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Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 15, 2016

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No 1545-0047

<u>A I</u>	or the	2015 calendar year, or tax year beginning and end	ing		
В	Check if applicable	C Name of organization		D Employer identifie	cation number
V	Addres	WEST VIRGINIA KIDS COUNT FUND, INC			
	Name change			55-0	692324
	Initial return		m/suite	E Telephone number	T
	□Final return/		20	304-	345-2101
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	567,481 <u>.</u>
	Amend	CHARLESTON, WV 25301-2545		H(a) Is this a group re	
L.	Application pendin	F Name and address of principal officer: LAORA GANDEE		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
_		mpt status. X 501(c)(3) 501(c) ()	527		list. (see instructions)
		e: WWW.WVKIDSCOUNTFUND.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	or formation: 1989 N	1 State of legal domicile: WV
ė,		Briefly describe the organization's mission or most significant activities $\ \ \underline{ ext{THE}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
Governance				WELL-BEING	·
ern	2 (Check this box	of more	than 25% of its net as	sets
Š	"	, and the state of			
න්		Number of independent voting members of the governing body (Part VI, line 1b)	4110 4	0 4	24
Activities &	1	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)	aug j		3
żţ	1			[\(\sigma \) \(\sigma \)	0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		N, UT 7b	0.
		ter an oldes sasmos taxasis mostle term on society, into s		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		288,449.	177,602.
Ĭ	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		133,335.	45,791.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<8,472.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		413,312.	222,040.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		228,148.	206,446.
ben	1	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)	-		0.
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	119,411.	113,556.
	1	Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)		347,559.	320,002.
	19	Revenue less expenses Subtract line 18 from line 12		65,753.	<97,962.>
Ses	1.5		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,105,261.	966,458.
id As	21	Total liabilities (Part X, line 26)		1,264.	3,056.
		Net assets or fund balances Subtract line 21 from line 20		1,103,997.	963,402.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
C:	_	Signature of officer		Date	<u></u>
Sig		LAURA GANDEE, EXECUTIVE DIRECTOR			
Her		Type or print name and title			
	_	Print/Type preparer's name Preparer's signature 7	, TE	Date Check	X PTIN
Paid	,	EDWARD J BAILEY (ellean)	ماہوک	7/27/16 self-employe	
Pre	parer	Firm's name ROLLINS, CLEAVENGER AND ROLLINS	U	Firm's EIN	55-0514960
Use	Only	Firm's address P.O. BOX 169			
		CHARLESTON, WV 25321		Phone no. 30	<u>4-343-5503</u>
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	_		X Yes No
5320	01 12-10	3-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2015)

Form 990 (2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		^
6		6		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
	Schedule D, Part III	8	_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9_		^
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		Х
	Part VI	11a		^
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	<u> </u>	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
f	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
128	Schedule D. Parts XI and XII	12a		x
L	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<u> </u>	
IJ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
เง 14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_ 		 -
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	[x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	\vdash	 ^
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- ``		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 -' '	 	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>'</u>		 ^ `
19	complete Schedule G, Part III	19		x
	Complete Conedulo C, r art III		990	(2015)

532004 12-16-15

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			[
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ļ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	1		٠,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	,		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
~	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33_		
~	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	556		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ļ		
_	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2015)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		age C
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	0-		ĺ
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9a</u> 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) WEST VIRGINIA KIDS COUNT FUND, INC 55-0692324 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, db, dr. rob below, describe the directinistances, processes, or changes in defrequie of dee instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI	_		X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			3.7			
_	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_ '		•			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6					
/ a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<i>1</i> a					
D	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		Λ			
	The governing body?	8a	X				
	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14	X_				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		١,,				
a	The organization's CEO, Executive Director, or top management official	15a	X				
D	Other officers or key employees of the organization	15b	X				
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
·Va	taxable entity during the year?	16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		22			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►WV						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records.						
	LAURA GANDEE - 304-345-2101						
	1206 VIRGINIA STREET, EAST - NO. 104, CHARLESTON, WV 25301-294	5					

Form	aan	(2015)	

