..... 990-PF.

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

1	OMB No 1545-0052	
	2017	•
l		

			dar year 2017 or tax year beginning		, and	ending		
		ne of four	•			A Employer	identification number	
			nstitute for West Virginia Policy, Inc					
	Number and street (or P O box number if mail is not delivered to street address)			Room	vsuite 47-1932521			
	_	Box 1				B Telephone	number (see instruction	is)
	City	or town,	state or province, country, and ZIP or foreign postal code					
	Cha	arlesto	n WV	25339		l	(304) 561-763	4
	For	eign cour	ntry name , ' Foreign province/state/county	Foreign post	ad code	C If exempt	on application is pending	g, check here 🕨 🔲
								_
	G	Check	all that apply Initial return Initial return	of a former public o	harity	D 1. Foreign	organizations, check h	ene . ▶ 🔲
					•	2. Foreign	organizations meeting	the 85% test,
			. Address change Name chang	e		_	nere and attach compute	
	Н	Check	type of organization X Section 501(c)(3) exempt pri	vate foundation	TOY		oundation status was te	rminated under
		Section	n 4947(a)(1) nonexempt charitable trust	able private founda	tion	section 50	7(b)(1)(A), check here	▶ [_]
	$\overline{}$		arket value of all assets at J Accounting method					
7	•		year (from Part II, col. (c), Other (specify)				dation is in a 60-month t tion 507(b)(1)(B), check	
4		line 16		on cash hasis)		under sec	0011 307 (D)(1)(D), C110CK	ilicie . · K
1/2	_	art I	Analysis of Revenue and Expenses (The total of	0.11 0.00.11 0.00.0.1		L		(d) Disbursements
W			amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	for chantable
1			equal the amounts in column (a) (see instructions))	expenses per books	41	ncome	ıncome	purposes
		4		007.400	 			(cash basis only)
2019		1	Contributions, gifts, grants, etc., received (attach schedule)	337,199			3	
20		2	Check ► I if the foundation is not required to attach Sch. R		-	·	3	
લ્સ		3	Interest on savings and temporary cash investments		 -			· · · · · · · · · · · · · · · · · · ·
-		4	Dividends and interest from securities .		 -			
		5a	Gross rents		 -		1 . p 12	
¥	_	b	Net rental income or (loss)	10 3,	7 71 1			
Z	3	6a	Net gain or (loss) from sale of assets not on line 10		 			
Ω	er	b	Gross sales price for all assets on line 6a					
4	Revenue	7	Capital gain net income (from Part IV, line 2)					
Ź		8	Net short-term capital gain		<u> </u>	· '		
ec.		9	Income modifications					
SCANNED MAR		10a	Gross sales less returns and allowances				1 1 1 1 1 1 1	ana j
U y	i	b	Less Cost of goods sold	· · · · · ·	9	- 1	1.7.7	
	1	С	Gross profit or (loss) (attach schedule)		 -			·
		11	Other income (attach schedule)					
		12	Total. Add lines 1 through 11	337,199		0	0	
	Expenses	13	Compensation of officers, directors, trustees etc. Other employee salaries and wages LIVED	400 400				70 201
<u> </u>	SU.	14		100,402	ļ			70,281
2	be	15	Pension plans, employe benefits . Legal fees (attach schedule) JAN 0.8. 2019 .	12,074				8,452
7	Щ	16a	Legal fees (attach scheddle) JAN 0.8.2019	775				775
Ž	é	b	Accounting fees (attach schedule)	3,075	 			
72	Ť	C	Other professional fees (attach scriedule)	<u> </u>	 			
5/ TIO 8102	Administrative	17		 	 			
	Ę	18	Taxes (attach schedule) (see instructions) .	 	 -			
\supset	Ē	19	Depreciation (attach schedule) and depletion .		 			700
	D	20	Occupancy	780				780
<u> </u>	9	21	Travel, conferences, and meetings	9,550				9,550
?	and	22	Printing and publications	963	}			963
o.		23	Other expenses (attach schedule)	107,797	├ ──			104,409
>	Operating	24	Total operating and administrative expenses.		ļ			105.010
	ž		Add lines 13 through 23	235,416	 	. 0	0	195,210
()	ق	25	Contributions, gifts, grants paid	 	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	_	26	Total expenses and disbursements. Add lines 24 and 25	235,416	L	0	0	195,210
147		27	Subtract line 26 from line 12		·		•	•
14.1		a	Excess of revenue over expenses and disbursements .	101,783	<u> </u>	,	,	<u> </u>
0		b	Net investment income (if negative, enter -0-)	}		0	<u> </u>	<u></u>
Ω		С	Adjusted net income (if negative, enter -0-)	<u> </u>	1	. 	0	,
	Fo	r Paper	work Reduction Act Notice, see instructions.				Fo	rm 990-PF (2017)
91	HTA	-					17	_ a21
٠ ١ ٥		127					12	- 4-1
250		3W						
Ö		-						

