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Form 990-PF

Department of the Treasury

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

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

OMB No. 1545-0052 2016

Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2016 or tax year beginning , 2016, and ending Name of foundation A Employer identification number CHARLESTON WOMANS IMPROVEMENT LEAGUE 55-0707298 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO BOX 11278 (304) 809-5688 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, CHARLESTON WV 25339 check here . G Check all that apply. Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation If private foundation status was H Check type of organization. Section 501(c)(3) exempt private foundation terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of Accounting method X Cash Accrual year (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶\$ (Part I, column (d) must be on cash basis.) Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b). for charitable expenses per (c), and (d) may not necessarily equal the purposes (cash basis only) income income amounts in column (a) (see instructions).) books Contributions, gifts, grants, etc., received (attach schedule) Check ► X If the foundation is **not** required to attach Sch. B 8,978 278 278 3 Interest on savings and temp. cash investments Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 0 Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 2,305 11 Other income (attach schedule) Total. Add lines 1 through 11 11,561 278 12 Compensation of officers, 13 directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) 25 #2 106 **b** Accounting fees (attach schedule) #3 1,035 c Other professional fees (attach sche 17 SCANNED JUN 0 1 2017 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach sch.) and depletion 980 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 4,330 23 Other expenses (attach schedule) #5 Total operating and administrative ර් 0 6,476 expenses. Add lines 13 through 23 Contributions, gifts, grants paid 2,600 C 2,600Total exp. & disbursements. 9,076 2,600 Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses 2,485 and disbursements b Net investment income (if neg., enter -0-) 278 c Adjusted net income (if neg, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

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| | | Attached schedules and amounts in the | Beginning of year | End o | |
|-----------------------|-------|--|----------------------------|----------------|----------------------------|
| -ai | t II | Balance Sheets description column should be for end-of-year amounts only (See inst.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| T | 1 | Cash non-interest-bearing | | 120 100 | |
| | 2 | Savings and temporary cash investments . | 136,646 | 138,188 | |
| - | 3 | Accounts receivable ▶ | | | - |
| | | Less allowance for doubtful accts. ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accts. | | | |
| 1 | 5 | Grants receivable . | | | |
| ļ | 6 | Receivables due from officers, directors, trustees, and other | | | |
| 1 | | disqualified persons (attach schedule) (see instructions) | | | - |
| - | 7 | Other notes and loans receivable (attach schedule) | | - | |
| | | Less allowance for doubtful accounts | | | |
| S. | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ا تخ | 10a | Investments U.S. and state govt. obligations (attach schedule) | | | |
| ļ | b | Investments corporate stock (attach schedule) . | | | |
| | | 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) | | | |
| ļ | 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) | 136,646 | 138,188 | 0 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | · · · |
| es | 19 | Deferred revenue | | | - |
| iabilitie: | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | <u> </u> |
| Liak | 21 | Mortgages and other notes payable (attach schedule) | | | ` |
| _ | 22 | Other liabilities (describe |) | | |
| | 23 | Total liabilities (add lines 17 through 22) | |) | <u>/</u> - |
| | | Foundations that follow SFAS 117, check here | | | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ances | 24 | Unrestricted | | ļ <u>.</u> | - |
| _ | 25 | Temporarily restricted | | | 4 |
| 98 | 26 | Permanently restricted . | | | |
| Ę | | Foundations that do not follow SFAS 117, check here ► 🗵 | | | , |
| ᅙ | | and complete lines 27 through 31. | | | |
| ţ | 27 | Capital stock, trust principal, or current funds | 136,64 | 138,18 | 희 |
| SSE | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | _ |
| Net Assets or Fund Ba | 29 | Retained earnings, accumulated income, endowment, or other funds | | | <u>_</u> |
| ž | 30 | Total net assets or fund balances (see instructions) | 136,64 | | _ |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 136,64 | 138,18 | 8 |
| Pá | art I | Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Tot | al net assets or fund balances at beginning of year Part II, colu | mn (a), line 30 (must agre | e with | 100 |
| | end | d-of-year figure reported on prior year's return) | | <u>1</u> | 136,646 |
| 2 | | er amount from Part I, line 27a · · · | | 2 | 2,485 |
| 3 | | ner increases not included in line 2 (itemize) | | 3 | |
| 4 | | d lines 1, 2, and 3 . | | 4 | 139,131 |
| 5 | De | creases not included in line 2 (itemize) | | 5 | 100 101 |
| 6 | Tot | al net assets or fund balances at end of year (line 4 minus line 5) | Part II, column (b), line | 30 6 | 139,131 |
| | | 16 000DE2 BWE 990 Form Software Convert 1996 - 2017 HB | | | Form 990-PF (2016) |