WEST VIRGINIA KIDS COUNT FUND, INC

55-0692324

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

Check if Schedule	e O contains a response or note to any line in this Part VII	
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization r	or any related	orga	nıza	tion	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more ti						Reportable	Reportable	Estimated
	hours per	box, uni		k, unless person is both an incer and a director/trustee)			h an	compensation	compensation	amount of
	week	\vdash	ceran	aaa	recid	rrus	(ee)	from	from related	other
	(list any hours for	irect				L		the	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	stee			sate		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpe		(** 2, 1000 *********************************		and related
	below	Idual	teto	e	Key employee	est co	듈			organizations
	line)	ipuj	Instr	Officer	Key	Highest compensated employee	Former			
(1) MARGARET HALE	40.00								_	
EXECUTIVE DIRECTOR		X					<u> </u>	76,293.	0.	4,578.
(2) JILL HALL	1.00								_	_
PRESIDENT				X			<u> </u>	0.	0.	0.
(3) ANDREW WEBER	1.00	ļ	ļ						_	
VICE PRESIDENT	_		_	X	<u> </u>			0.	0.	0.
(4) BRUCE LAWSON	1.00								_	
TREASURER	1 2 2		<u> </u>	Х		<u> </u>	_	0.	0.	0.
(5) ANN MARIE BOLLINGER	1.00									
ASSISTANT TREASURER	1 00	<u> </u>	ļ	X	ļ	-	_	0.	0.	0.
(6) ROB ADAMS	1.00						l			
OFFICER	1 22			X	ļ	_		0.	0.	0.
(7) JEANETTE PERDUE-BARKER	1.00									
OFFICER	1 00		_	X	ldash	-	<u> </u>	0.	0.	0.
(8) LYNN BENNETT	1.00	ļ								•
OFFICER	1 00	_	-	Х		├		0.	0.	0.
(9) KELLI EPLING	1.00	ł								•
OFFICER	1 00	┝	-	X		-	├	0.	0.	0.
(10) DANIEL FOSTER	1.00	ł		.				0.	١	0
OFFICER	1 00	┝		X	_	\vdash		0.	0.	0.
(11) BRIAN HEMPHILL, PH. D.	1.00			x		ĺ		0.	0.	0.
OFFICER (12) SHAUNA HYDE	1.00		\vdash			\vdash				<u> </u>
OFFICER	1.00	1		x				0.	0.	0.
(13) CHERYL JONES	1.00		<u> </u>	-		\vdash				
OFFICER		ĺ		x				0.	0.	0.
(14) MICHAEL KELLEY	1.00		İ			İ	1			
OFFICER		1		X		ĺ		0.	0.	0.
(15) CALVIN A KENT	1.00									
OFFICER				Х		L.	L	0.	0.	0.
(16) PATRICIA KUSIMO, PH. D.	1.00									
OFFICER			<u> </u>	X		$oxed{igspace}$		0.	0.	0.
(17) BRIAN LAKE	1.00									
OFFICER	<u>.l</u>			X		<u> </u>		0.	0.	0.