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	128,733	199,201	199,201
	2	Savings and temporary cash investments			
	3	Accounts receivable >		BANKS PERSON	5842 300 434 3
- {		Less allowance for doubtful accounts			
	4	Pledges receivable ▶	MAN STREET	国际内部	THE PARTY
Į		Less. allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions).			
ı	7	Other notes and loans receivable (attach schedule)	TE STATE TRUE ST	THE STATE OF THE	等於「學說」台灣的第三個
		Less allowance for doubtful accounts	CAN THE PROPERTY AND ADDRESS OF	Production and the Angelia	OR CHEST INTERNATIONAL
ध	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)		,	
-	11	Investments—land, buildings, and equipment, basis	AND THE PROPERTY OF THE PARTY O	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	以是"整个人"的A. 生了
		Less accumulated depreciation (attach schedule)	**************************************		S-Carried States of the Control of t
ļ	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
Ì	14	Land, buildings, and equipment basis	TE AND THE	2000年,1000年末,1000年2月 1000年	SENCETAL SEL
		Less accumulated depreciation (attach schedule)	Marie Thanks	jana de 1968a in Mariel Spinish State and da	I SOLVE THE PLANT OF THE PARTY
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		Instructions Also, see page 1, item I)	128.733	199,201	199.201
	17	Accounts payable and accrued expenses	31,315		10 城市气理水平
,,	18	Grants payable		1	
Liabilities	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		Part of the
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons	-		
iab	21	Mortgages and other notes payable (attach schedule)			The state of the s
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	31,315	0	建筑等。 "是这个
		Foundations that follow SFAS 117, check here			15年文章 1
ès	}	and complete lines 24 through 26, and lines 30 and 31.]	1
ŭ	24	Unrestricted	97,418	199,201	
Balances	25	Temporarily restricted			West and
	26	Permanently restricted			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Š		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.	1		12.00
ō	27	Capital stock, trust principal, or current funds			
Net Assets or Fund	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	•		
A	30	Total net assets or fund balances (see instructions)	97,418	199,201	
Zei	31	Total liabilities and net assets/fund balances (see			32 30 37 37
		instructions)	128,733	199,201	Name of the second
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year-Part II, column (a)		e with]
		of-year figure reported on prior year's return)		. 1	97,418
2		amount from Part I, line 27a		2	101,783
3					
4		ines 1, 2, and 3		4	199,201
5	Decre	eases not included in line 2 (itemize)	,	5	ļ
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Par	t II, column (b), line :	30 . 6	199,201