| | Jaiendar year (or tax year beginning in) | Tresterial region de addeta | | 5/ U.V. a a a b y Uo (U) |
|---|--|----------------------------------|----------------|--------------------------|
| | 2015 | | | |
| | 2014 | | | |
| | 2013 | | | |
| | 2012 | | | |
| | 2011 | | | |
| 2 | Total of line 1, column (d) . | | 2 | 0.000000 |
| 3 | Average distribution ratio for the 5-year base period divide the total on of years the foundation has been in existence if less than 5 years | | 3 | |
| 4 | Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 | | 4 | |
| 5 | Multiply line 4 by line 3 · · · · · · · · · · · · · · · · · · | | 5 | |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | | 6 | 3 |
| 7 | Add lines 5 and 6 | | 7 | 3 |
| 8 | Enter qualifying distributions from Part XII, line 4 | | 8 | 2,600 |
| | If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, instructions | and complete that part using a 1 | % tax rate. Se | ee the Part VI |

| Pa | EXCISE TAX Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see instruc | tions) | <u></u> | | |
|---|--|----------|--|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1. | | | | |
| Date of ruling or determination letter (attach copy of letter if necessary see inst.) | | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | | |
| | here ▶ Mand enter 1% of Part I, line 27b | | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | | | | |
| _ | Part I, line 12, col (b). | | | _ | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2 | | | | |
| 3 | Add lines 1 and 2 | | | | |
| 4 | The state of the Control of the Cont | | | | |
| 6 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | | |
| a | | | | | |
| b | 2016 estimated tax payments and 2015 overpayment credited to 2016 . 6a Exempt foreign organizations — tax withheld at source 6b | | | | |
| c | | | | | |
| d | | | | | |
| 7 | Total and the and management Add 1 and 1 and 1 | | | ~ (| |
| 8 | | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2017 estimated tax | | | | |
| | t VII-A Statements Regarding Activities | | | | |
| _ | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or | T | Yes | No | |
| | intervene in any political campaign? | 1a | 1 | X | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the | | | 1 | |
| | definition)? | | | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | | | | |
| | or distributed by the foundation in connection with the activities. | 7 | Ì | - x | |
| C | c Did the foundation file Form 1120-POL for this year? | | | | |
| d | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| | (1) On the foundation. ▶ \$0 (2) On foundation managers ▶ \$0 | 1 | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| | on foundation managers. ▶ \$0 | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | <u> </u> | × | |
| _ | If "Yes," attach a detailed description of the activities. | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | İ | - | x | |
| 4 | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | <u> </u> | × | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | - | ^ - | |
| b 5 | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | ├ | × | |
| 3 | If "Yes," attach the statement required by General Instruction T. | - | ├ | ├ - | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | - | 1 | |
| · | By language in the governing instrument, or | - | - | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | } | | | |
| | conflict with the state law remain in the governing instrument? | 6 | | × | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part XV | 7 | | x | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | <u> </u> | | | |
| | NONE | 1 | 1 | 1 | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or | |] | | |
| | designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | | × | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | | |
| | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete |] | - | Ī | |
| | Part XIV | 9 | <u> </u> | x | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | | | | |
| | and addresses | 10 | | X | |
| EDA | 16 COOPEA DWF COO F C-4 C | 000 | DE | | |

