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Form **990**

Department of the Treasury
Internal Revenue Service

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.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: JAMES H. HARLESS FOUNDATION, INC.

Doing business as:

Number and street (or P O box if mail is not delivered to street address): P. O. BOX 1210

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: GILBERT WV 25621

D Employer identification number: 23-7093387

E Telephone number: (304) 664-3227

G Gross receipts $ 2,470,095.

F Name and address of principal officer: GARY G. WHITE P. O. BOX 1210 GILBERT WV 25621

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of formation 2002 **M** State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE LARRY JOE HARLESS COMMUNITY CENTER FOUNDATION, INC. AND OF THE FOUNDATION FOR THE TRI-STATE COMMUNITY, INC.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,619,420.	1,149,723.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,260.	132,960.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,254.	0.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,083,934.	1,282,683.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	349,908.	219,606.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,177.	60,881.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,739.	101,850.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	459,824.	382,337.
19	Revenue less expenses. Subtract line 18 from line 12	3,624,110.	900,346.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,703,895.	6,604,241.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	5,703,895.	6,604,241.

Part II Signature Block

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 preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date

► GARY G WHITE — Type or print name and title — PRESIDENT 11/14/17

Paid Preparer Use Only

Print/Type preparer's name: JAMES D. THORNBURG	Preparer's signature: James D. Thornburg CPA	Date: 11/1/17	Check ☒ if self-employed	PTIN: P00496842
Firm's name ► JAMES D. THORNBURG, CPA			Firm's EIN ►	
Firm's address ► 101 BLACKBERRY HILL BARBOURSVILLE WV 25504			Phone no (304) 208-4606	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 11/16/16 Form **990** (2016)

SCANNED NOV 28 2017

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 202,115. including grants of $ 202,115.) (Revenue $ 0.)

ASSISTANCE WAS PROVIDED TO THE ABOVE-NAMED ORGANIZATIONS WHICH ENABLED THEM TO SUSTAIN THEIR PROGRAMS THAT PROMOTED THE HEALTH, EDUCATION, FAITH AND QUALITY OF LIFE TO THE CITIZENS OF SOUTHERN WEST VIRGINIA.

4b (Code:) (Expenses $ 17,491. including grants of $ 17,491.) (Revenue $ 0.)

THE ORGANIZATION PROVIDED ASSISTANCE IN THE FORM OF CASH CONTRIBUTIONS TO CHARITIES OTHER THAN ITS SUPPORTED ORGANIZATIONS. CONTRIBUTIONS TO THESE CHARITIES WERE MADE IN FURTHERANCE OF THE MISSIONS OF THE SUPPORTED ORGANIZATIONS IN THAT THE EDUCATIONAL, RELIGIOUS, CHARITABLE AND LITERARY ACTIVITIES BENEFITED THE CITIZENS OF SOUTHERN, WEST VIRGINIA. THERE WERE THIRTY-ONE (31) SUCH ORGANIZATIONS THAT RECEIVED THIS FORM OF ASSISTANCE FROM THE ORGANIZATION.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 219,606.