1	 a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) 			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
1a						
b						
c						
d						
<u>e</u>						
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		t or other basis spense of sale		ain or (loss) s (f) minus (g))
а						
<u>b</u>						
<u>c</u>		<u> </u>				
<u>d</u>						
е	<u></u>					
	Complete only for assets sh	nowing gain in column (h) and owned	by the foundati	on on 12/31/69	(I) Gains (C	col (h) gain minus
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i)		not less than -0-) or (from col (h))
<u>a</u>						
<u>b</u>			<u></u>			
c						
d						
e						
2	Capital gain net income or	r (net canital loss) 1	also enter in F , enter -0- in F	· · · · · · · · · · · · · · · · · · ·	2	0
3		or (loss) as defined in sections 1: , line 8, column (c) See instruction	222(5) and (6)):		
	Part I, line 8 .			<u> </u>	3	0
Part	V Qualification Und	der Section 4940(e) for Redu	ced Tax on	Net Investment	Income	
	s," the foundation doesn't qu	section 4942 tax on the distributate ualify under section 4940(e). Do no ount in each column for each year,	ot complete th	is part.	·	Yes X No
	(a)	(b)	1	(c)		(d)
Cel	Base penod years endar year (or tax year beginning in	Adjusted qualifying distributions	Net valu	ie of nonchantable-use as		Distribution ratio b) divided by col. (c))
	2016		366	97	.444	1 584151
	2015		,284		,992	3.906403
	2014		0		754	0 000000
	2013		0		o	0 000000
	2012		o		0	0 000000
2	Total of line 1, column (d)				. 2	5 490554
3	•	for the 5-year base period—divide oundation has been in existence if		•	. 3	1 098111
4	Enter the net value of non	chantable-use assets for 2017 from	n Part X, line	5 .	4	116,053
5	Multiply line 4 by line 3				. 5	127,439
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	0
7	Add lines 5 and 6 .				7	127,439
8		ns from Part XII, line 4			. 8	195,210
		iter than line 7, check the box in P	art VI, line 1b,	and complete that p	part using a 1% t	ax rate See the
	Part VI instructions.					Form 990-PF (2017)

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instru	uctio	ns)_	_		
1å	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here ► X and enter 1% of Part I, line 27b	4	1382			
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		0		
3	Add lines 1 and 2	3		0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				
5.	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		0		
6	Credits/Payments		3 2273	1	3.3	
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	72	24 E	36.5	1	
b	Exempt foreign organizations—tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)			6		
_d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7		0		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached if Form 2220 is attached	8			 	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	_	0		
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2018 estimated tax	10		0		
	/II-A Statements Regarding Activities				L	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		3-27	Yes	No	
ıa	participate or intervene in any political campaign?		1a		X	
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		"	+	-^-	
_	Instructions for the definition		16	, }	×	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		570	7 7.35	1 30 164	
	published or distributed by the foundation in connection with the activities.		1		(* 4)	
C	Did the foundation file Form 1120-POL for this year?		10		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		90 V	2 2 4	172.8	
	(1) On the foundation. > \$ (2) On foundation managers	_		3 3		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposi	ed	\$ " 4 \$ 18 4		E + 1	
	on foundation managers. \$		Ž.	1 39	100	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	_	X	
	If "Yes," attach a detailed description of the activities.			4 35		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		377	المنتقد ا		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•	3		X	
4a -	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "You " how it filed a tay return on Form 999 T for this year?	•	4a		 ^-	
D E	If "Yes," has it filed a tax return on Form 990-T for this year?		5	114/7	<u></u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	-	11.5	2 3 4 5 3	1 1 2 2	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1 m		
•	By language in the governing instrument, or		24.77 14.45	* 22	8	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	at			4.4.	
	conflict with the state law remain in the governing instrument?		6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		. 7	Х	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		787		\$ 7.3	
	w				135	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener	ral	E			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8t	<u> </u>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3		137	3 22	122	_
	or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV.	f	1	1	1	Z
	"Yes," complete Part XIV		9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eir		.		
	names and addresses	<u> </u>	. 10) <u>X</u>	<u></u>	

Pan	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	547.	Yes	No
	the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
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	ļ	<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
44	Website address www.cardinalinstitute.com	4 700		
14	The books are in care of ► Garrett Ballengee Telephone no. ► (304) 56 Located at ► PO Box 11495 Charleston WV ZIP+4 ► 25339	1-/63	4	
45	Located at PO Box 11495 Charleston WV ZIP+4 ≥ 25339 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			
15	and enter the amount of tax-exempt interest received or accrued during the year			▶ [_
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the	14.76		155
	name of the foreign country	温光		13.5
Part	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	1000	1000	ام نام کوش
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1	100	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		100	34
	disqualified person?	1.3%		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		100	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	188	190	100
	(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)? Yes X No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	V.2 .
	- -	· Seguil		14
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1.3 %	26.3	1. C
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No	13.4	1	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	5.7.4	1	(E.
U	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	2.0
	Organizations relying on a current notice regarding disaster assistance, check here	134.34	15.00	I.A " 45
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		3	1 33
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1 15 A	13.3	11 1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	150	1	32.5
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	一套		3
	6e, Part XIII) for tax year(s) beginning before 2017?	100 m		2 P
£.	If "Yes," list the years 20 , 20 , 20 , 20	\$	interior in	1
D	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) to	1	1.3	1
	all years listed, answer "No" and attach statement—see instructions.)	2b	N/A	ت الله
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	3.0	2.	440
-	► 20 , 20 , 20 , 20			12.30
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	17.	1	1.7
	at any time during the year?	1	100	F 3
b	If "Yes," did it have excess business holdings in 2017 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		16 %	1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	A. 5.	- True	145.2
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	الكنافة ا	-	
_	foundation had excess business holdings in 2017)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	- 15i= 1	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	100	X X
	Contraction purpose that not not been removed from jeopardy delive the first day of the tax year beginning in 2017?	1 70	<u> </u>	⊥ ←