Form 990 (2015) WEST VIRO									<u> 55-06</u>	923	324	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, an</u>	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	l	(F	F)
Name and title	Average	(do	Position (do not check more than				one	Reportable	Reportable		Estım	nated
	hours per	box	, unle	ss pe	person is both an director/trustee)			compensation	compensation		amou	
	week	Ι.	Cerar	io a o	recio	Jiruus	100)	from	from related		oth	
	(list any hours for	or director					l	the	organizations	΄΄	compe	
	related	50	ig g			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"丨	organi	-
	organizations	l as	trus	l	9	m Deu	ł	(***2/1033***********************************		- 1	and re	
	below	dual	rtona	_	npto)	st co	٠,			- 1	organiz	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) DAN PAGE	1.00						Π			\Box		_
OFFICER				X				0.		0.		0.
(19) CRISTIN PALUMBO	1.00							_				
OFFICER	4 00	_	<u> </u>	X		<u> </u>		0.		0.	_	0.
(20) ROBERT PLYMALE	1.00			,,		İ				_		•
OFFICER	1.00			X	\vdash	┢	⊢	0.		0.		0.
(21) BILL RANEY	1.00			x				0.		0.		0.
OFFICER (22) KENNA SEAL	1.00		 	^	_	\vdash	\vdash			**		<u> </u>
OFFICER				x				0.		0.		0.
(23) RICHARD SINCLAIR	1.00											
OFFICER				X				0.		0.		0.
(24) SARA STEORTS	1.00											
OFFICER	4 00		_	X		<u> </u>		0.		0.		0.
(25) RON D STOLLINGS, MD	1.00			3,7				0		۱		•
OFFICER				X		├	├-	0.	<u> </u>	0.		0.
							ŀ					
1b Sub-total	<u>l</u>					_	┢	76,293.		0.	4.	578.
c Total from continuation sheets to Part VI	I, Section A						•	0.		0.		0.
d Total (add lines 1b and 1c)	•						•	76,293.		0.	4,	578.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 of reportable			-
compensation from the organization												0
										_	Ye	s No
3 Did the organization list any former officer,		ıste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										ŀ	3	X
4 For any individual listed on line 1a, is the su									the organization			₩.
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a			-						dual for convices	H	4	X
rendered to the organization? If "Yes," com					-		Ciat	ica organization or maiv	dual for services		5	x
Section B. Independent Contractors	<u></u>							_				
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensa	tion fron	n
the organization. Report compensation for	the calendar y	ear (endı	ng v	vith	or w	rthir	n the organization's tax	year			
(A)	addrasa			_				(B)		٠.	(C)	
Name and business	address	N	INC	<u> </u>			\dashv	Description of s	ervices		ompensa	tion
							_				•	
							1					
												_
							_					
					-							
2 Total number of independent contractors (i		ot lı	mıte	d to		_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organic	zation				(0			1			

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats str	1 a	Federated campaigns	1a					
S at	b	Membership dues	1b					
S, E	С	Fundraising events	1c	10,085.				
ar Site	d	Related organizations	1d					
S, E	e	Government grants (contribu-	tions) 1e	34,000.				
rSign	f	All other contributions, gifts, gran	nts, and					
돌림		similar amounts not included abo	ove 1f	133,517.				
들임	g	Noncash contributions included in lines						
<u>යි වි</u>	h	Total. Add lines 1a-1f		<u> </u>	177,602.			
				Business Code				
8	2 a							
ه ڲٚ	þ							
% <u>₹</u>	С							
Program Servic Revenue	d							
	е		<u> </u>					
<u>. </u>	f	All other program service reve	enue					
\perp	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	26,725.		- -	26,725.
	4	Income from investment of ta	ax-exempt bond p	oroceeds 🕨				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	þ	Less: rental expenses						
	С	Rental income or (loss)		İ				
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	363,154.					
	b	Less: cost or other basis						
		and sales expenses	344,088.					
		Gain or (loss)	19,066.	_				
		Net gain or (loss)		>	<u> 19,066.</u>			19,066.
9	8 a	Gross income from fundraising	ng events (not					
ē		including \$10,0						
<u>é</u>		contributions reported on line	e 1c) See					
ē		Part IV, line 18	а	0.				!
₹		Less direct expenses	b	1,353.	4 252			4 252
		Net income or (loss) from fun-	_	>	<1,353.	<u> </u>		<1,353.
	9 a	Gross income from gaming a						
	_	Part IV, line 19	a					
		Less direct expenses	b					
		Net income or (loss) from gar	_					-
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less cost of goods sold	b	L				
ŀ	<u> </u>	Net income or (loss) from sale		P				
}		Miscellaneous Reveni		Business Code				
	11 a							
	b							
	C				· - · · · · ·			+
	-	All other revenue						+
1		Total. Add lines 11a-11d			222 040			14 420
	12	Total revenue See instructions.			222,040.	0.	0	. 44,438.