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|----------|---|----------|--------------|--------------|--|--|
| Par | t VII-A Statements Regarding Activities (continued) | | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | | | | | |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person | | | | | |
| | had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X | | |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | <u> </u> | X_ | | |
| | Website address ► N/A | | | | | |
| 14 | The books are in care of ▶ SEE ATTACHMENT #6 Telephone no. ▶ | | | | | |
| | Located at ▶ ZIP+4 ▶ | | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here | | | ▶∐ | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | | | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | r | Yes | No | | |
| | securities, or other financial account in a foreign country? | 16 | | X | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "yes," enter the name of | | | | | |
| | the foreign country | | | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | Yes | No | | |
| 1a | During the year did the foundation (either directly or indirectly) | ļ | | ' | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | ļ | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | ļ | | | | |
| | disqualified person? Yes X No | | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No |] | ļ | 1 | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Ì | | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | |] | , | | |
| | the benefit or use of a disqualified person)? | | | 1 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | ļ | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | i - | ş - | 1 | | |
| | termination of government service, if terminating within 90 days.) | | | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | - | | | | |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | X | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | - <u></u> - | | |
| _ | that were not corrected before the first day of the tax year beginning in 2016? | 1c | | <u>X</u> | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | ĺ | | | |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and | - | ; . | | | |
| | oe, Part Alli) for tax year(s) beginning before 2016? | . , | ĺ, | | | |
| _ | If "Yes," list the years 20 , 20 , 20 , 20 , 20 | , | | | | |
| þ | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | 2b | | v | | |
| _ | to all years listed, answer "No" and attach statement see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 25 | | X | | |
| С | | | | | | |
| 3a | ▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | | | |
| Ja | | | | | | |
| L | | | | | | |
| b | If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation | | | | | |
| | or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved | | | | | |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) | | | | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | 24 | | v | | |
| 40 | If the foundation had excess business holdings in 2016) | 3b 4a | - | X | | |
| 4d h | 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 | 44 | | | | |
| O | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? | Ah | | v | | |
| | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | | X | | |

| If none, enter "NONE." | | | | |
|---|---|------------------|--|---------------------------------------|
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

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| Part VIII Information About Officers, Directors, T and Contractors (continued) | | hly Paid Employees, |
|--|--|---------------------|
| 3 `Five highest-paid independent contractors for professional s | ervices (see instructions). If none, enter "NO | NE." |
| (a) Name and address of each person paid more than \$50,000 | | (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 Incl of organizations and other beneficiaries served, conferences convened, research pa | | Expenses |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investme | ents (see instructions) | |
| Describe the two largest program-related investments made by the four | ndation during the tax year on lines 1 and 2. | Amount |
| 1 | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| 3 | | |

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| Pa | winimum investment Return (All domestic foundations must complete this part. Foreign fou see instructions.) | ndations, | |
|----|--|----------------|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 14 14 1 | |
| а | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | |
| С | Fair market value of all other assets (see instructions) . | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 0 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | 1 | • |
| | 1c (attach detailed explanation) | 25, A | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 7 ₂ | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating | | <u> </u> |
| | foundations and certain foreign organizations check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2016 from Part VI, line 5 . 2a | 3 - ' | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | 7, , | |
| С | Add lines 2a and 2b | 2c | 3 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 0 |
| Pa | rt XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. | ===== | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 2,600 |
| ь | Program-related investments total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 2,600 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | 3 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 2,597 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | e foundation | |

qualifies for the section 4940(e) reduction of tax in those years.

Undistributed Income (see instructions) Part XIII (d) (c) (b) 2016 Corpus Years prior to 2015 2015 1 Distributable amount for 2016 from Part XI, 0 line 7. Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only **b** Total for prior years 20 , 20 Excess distributions carryover, if any, to 2016: a From 2011 **b** From 2012 c From 2013 d From 2014 e From 2015 f Total of lines 3a through e Qualifying distributions for 2016 from Part XII, 2,600 line 4 ▶ \$ a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required -- see instructions) c Treated as distributions out of corpus (Election required -- see instructions) d Applied to 2016 distributable amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c 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 e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount -see instructions f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . 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) Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a Analysis of line 9 10 a Excess from 2012 b Excess from 2013 Excess from 2014 d Excess from 2015 Excess from 2016