Part	VII-3 Statements Regarding Activities	for W	hich Form	4720 N	lay Be Re	equire	d (contin	ued)			
5a	During the year, did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to in	/ amou	nt to.			<u> </u>	Yes	X No			133
	(2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive			•	to carry on	,	☐ Yes	X No		1000 m	
	(3) Provide a grant to an individual for travel, study			ar numoses?			☐ Yes	⊠ No	4 254		35
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions.	chanta	•	Inization		ın	Yes	⊠ No			
	(5) Provide for any purpose other than religious, chi purposes, or for the prevention of cruelty to chile	arıtable	e, scientific, li	terary, c	or education	nal	☐ Yes	X No			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the tr					eptions	describe	d in	1	25	
	Regulations section 53 4945 or in a current notice in							•	5b	N/A	
С	Organizations relying on a current notice regarding if the answer is "Yes" to question 5a(4), does the for because it maintained expenditure responsibility for	oundation of the gr	on claim exer ant?	nption f	rom the tax			► □		温泉	
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fundamental personal benefit contract?				pay premiui	ms	☐ Yes	X No	10 A		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
b	Did the foundation, during the year, pay premiums,	directiv	· v or indirectly	on a p	ersonal ber	nefit cor		(E.S)	6b	شستكث ا	X
	If "Yes" to 6b, file Form 8870		,						S. 34	2000	1
7a b	At any time during the tax year, was the foundation a pa If "Yes," did the foundation receive any proceeds or					e trans	Yes	X No	7b	N/A	
	VIII Information About Officers, Directo							aid En	nploye	es,	
	and Contractors										
1	List all officers, directors, trustees, and foundat										
	(a) Name and address	hou	e, and average rs per week ed to position	``(lf r	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compe	plans	(e) Expo	ense ac allowar	
See A	ttached Statement		.00		0	_					
			.00		0						
			00		0		····				
			00		0						
	Compensation of five highest-paid employees (other ti	00 han those in	cluded	on line 1—	see inc	tructions	s) If no	ne eni	er	
-	"NONE."	Juii	ildii diode iii								
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per v devoted to po	reek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense ac allowar	
	tt A Ballengee		Executive D	rector							
1632	Quarner Street, Charleston, WV 25311			40.00		67,308					
		-		00	L	0		•			
				00		0					
				.00		0					
				.00		a	-			.	
Total	number of other employees paid over \$50,000 .				·						
	·								99	n DE	/004T)

3	and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON!	E #
Ť	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	F	(o) compensation
	-	
- .		-
		<u> </u>
- <i></i> -		
		
Γota	I number of others receiving over \$50,000 for professional services	
Pa	rt IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	F
org	anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	The organization was formed to research, analyze, create, and communicate public policy models as well as	
	educate the citizens of West Virginia regarding principles of public policy and sound governance. Estimated	
	1 8 million citizens benefited	195,21
2		

3	***************************************	
4		•
Pa	rt IX-B Summary of Program-Related Investments (see instructions)	L
_	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
•		
		,
2		
All	other program-related investments. See instructions	
3		
		i
	I. Add lines 1 through 3	