Form 990 (2015) WEST VIRGINIA KIDS COUNT FUND, INC Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	X
<u> </u>	not include amounts reported on lines 6b,	(A)		(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	76,293.	<u>47,881.</u>	28,412.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				-
7	Other salaries and wages	78,491.	53,400.	25,091.	<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,497.	32,874.	5,623.	·
9	Other employee benefits	12 155	0.506	4 252	
10	Payroll taxes	13,165.	8,786.	4,379.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	7.604	6 545	1 120	
C	Accounting	7,684.	6,545.	1,139.	
d	Lobbying	· · · · · · · · · · · · · · · · · · ·		-	
e	Professional fundraising services. See Part IV, line 17	10 000		10.000	
f	Investment management fees	10,869.		10,869.	_
g	Other (If line 11g amount exceeds 10% of line 25,	E2 E1/	46 250	7 164	
40	column (A) amount, list line 11g expenses on Sch 0.)	53,514.	46,350.	7,164.	
12	Advertising and promotion Office expenses		-		
13 14	Information technology	·			
15	Royalties				-
16	Occupancy	11,185.	9,507.	1,678.	
17	Travel	1,114.	960.	154.	
18	Payments of travel or entertainment expenses		300.		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,388.	4,446.	942.	
20	Interest	2,2300	2,2200	7	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,734.	2,324.	410.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DETAINED C DUDI TOURTONS	8,254.	7,016.	1,238.	
b	SUPPLIES	4,068.	3,465.	603.	
С	RENTAL AND EQUIPMENT MA	2,438.	2,072.	366.	
d	DUES, SUBSCRIPTIONS, AN	2,427.	1,971.	456.	
е	All other expenses	3,881.	2,601.	1,280.	
25	Total functional expenses Add lines 1 through 24e	320,002.	230,198.	89,804.	0.
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	i			

966,458. Form **990** (2015)

963,402.

30

31

32

1,103,997.

1,105,261

30

31

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	990 (2015) WEST VIRGINIA KIDS COUNT FUND, INC	<u> 55-069</u>	<u> 2324</u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				ليا
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			02.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>62.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>1,10</u>		
5	Net unrealized gains (losses) on investments	5	<4	<u>2,6</u>	<u>33.</u> :
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	96	3,4	02.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash Corual X Other MODIFIE	D CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

		WEST	VIRGINIA :	KIDS COUNT F	UND,	INC		5	5-0692324		
Pa	ırt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	ıs part) Se	e instructions	3			
Γhe	organ	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)			-		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiza						(iii). Enter	the hospital's name,		
		city, and state	·						•		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C		,	•						
6		A federal, state, or local gov		nental unit described in s	section 17	70/h)/ 1)/ Δ)/	(v)				
7	$\overline{\mathbf{x}}$	An organization that normal						ne general	nublic described in		
-		section 170(b)(1)(A)(vi). (Co			3			3	,		
8		A community trust describe		1)(A)(vi), (Complete Parl	: 11.)						
9	同	An organization that normal				contributio	ons, members	hin fees, a	nd gross receipts from		
-	_	activities related to its exem	-	•				•	•		
		income and unrelated busin		•					-		
		See section 509(a)(2). (Cor		(00000000000000000000000000000000000000				J a . _a	anto, 54,15 55, 1575		
10		An organization organized a	•	ively to test for public sa	fetv See s	section 50	9(a)(4).				
11	\Box	An organization organized a		-	=			rry out the	purposes of one or		
		more publicly supported or		-	•			-	• •		
		lines 11a through 11d that	-								
а		Type I. A supporting orga	- ·			•		-	aivina		
		the supported organization				-					
		organization. You must c			, ,				-,,		
b	. \square	Type II. A supporting orga	•		tion with it	s supporte	ed organizatio	n(s), by ha	vina		
		control or management of					_		_		
		organization(s) You mus			•						
c		Type III functionally inte	•		ın connec	tion with, a	and functional	ly integrate	ed with.		
		its supported organization	-	- -				, ,	•		
c	ı 🗀	Type III non-functionally		•	-	•	-	ted organi	zation(s)		
		that is not functionally int	•					_			
		requirement (see instructi									
e	. \Box	Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organi	zation		•			
1	Ente	er the number of supported o	organizations								
g	Prov	vide the following information	about the supporte	ed organization(s).					•		
	(Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o Isted i	rganization			(vi) Amount of		
		organization		(described on lines 1 9 above (see instructions))		document?	support		other support (see		
					Yes	No	ınstructı	ons)	instructions)		
							*				
		 					<u>-</u>				
						-					
					_	<u> </u>	<u> </u>				
- -4					I	I					