| | If the foundation has received a ruling of | | | | <u>-</u> | |
|--------------|---|---|--|--|------------------------|--------------|
| | foundation, and the ruling is effective for | r 2016, enter the da | te of the ruling | • | | |
| b | Check box to indicate whether the four | dation is a private o | perating foundation of | described in section | 4942(J)(3) or | 4942(J)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Pnor 3 years | | (-) T-4-1 |
| | income from Part I or the minimum investment return from Part X for each | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| | year listed . | | | | | 0 |
| b | 85% of line 2a . | | | | | 0 |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed . | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0 |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities. | | | | | |
| | Subtract line 2d from line 2c | | | | | c |
| 3 | Complete 3a, b, or c for the alternative | | - | | | |
| | test relied upon | | | | | |
| а | "Assets" alternative test enter | | 1 | | | |
| | (1) Value of all assets | | | <u> </u> | | |
| | (2) Value of assets qualifying under | ı | | | | |
| | section 4942(j)(3)(B)(i) | | | | | C |
| D | "Endowment" alternative test — enter 2/3 of min. investment return shown in Part X, line 6 for each year listed | | | | | |
| 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) | | | | | C |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3) (B)(III) | | | | | C |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization . | | | | | C |
| | (4) Gross investment income | | | | | C |
| 1 a | at any time during the Information Regarding Foundation M List any managers of the foundation wh | e year — see i lanagers: | nstructions.) | | | |
| | close of any tax year (but only if they ha | ave contributed more | than \$5,000) (See | section 507(d)(2)) | | |
| <u>100</u> 1 | IE | | | | | |
| b | List any managers of the foundation wh | o own 10% or more | of the stock of a cor | poration (or an equal | y large portion of th | ne ownership |
| | of a partnership or other entity) of which | h the foundation has | a 10% or greater into | erest. | | |
| NOI | IE | | | | | |
| 2 a | Information Regarding Contribution, Check here ▶ ☐ If the foundation only requests for funds. If the foundation may complete items 2a, b, c, and d. The name, address, and telephone nur | y makes contribution lkes gifts, grants, etc | ns to preselected cha . (see instructions) to | urtable organizations individuals or organi | zations under other | |
| b | The form in which applications should l | pe submitted and inf | ormation and materia | als they should includ | e: | |
| C | Any submission deadlines | | | | | |
| | Any restrictions or limitations on awards | s such as by geogra | phical areas, chantal | ole fields, kinds of ins | ututions, or other fac | ctors |

FDA

Form 990-PF (2016) CHARLESTON WOMANS IMPROVEM 55-0707298 Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future 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. | <u> </u> |
| a SEE | Paid during the year ATTACHMENT #8 | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total Approved for future payment | | | . ▶ 3a | 2,60 |
| | | | | | |
| | Total · · · · | | <u> </u> | ▶ 3b | |

Page **12**

| | amounts unless otherwise indicated. | | business income | | by section 512, 513, or 514 | (e) Related or exempt |
|----------------|--|--------------|-----------------|----------|-----------------------------|--------------------------|
| | | (a) | (b) | (c) | (d) | function income |
| | | Business | Amount | Excl. | Amount | (See instructions. |
| Program | service revenue | code | | code | | |
| а | | L | | | | |
| b | | l | | | | |
| c | | l | | <u> </u> | | |
| d | | | | <u> </u> | | <u></u> |
| е | | | | <u> </u> | | |
| f | | | | <u> </u> | | |
| g Fees 8 | contracts from government agencies | L | | | | L |
| Members | ship dues and assessments . | | | | 2,305 | |
| Interest or | n savings and temporary cash investments | LL | | | 278 | |
| Dividend | ls and interest from securities | Ll_ | | Ĺ | | |
| Net renta | al income or (loss) from real estate | | | | y die gestellt. | or and a second |
| a Debt- | financed property | | | | | · |
| b Not d | ebt-financed property | | | <u> </u> | | l |
| Net rental | income or (loss) from personal property | | | | | |
| Other inv | vestment income | | | | | |
| Gain or (lo | ss) from sales of assets other than inventory | { | | | | |
| Net inco | me or (loss) from special events. | { | | | | |
| Gross pr | ofit or (loss) from sales of inventory | {} | | | | <u></u> |
| Other rev | venue. a | | | | <u> </u> | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| Subtotal. | . Add columns (b), (d), and (e) | | 0 | | 2,583 | |
| Total. Ad | dd line 12, columns (b), (d), and (e) | | | | . 13 | 2,5 |
| ee worksh | eet in line 13 instructions to verify calcula | | | | | |
| V/// | -B Relationship of Activitie | s to the Acc | omplishment of | Exemp | t Purposes | |
| art XVI- | | | | - 6 D 1 | | |
| ine No. | Explain below how each activity for | | | | | |
| | Explain below how each activity for accomplishment of the foundation's | | | | | |