	out (15%) Caramar monate for viest virginia i oney, inc.	41-1332321	Page O
Part	,	gn foundations,	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	. '	
	purposes	\.\\	
а	Average monthly fair market value of securities	1a	0
p	Average of monthly cash balances	1b	117,820
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	117,820
е	Reduction claimed for blockage or other factors reported on lines 1a and] -	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	117,820
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	1,767
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	116,053
6	Minimum investment return. Enter 5% of line 5	6	5,803
Part		ons	
	and certain foreign organizations, check here		
1	Minimum investment return from Part X, line 6	1	5,803
2a	Tax on investment income for 2017 from Part VI, line 5	-	
b	Income tax for 2017. (This does not include the tax from Part VI)	┥ (
C	Add lines 2a and 2b	2 _C	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,803
4	Recovenes of amounts treated as qualifying distributions	4	0,000
5	Add lines 3 and 4	5	5,803
6	Deduction from distributable amount (see instructions)	6	0,000
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•		7	5,803
	line 1		3,003
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	195,210
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	195,210
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	195,210
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who		
	qualifies for the section 4940(e) reduction of tax in those years.	carer are louridad	V 11

Part	XIII Undistributed Income	(see instructions	3)			Tage 0
•			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from	Part XI	Corpus	Years prior to 2016	2016	2017
	line 7				,	5,803
2	Undistributed income, if any, as of the	end of 2017:	, 4.00.1	4 1211	1 1 1	0,000
а	Enter amount for 2016 only		•	,	0	
b		20, 20				
3	Excess distributions carryover, if ar		· · · · · · · · · · · · · · · · · · ·			
a	From 2012	19, 10 2017			•	
h	From 2013			1		
	From 2014					
4	From 2015	60.375	,			II.
d	+	69,375	_			•
e	From 2016	149,485			•	•
	Total of lines 3a through e		218,860		ļ	
4	Qualifying distributions for 2017 fro	m Part XII,	•• •	•	٠ ، د	, ,
	line 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					-
	Applied to 2016, but not more than	1				· · · · · · · · · · · · · · · · · · ·
þ	Applied to undistributed income of	•			Ì	
	(Election required—see instructions					
С						
	required—see instructions)					·
đ	Applied to 2017 distributable amou	nt		· · · · · · · · · · · · · · · · · · ·		5,803
e	Remaining amount distributed out of	of corpus	189,407			
5	Excess distributions carryover appl	ied to 2017.				
	(If an amount appears in column (d), the same	•			_
	amount must be shown in column (a))			Ì	
6	Enter the net total of each colum	n as				
	indicated below:	ĺ				
а	Corpus Add lines 3f, 4c, and 4e. S	ubtract line 5	408,267		Ì '	
	Prior years' undistributed income. S					
	line 4b from line 2b			o		
С	Enter the amount of pnor years' un-	distributed				
	income for which a notice of deficie					
	been issued, or on which the section					
	tax has been previously assessed		·			
d	Subtract line 6c from line 6b. Taxat					
_	amount—see instructions					
е	Undistributed income for 2016. Sub	ntract line	-			
_	4a from line 2a Taxable amount—					
	instructions				o	
f	Undistributed income for 2017. Sub	stract lines				
'	4d and 5 from line 1. This amount r				[
	distributed in 2018	muət uc				o
7	Amounts treated as distributions or	t of comus			 	
•	to satisfy requirements imposed by	· ·				
	170(b)(1)(F) or 4942(g)(3) (Election	i may be				
	required—see instructions)			<u> </u>	ļ	l
8	Excess distributions carryover from					
_	applied on line 5 or line 7 (see instr	•				
9	Excess distributions carryover to					
	Subtract lines 7 and 8 from line 6a		408,267		<u> </u>	
10	Analysis of line 9				1	
	Excess from 2013					
b	Excess from 2014				1	
C	Excess from 2015 .	69,375			ł	ı
d	Excess from 2016	149,485			[
e	Excess from 2017	189,407			L	
						Form 990-PF (2017)