Schedule A (Form 990 or 990-EZ) 2015 WEST VIRGINIA KIDS COUNT FUND, INC 55-06923 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	293,873.	187,647.	243,420.	259,899.	177,602.	1162441.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			·			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	293,873.	187,647.	243,420.	259,899.	177,602.	1162441.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						834,979.
6	Public support. Subtract line 5 from line 4						327,462.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	293,873.	187,647.	243,420.	259,899.	177,602.	1162441.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	31,405.	29,952.	26,003.	28,222.	26,725.	142,307.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1304748.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	ax vear as a sectio		-
-	organization, check this box and stor	-		- ,	,		
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	25.10 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14		,	15	27.90 %
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons
b	33 1/3% support test - 2014. If the	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•	5	▶ X
b	10% -facts-and-circumstances tes	•	•		ŭ	17a, and line 15 is	
-	more, and if the organization meets the	-					
	organization meets the "facts-and-cire				•		▶□
18	Private foundation. If the organization		-	•			s T
		s.c. onoon a		., , , , u, o, 17 t	2, 21.00K and box a	dula A /Form 000	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	proving produce com	pioto : art ii j	<u> </u>			,	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and						-	
	membership fees received. (Do not		İ					
	ınclude any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose					 		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	· · · ·						
	Amounts included on lines 1, 2, and					· · ·		
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
•	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6)							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(4) 2014	(a) 2015	(f) Total	
	Amounts from line 6	(a) 2011	(0) 2012	(6) 2013	(d) 2014	(e) 2015	(f) Total	
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income			-				
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,	
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage			-		
15	Public support percentage for 2015 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%	
16	Public support percentage from 2014	Schedule A, Parl	t III, line 15		<u> </u>	16	%	
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%	
18	Investment income percentage from 2					18	%	
	a 33 1/3% support tests - 2015. If the		•	on line 14, and line	e 15 is more than			
	more than 33 1/3%, check this box a							
ı	33 1/3% support tests - 2014. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,		
	line 18 is not more than 33 1/3%, che			•		•		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	<u></u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		j	
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	İ		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	İ		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			_

determine whether the organization had excess business holdings.)

Pa		33434	4 P	age 5
<u> </u>	rt IV Supporting Organizations (continued)		Tvaa	T
11	Has the organization accepted a gift or contribution from any of the following persons?	[Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
<u> </u>	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	tion B. Type I Supporting Organizations	1		-
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ŀ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		}	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ļ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	•			
	, , , , , , , , , , , , , , , , , , , ,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
h	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	 	
D	·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
				1
2	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.		 	\vdash
3				
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	2-		
b		3a	-	\vdash
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	25	1	
	or no supported organizations: it is too, describe it rait in the role played by the organization in this regard	<u> </u>	Ь	Ь

	dule A (Form 990 or 990-EZ) 2015 WEST VIRGINIA KIDS COUN	IT FU	ND, INC	55-0692324 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			-
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	Ì		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4_	Enter greater of line 2 or line 3	4_		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ted Type III supporting or	ganization (see

instructions)

Sche Pa r	dule A (Form 990 or 990-EZ) 2015 WEST VIRGINIA			5-0692324 Page 7
	Type III real Called Called Co.	(a)(a) Supporting Orga	amzations (continued)	Cumant Vasu
	on D - Distributions Amounts paid to supported organizations to accomplish exe	mot numacco		Current Year
	Amounts paid to supported organizations to accomplish exemptions paid to perform activity that directly furthers exemptions are supported organizations to accomplish exemptions are supported organizations.			
2	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purposi	es of supported organization	18	
	Amounts paid to acquire exempt-use assets	es of supported organization	13	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which ti	he organization is responsive		
Ü	(provide details in Part VI) See instructions.	no organization to responsive		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Elifo o almount officer of plane of almount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a	Excess distributions dairy over, if any, to 2010			
b				
			,	
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b				
_ <u>c</u>	Excess from 2013		_	
<u>d</u>	Excess from 2014			
е	Excess from 2015	<u> </u>	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 WEST VIRGINIA KIDS COUNT FUND, INC 55-0692324 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V,
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
ALTHOUGHT TAXPAYER FAILS THE 33-1/3% TEST, IT BELIEVES THAT IT MEETS THE
FACTS AND CIRCUMSTANCES 10% EXCEPTION FOR THE FOLLOWING REASONS:
1) PUBLIC SUPPORT IS OVER 25% AND ALWAYS HAS BEEN
2) WV KIDS COUNT HAS 3 PROGRAMS THAT THEY PARTICIPATE IN ON AN ON-GOING
BASIS AND CONTINUE TO SOLICIT CONTRIBUTIONS FOR EACH OF THESE PROGRAMS
FROM VARIOUS ORGANIZATIONS.
THE ORGANIZATION HAD CAPITAL GAINS FROM THE SALE OF INVESTMENT
SECURITIES OF \$19,066.
DECORTITED OF \$17,000.