FDA

| 2a | Is the | foundation directly or indirectly | affiliated with, or related to, one or more ta | x-exempt organization | ions described in | |
|-----------|--|-----------------------------------|---|-----------------------|--------------------------------|---|
| | | ` ' | n section 501(c)(3)) or in section 527? | | | ∐ Yes ⊠ No |
| <u>_b</u> | | ," complete the following sche | | | | |
| | | (a) Name of organization | (b) Type of organization | | (c) Description of relation | nship |
| Sign | l h | | hat I have examined this return, including accompar b. Declaration of preparer (other than taxpayer) is ba | | of which preparer has any know | wledge |
| Here | • • | Kan Walde | 5 15 17 | TREASURER | with the prepa | liscuss this return arer shown below |
| | | Signature of officer or trustee | Date | Title | (see instructio | ^{ns)?} X Yes No |
| Paid | 1 | Print Type preparer's name | Preparer's signature | Date | | TIN |
| Prep | | 11/any Much | MARY PESETSKY | | /7 self-employed P | |
| | Only | Firm's name HRB TA | | | Firm's EIN ▶ 43187 | |
| | <u> </u> | Firm's address ▶ 1020 | GROSSCUP AVE | | Phone no. 304768 | <u> 2803 </u> |
| FDA | A 16 990PF13 BWF 990 Form Software Copyright 1996 - 2017 HRB Tax Group, Inc Form 990-PF (2016) | | | | | |

2016 FORM 990 SCHEDULE OF OTHER INCOME ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 11 OPEN TO PUBLIC INSPECTION , and ending For calendar year 2016, or tax period beginning Name of Organization **Employer Identification Number** CHARLESTON WOMANS IMPROVEMENT LEAGUE 55-0707298 Revenue Net Investment Adjusted Description of Other Income and Expenses Income Net Income 2,305 MEMBER DUES

Totals:

2,305

2016 FORM 990 SCHEDULE OF LEGAL FEES

ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16A OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number CHARLESTON WOMANS IMPROVEMENT LEAGUE 55-0707298 Adjusted Net Investment Disbursements for Legal Description Amount Income Net Income Charity 25 SECRETARY OF STATE 25 Total:

FDA

2016 FORM 990 SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 3: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number CHARLESTON WOMANS IMPROVEMENT LEAGUE 55-0707298 Net Investment Adjusted Disbursements for **Accounting Category Amount** Net Income Income Charity HR BLOCK 106 Total: 106

2016 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

ATTACHMENT 4: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning , and ending Name of Organization Employer Identification Number CHARLESTON WOMANS IMPROVEMENT LEAGUE 55-0707298 Net Investment Adjusted Disbursements for Category Amount Income Net Income Charity LIABILITY INSURANCE 1,035 1,035 Total:

S0705N

2016 FORM 990 OTHER EXPENSES SCHEDULE

ATTACHMENT 5: PAGE 1 990-PF PAGE 1, PART I, LINE 23 OPEN TO PUBLIC INSPECTION , and ending For calendar year 2016, or tax period beginning Name of Organization Employer Identification Number CHARLESTON WOMANS IMPROVEMENT LEAGUE 55-0707298 Revenue and Net Investment Adjusted Disbursements for Description of Activity Net Income Expenses Income Charity 248 SUPPLIES PO BOX RENTAL 70 104 FOOD EXPENSES FOR MEETINGS 3,908 PROGRAM EXPENSES 4,330 Total:

2016 FORM 990 BOOKS ARE IN CARE OF

| ATTACHMENT 6 - 990-PF PAGE 5, PART VII- | -A, LINE 14 | | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|
| OPEN TO PUBLIC | | | | | | | |
| INSPECTION For calendar year 2016, or tax period beginning | , and ending | | | | | | |
| Name of Organization | Employer Identification Number | | | | | | |
| CHARLESTON WOMANS IMPROVEMENT LEAGUE | 55-0707298 | | | | | | |
| Part VII-A - Line 14 | | | | | | | |
| | | | | | | | |
| Individual Name | | | | | | | |
| or | | | | | | | |
| Business Name | | | | | | | |
| CHARLESTON WOMAN'S IMPROVEMENT LEAGUE | | | | | | | |
| | | | | | | | |
| Street Address . | PO_BOX_1601 | | | | | | |
| Silect Address . | FO BOX 1001 | | | | | | |
| | | | | | | | |
| U.S. Address | | | | | | | |
| | | | | | | | |
| Zip code 25326 City CHARLESTON | State WV | | | | | | |
| Or | | | | | | | |
| Foreign Address | | | | | | | |
| | | | | | | | |
| City | | | | | | | |
| | | | | | | | |
| Province or State | | | | | | | |
| | | | | | | | |
| Country | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Postal code . | | | | | | | |
| rostal code . | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Phone Number | . (304) 809-5688 | | | | | | |
| i none rambol | (304) 009-3000 | | | | | | |
| Fax Number | | | | | | | |
| | · | | | | | | |
| | | | | | | | |

2016 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| ATTACHMENT 7: PAGE 1 - 9 | 90-PF PAGE 6, | PART VIII | | | |
|--|---|---|---|---|--|
| OPEN TO PUBLIC INSPECTION For calendar year 2016, or 1 | | | on dung | | |
| Name of Organization | 1 to diction year 2010, or tax period beginning | | , and ending . | | |
| | Organization LESTON WOMANS IMPROVEMENT LEAGUE | | Employer Identification Number 55-0707298 | | |
| (A) Name and Address | (B) Title and Average Hrs. per Week | (C) Compensation (If not paid, enter 0) | | (E) Expense Account & Other Allowances | |
| FRANJEANNA HARRIS 1700 OAK KNOLL ROAD CHARLESTON, WV 25314 | PRESIDENT | | | - | |
| CADARIS WOODS 1518 COURT AVE SAINT ALBANS, WV 25177 | VICE PRESIDENT | | | | |
| KAY WALDEN 407 MAXWELL STREET B CHARLESTON, WV 25326 | TREASURER | | | | |
| | | | | - | |
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| Four Software Converblance 2017 HOD To | | | | 10 50950VA | |

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2016 DETAIL STATEMENTS

CHARLESTON WOMANS IMPROVEMENT 55-0707298

PAGE 1

| · | |
|--|-------|
| STATEMENT #1 - OCCUPANCY (990-PF PG 1 LINE 20(A)) | |
| FACILITY RENT | |
| TOTAL CARRIED TO 990-PF PG 1 LINE 20(A) | 980 |
| STATEMENT #2 - CONTRIBUTIONS (990-PF PG 1 LINE 25 (D)) | |
| SCHOLARSHIPS | |
| TOTAL CARRIED TO 990-PF PG 1 LINE 25(D) | 2,600 |

HRB TAX GROUP INC 1020 GROSSCUP AVE DUNBAR WV 25064 3047682803

55-0707298 CHARLESTON WOMANS IMPROVEMENT LEAGUE

INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 990-PF

- .YOUR RETURN HAS A BALANCE DUE OF \$3.00.
- .THE TRUSTEE/OFFICER REPRESENTING THE ORGANIZATION MUST SIGN THE RETURN
- .WRITE A CHECK FOR \$3.00 TO UNITED STATES TREASURY.
- .WRITE YOUR EMPLOYER IDENTIFICATION NUMBER AND FORM 990-PF ON THE CHECK

.MAIL YOUR RETURN ON OR BEFORE 05-15-2017 TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