	90-PF (2017) Cardinal Institute for W				47-193	2521 Page 10
Part	XIV . Private Operating Foundat	ions (see instru	ctions and Part V	/II-A, question 9)		N/A
1à	If the foundation has received a ruling o	r determination let	ter that it is a privat	e operating		
	foundation, and the ruling is effective for			•		
b	Check box to indicate whether the foundation	on is a private opera	ting foundation descri	ibed in section	4942(j)(3	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a				/	0
	Qualifying distributions from Part XII,					<u>_</u>
С	line 4 for each year listed				/	•
						0
d	Amounts included in line 2c not used directly					_
	for active conduct of exempt activities .		 			0
е	Qualifying distributions made directly				Ì	
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter:			į į		
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
þ	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					0
C	"Support" alternative test-enter					
	(1) Total support other than gross		/		}	
	investment income (interest,		1			
	dividends, rents, payments on securities loans (section	/				
	512(a)(5)), or royalties)	/				0
	(2) Support from general public					
	and 5 or more exempt				1	
	organizations as provided in section 4942(j)(3)(B)(iii)	/				0
	(3) Largest amount of support from					<u>_</u>
	an exempt organization					0
	(4) Gross investment income					0
Part		(Complete thi	s part only if the	e foundation ha	d \$5.000 or mor	
	any time during the year—				- 4-,	
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	o have contributed	more than 2% of t	he total contribution	ns received by the f	foundation
	before the close of any tax year (but onl					
Willian	n Maloney					
	List any managers of the foundation who	o own 10% or mor	e of the stock of a	corporation (or an e	equally large portion	n of the
	ownership of a partnership or other entit			•		
Not a	pplicable					
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc.,	Programs:		
	Check here ► X if the foundation on			-	ations and does no	t accept
	unsolicited requests for funds. If the fou					
	conditions, complete items 2a, b, c, and	d See instruction	s.			
	The name, address, and telephone num	ber or email addr	ess of the person to	whom application	s should be addres	sed
-	The state of the s					=:
b	The form in which applications should b	e submitted and in	formation and mate	erials they should in	nclude	
_	The second of th					
С	Any submission deadlines					
d	Any restrictions or limitations on awards	s, such as by geog	raphical areas, cha	ritable fields, kınds	of institutions, or o	ther
	factors					

Part	XV Supplementary Information (contine Grants and Contributions Paid During to	ued)	- d for C.	Daniel Da	- Tage I
		If recipient is an individual,	1	ture Payment	1
	Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	reapient		ļ
а	Paid during the year				
			İ		
		:			
			1		
					1
			İ		
	·				
				-	
			1		
			<u> </u>	<u></u>	
<u> </u>	Total Approved for future payment				Sa C
J	Approved for future payment.				
			1		
		i			
]		
			ļ		
				·	
	Total				Bb (

art XVI-A Analysis of Income-Producing A					, -
ter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by secti	(e)	
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions)
ab	1				 -
c					
d					
e					
f	}				
g Fees and contracts from government agencies	 		 		
Membership dues and assessments Interest on savings and temporary cash investments			 		
Dividends and interest from securities			 		
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income	-				
Gain or (loss) from sales of assets other than inventory	ļ		 		
Net income or (loss) from special events	 		 		
Gross profit or (loss) from sales of inventory Other revenue a	}		 		
			 		
			 		
d	1 1		ļ		
			 		
е			1 1		
· ·)	0	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	· · · · · · · · · · · · · · · · · · ·				
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations tt XVI-B Relationship of Activities to the A	s) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations XVI-B Relationship of Activities to the A e No. Explain below how each activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activities to the A e No. Explain below how each activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations XVI-B Relationship of Activities to the A e No. Explain below how each activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations XVI-B Relationship of Activities to the A e No. Explain below how each activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activities to the Activity for which income	S) Accomplishme	ent of Exemp	t Purposes	13	

Form 99	0-PF (2	2017) Cardinal I	Institute for West Virgi	nia Policy, Inc.			47-193	2521	Pa	ge 13
°Part	XVII		Regarding Transf	fers to and Trans	actions and Re	lationships Wi	h Nonchari	table		
1	Did t	Exempt Org	janizations irectly or indirectly eng	age in any of the following	Owing with any of	har amagization de		τ	Yes	No
•			er than section 501(c)				escribed .	}	163	140
		nizations?		-, 3,	, , , , , , , , , , , , , , , , , , , ,	and to bound			Ì	1
а	_		orting foundation to a	noncharitable exemp	ot organization of					ļ
		ash		·				1a(1)		X
	(2) C	ther assets						1a(2)		Х
b	Othe	r transactions								_
			a nonchantable exem					1b(1)		X
			ts from a noncharitabl		n		-	1b(2)	<u> </u>	X
			equipment, or other a					1b(3)	Ļ	<u> </u>
			rangements				•	1b(4)		X
		oans or loan guai						1b(5)	<u> </u>	X
_			rvices or membership					1b(6)	<u> </u>	X
			quipment, mailing lists				Mar fair	<u>1c</u>	L	X
đ			he above is "Yes," comp					~ •		
			er assets, or services giv or sharing arrangemen							
(a) Line		(b) Amount involved		antable exempt organization		conption of transfers, trai			nneme:	nts
(u) Cito		(b) ranodik mrored	(c) realite of florida	antable exempt organization	ii (u) Des	orphori or dansers, das	isacions, and sna	ing arra	ingenie	
	$\neg +$									
										