532028 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

	WEST VIRGINIA KIDS		55-0692324
Pai			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Eunda and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	·	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's	_	L Yes L No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	• – –
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ves" on Form 900 Par	Yes No
1	Purpose(s) of conservation easements held by the organizat		riv, mie 7.
'			nally important land area
	Preservation of land for public use (e.g., recreation or expression of natural habitat		
	Preservation of open space	Preservation of a certifier	d flistoric structure
•	Complete lines 2a through 2d if the organization held a quali	find appearation contribution in the form of	a consequent on the last
2	day of the tax year.	med conservation contribution in the form of a	
_	Total number of conservation easements		Held at the End of the Tax Year
a 			2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic sti	ruoturo ipoliudod ip (a)	2b
C		• • • • • • • • • • • • • • • • • • • •	2c
d	Number of conservation easements included in (c) acquired listed in the Network Register.	arter 6/17/06, and not on a historic structure	.
•	listed in the National Register	slanged extinguished or terminated by the ex-	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year	annont is located	
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peviolations, and enforcement of the conservation easements	- '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
O	Stan and volunteer riours devoted to morntoning, inspecting.	, rialiding of violations, and emorcing conserv	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	a easements during the year
•	► \$	ding of violations, and emorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170/h\/	A)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	vo satisfy the requirements of section 17 of the	Yes No
9	In Part XIII, describe how the organization reports conservat	non easements in its revenue and expense st	
3	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements	ation 5 manda statements that describes the	organization 3 accounting to
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A)		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		provide provided in the second
b	If the organization elected, as permitted under SFAS 116 (A)		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	•	,
	relating to these items:		s destrict, provide the following difference
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial or	
~	the following amounts required to be reported under SFAS 1		, p. 01100
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990. Part X		\$

		RGINIA KID						94344		ige Z
	0.30									
3										
	(check all that apply)									
а	a U Public exhibition d D Loan or exchange programs									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c			_			se in Par	t XIII		
5	During the year, did the organization solicit of				ar ass	ets		- 1	_	7
	to be sold to raise funds rather than to be m							Yes_		No
Pai	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" o	n For	m 990	, Part IV,	line 9, or		
_	reported an amount on Form 990, Pa						_			
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets no	t incli	uded	_	_	_	1
	on Form 990, Part X?						L	」Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table		Г	Т				
					F			Amount		
	Beginning balance.				ŀ	_1c		-		
	Additions during the year				- 1	1d		-		
е	Distributions during the year				- }	1e				
f	Ending balance				. L	1f		7	_	1
	Did the organization include an amount on F	•	•		•			∐ Yes	<u> </u>	J No
Par	t V Endowment Funds. Complete									
r ai	Lidowineitt i dids. Complete	I				Theorem	ears back	(-) Faur		
	Designing of very belonge	(a) Current year	(b) Prior year	(c) Two years back	(a) I			(e) Four years back		
1a	Beginning of year balance	1,075,254.	1,114,339,	1,052,017.	986,217, 1,121,607					607.
D	Contributions	3 150	45.706	150 252	 	129,258, <19,010,				
ت س	Net investment earnings, gains, and losses	<3,158.	45,796.				<19.	010.		
	Grants or scholarships Other expenditures for facilities									
е	•	116 000	72 000	75 000			F0 F00		102	
	and programs	116,000.	72,000.	75,000.		50,500. 103,00				
· ·	Administrative expenses End of year balance	10,869,	12,881,	12,930.			<u>12,958.</u>		•	380.
g	Provide the estimated percentage of the cur	951 543.	1,075,254,			1.0	52,017.	l	986,	<u> 21/.</u>
2	Board designated or quasi-endowment	27.00	e (iiiie 19, coluitiii (a %	ij) rieid as						
b	Permanent endowment 73.00	<u> </u>								
-	Temporarily restricted endowment	^ %								
C	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the o	raanız	ation			
oa	by:	obolon or the organiza	anon mar are more a	na aammotorea for		· ga.·z	ation	Г	Yes	No
	(i) unrelated organizations							3a(i)	163	X
	(ii) related organizations							3a(ii)		x
b	if "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?					3b	\neg	<u> </u>
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm		· · ·							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line	10				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	Accun	nulate	d	(d) Book	value	
		basis (investm	1 , ,			ation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c)			ightharpoonup			0.

