) T	ransfer of gift	l	
		(6) 1	ransier of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relations	nip of	transferor to transferee
		<u> </u>			
(a) No.	For Prov Country			Π	·
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part !	, , , , ,			<u> </u>	
		(e) T	ransfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationsl	hip of	transferor to transferee
	For. Prov. Country		·		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	"	d) Description of how gift is held
		/s\ •	remotes of elft	<u> </u>	
		(e) I	ransfer of gift		
	Transferee's name, address, ar	nd 7IP + 4	Relationel	hin of	transferor to transferee
	riansieree 3 name, audress, di	······································	- (Claudisi	ان ح	
	I Car Draw Caustin		i		

Part I, Line 16a (990-PF) - Legal Fees

		400	0	0	400
ı					Disbursements
١	,	Revenue and			for Charitable
١		Expenses per	Net Investment	Adjusted Net	Purposes
ı	Description	Books	Income	Income	(Cash Basis Only)
[1 Legal research	400			400

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

		41,401	0	0	41,401
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Business Registration Fees	1,005	0		1,005
2	Postage & Shipping	447	0		447
3	Bank Fees	32	0		32
4	Books, Subsciptions and Memberships	200	0		200
5	Meals	151	0		151
6	Office Supplies	496	0		496
7	Telephone	42	0		42
8	Program Expense Contract Services	39,028	0		39,028

Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attorney General
We are unsure if the organization sent a copy of the 2014 990-PF to the Attorney General. A copy of the 2015 990-PF will be sent to
the state when the return is reviewed by the Board of Directors and sent to the IRS.

اللا الله الله عند (1990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										0	0	0	_
L	Name	Check "X" if Business	Street	Cıty	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account	
	Keith A. Pauley		1603 Stonehenge Road	Charleston	M	WV 25314		President	0 25	0	0.		. —
2	Karen M. Batley		PO Box 184	Ripon	w	25441		Vice President	0 25	0	0	0	
ဗ	Darrell A. Shull		822 Showers Lane	Martinsburg	w	25403		Director	0.25	0	0	0	
4	William J Maloney		811 Jetton Street	Davidson	NC NC	28036		Director	0.25	0	0	0	. —
\$	Моптое Р. Wamer		1535 Dogwood Road	Charleston	w	25314		Director	0 25	0	0	0	
	Ronald N. Walters, Jr.		125 Shendan Cırde	Charleston	W	25314		Director	0 25	0	0	0	