										
	_	. 								
			ļ		<u> </u>					
	-+									
	1 - 4 -		Al., a. :- di-a-att #61-A-					_		
2a			tly or indirectly affiliate 01(c) (other than secti			exempt organization	ns 🗆	Yes	י וצו	No
b			following schedule				- <u>-</u>			
		(a) Name of organ		(b) Type of org	anization	(c) De	scription of relation	nship		
							······································			
			lare that I have examined this retu on of prepayer (other than taxpaye				and belief, it is true,			
Sign	L	ci, and controlled unclarate	on of preparer (outer than taxpaye	a) is based on all knothlabbli of	minum preparer has any kiru	amenda.	May the IR			
Here		MMA	hly	1/4/19	President		See instru			No.
	Sig	nature of officer of trus	_//	Date	Title	I nee	<u> </u>	PTIN	==	=
Paid		Print/Type preparer		Preparer's signature	3au	Date	Check if		4000	
Prepa	rer	William G McRa		William G Mcl	ray	12/29/2018		P0028	1093	
Use O		Firm's name	Foundation Group, In		to TN 27217			13735 361-94	45	
		Firm's address	1321 Murfreesboro P	ING, SIE UTU, INASIIVI	IC, 114 3/21/	Phone		om 99		(2017
							Г	ALI 60		(2011

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Cardinal Institute for West Virginia Policy, Inc.

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

47-1932521

Organization type (check one)	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt chantable trust treated as a private foundation
	501(c)(3) taxable private foundation
·	overed by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), instructions	(8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions
Special Rules	
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) a mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the y contributions totaled m during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the total or organization because it received nonexclusively religious, charitable, etc., contributions and during the year.
990-EZ, or 990-PF), but it mus	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its contribute by that it doesn't meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PE)

Scriedule o (i	0111 330, 330-EZ, 01 330-PF) (2017)		Page A
· Name of or	ganization		Employer identification number
Cardinal In	stitute for West Virginia Policy, Inc.		47-1932521
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space	is needed
(a)	(b)	(c)	(d)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ken and Randy Kendrick 3964 E Paradise View Drive Paradise Valley AZ 85253 Foreign State or Province. Foreign Country	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EdChoice 111 Monument Circle Indianapolis IN 46282 Foreign State or Province. Foreign Country	\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Roe Foundation 415 Belmont Avenue Greenville SC 29601 Foreign State or Province Foreign Country.	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	William Maloney 811 Jetton Street Deavidson NC 28306 Foreign State or Province. Foreign Country	\$ <u>42,869</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Donors Trust 1800 Diagonal Street STE 280 Alexandria VA 22314 Foreign State or Province Foreign Country.	\$ 67,400	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Vanguard Charitable PO Box 9509 Warwick RI 02889 Foreign State or Province Foreign Country	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page ₄

Name of organization
Cardinal Institute for West Virginia Policy, Inc

Cardinal Institute for West Virginia Policy, Inc

Contributors (see instructions) Head distincts conice of Port Life additional conice and additional

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Tom Graff 108 Graff Lane Charleston WV 25304 Foreign State or Province Foreign Country.	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country	\$	Person Payroll Occupate Part II for noncash Contributions Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 3 Name of organization **Employer identification number** Cardinal Institute for West Virginia Policy, Inc. 47-1932521 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of on					Employer identification number					
Part III	stitute for West Virginia Policy, Inc	antributions to		المحالات	47-1932521					
CIT III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the y	on anoundation and	organizations desc	ri ned in : onlete och	section 501(c)(/), (8), or					
	the following line entry For organizations	omnieting Darf	III. enter the total of	ubiere con	herologicus, chantable, etc					
	contributions of \$1,000 or less for the year	r (Enter this inf	nmation once See ii	netruction oxclusive:						
	Use duplicate copies of Part III if additiona			1130 000011	s) > \$0					
(a) No.	ose displicate copies of Fait III II additiona	space is need	50.							
from	(b) Purpose of gift	(c)	Use of gift	(0	d) Description of how gift is held					
Part I										
		~								
		(e) i	ransfer of gift							
	Transfermale name address and	71D . 4	5 1.4.		A					
	Transferee's name, address, and	ZIP + 4	Relatio	nsnip of	transferor to transferee					