WEST VIRGINIA KIDS COUNT FUND, INC

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Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 WEST VIRGINIA KIDS		55-0692324 Page 4
Part XI Reconciliation of Revenue per Audited Finance		e per Return.
Complete if the organization answered "Yes" on Form 990, F		· · · · · · · · · · · · · · · · · · ·
1 Total revenue, gains, and other support per audited financial staten	nents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants d Other (Describe in Part XIII)	2c 2d	
d Other (Describe in Part XIII) e Add lines 2a through 2d	_ <u>Zu</u>	
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		3
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part	I line 12)	5
Part XII Reconciliation of Expenses per Audited Finan		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" on Form 990, F	•	•
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	·	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par	rt I, line 18)	5
Part XIII Supplemental Information.		
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p		rt v, iiie 4, Part A, iiie 2, Part Ai,
ART V, LINE 4: THE INTENDED USE OF THE ENDOWMENT FUR THE INTURE OPERATIONS OF THE WEST VI		
		
		
		

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

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

WEST VIRGINIA KIDS COUNT FUND, INC	55-0692324
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
AND BUILDS ALLIANCES TO ADVOCATE FOR WHAT KIDS NEED.	
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
RACE2GREAT IS A 5 YEAR CAMPAIGN TO IMPLEMENT FOUR KEY POLICE	CIES THAT CAN
DRAMATICALLY IMPROVE CHILD WELL-BEING IN WEST VIRGINIA. T	HE POLICY
GOALS ARE TO ESTABLISH A STATE EARNED INCOME TAX CREDIT, PR	ROVIDE
HIGH-QUALITY PRE-SCHOOL FOR ALL THREE YEAR OLD, INCREASE TO	HE TOBACCO
TAX TO SIGNIFICANTLY REDUCE OUR HIGHEST-IN-THE-NATION PREG	NANCY SMOKING
RATES, AND IMPLEMENT A STATE'S COMPREHENSIVE HEALTH AND SE	X EDUCATION
CIRRICULUM. KIDS COUNT WILL TEAM UP WITH AN ANCHOR ADVOCA	CY GROUP FOR
EACH POLICY.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
THE RACE2GREAT PROGRAM PREVIOUSLY DESCRIBED.	
EXPENSES \$ 40,527. INCLUDING GRANTS OF \$ 0. REVENUE \$	14,000.
FORM 990, PART VI, SECTION B, LINE 11:	
BEFORE THE 990 IS FILED, THE BOARD OF DIRECTORS REVIEW THE	TAX RETURN AND
THE RETURN IS SIGNED BY THE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE WEST VIRGINIA KIDS COUNT FUND'S CONFLICT OF INTEREST PO	OLICY REQUIRES
THAT EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL	COMPLETE ANNUALLY
A CONFLICT OF INTEREST FORM. THIS POLICY WILL BE REVIEWED	ANNUALLY BY EACH
BOARD MEMBER AND ANY CHANGES SHALL BE COMMUNICATED TO ALL.	THIS POLICY WAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

532211 09-02-15