	For Prov Country									
(a) No.	TO Flow Country				· 					
from	(b) Purpose of gift	(c)	Use of gift	(4	d) Description of how gift is held					
Part I	 									
				-						
				}						
		(a) T	ransfer of gift							
	(o) realisies or gire									
	Transferee's name, address, and	nehin of	transferor to transferee							
	Transferee S flame, address, and	EIF T 4	Relatio	manip or	dansieror to dansieree					
	For Prov. Country			 -						
(a) No.										
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held					
raiti	 									

		(e) T	ransfer of gift							
			•							
	Transferee's name, address, and	ZIP + 4	Relatio	nship of	transferor to transferee					
		·								
	For Prov Country									
(a) No.	(h) D			Π.	d) Description of how sift is held					
from Part I	(b) Purpose of gift	(c	Use of gift	''	d) Description of how gift is held					
· . · · · · · · · · · · · · · · · · · ·										
		(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relatio	nship of	transferor to transferee					
	For Prov Country									

Part VII-A, Line 10 (990-PF) - Substantial Contributors

		Check "X"			\neg		
Ì	Name	if Business	Street	City	State	Zip Code	Foreign Country_
1	Ken & Randy Kendnck		3964 E Paradise View Drive	Paradise Valley	AZ	85253	
2	Roe Foundation	X	415 Belmont Avenue	Greenville	SC	29601	
3	EdChoice	X	111 Monument Circle	Indianapolis	IN	46282	
4	William Maloney		811 Jetton Street	Davidson	NC	28306	
5	Donors Trust	X	1800 Diagonal Street STE 280	Alexandna	VA	22314	
6	Vanguard Charitable	Х	PO Box 9509	Warwick	RI	02889	
7	Tom Graff		108 Graff Lane	Charleston	w	25304	

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

	III, Line 1 (990-PF) - Com	pensation	or officers, Directors,	Trustees allu Foulk	1900II I	nanagers						
	Name	Check "X"	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
	Keith A. Pauley		1603 Stonehenge Road	Charleston		25314		President	0.25	0		
,	Karen M. Baitey		PO Box 184	Ripon	w	25441		Vice President	0.25	0		
-	Danielle M Waltz		1597 Jane Place	South Charleston	w	25303		Director	0 25	0		
3		<u> </u>			1	L	<u></u>		l			
4	William J Makoney		811 Jetton Street	Davidson	NC	28035		Darector	0.25	0		
<u></u> -	Monroe P Warner	 	1535 Dogwood Road	Charleston	w	25314		Orrector	0.25	0		
5		-l				<u> </u>						
6	Ronald N. Walters, Jr		125 Shendan Cırcle	Charleston	w	25314		Drector	0.25	0	•	
·	Christopher A. Stansbury		1411 Woodmere Drive	Charleston	w	25314		Director	0.25	0		<u> </u>
7		J						1	l _ l	i		

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

	775	0	0	775
		-		Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Legal research	775			775

Part I, Line 16b (990-PF) - Accounting Fees

		3,075	0	0	0
					Disbursements
i		Revenue and			for Charitable
ļ		Expenses per	Net Investment	Adjusted Net	Purposes
	Description	Books	Income	Income	(Cash Basis Only)
1	Accounting Fees	3,075			0

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

		107,797	0	0	104,409
		Revenue and			Disbursements
l		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Business Registration Fees	75	0		
2	Postage & Shipping	7,491	0		7,491
3	Books, Subsciptions and Memberships	4,959	0		4,959
4	Office Supplies	1,060	0		
5	Telephone	1,737	0		
6	Program Expense Contract Services	91,333	0		91,333
7	Advertising Expense	516	0		
8	Information Technology	626	0		626