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Fori	, g	<b>30</b>	Return of Organization Exempt From Income	е Та	X	OMB No 1545-0047			
1		·	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv	ate for	ındations	,     2018			
1			► Do not enter social security numbers on this form as it may be made			Open to Public			
Dep	artment o	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest informa	-	•	Inspection			
A					ber 31	, 20 18			
В		fapplicable	C Name of organization West Virginia Strong, Inc.	_		er identification number			
Ī		change	Doing business as WV Strong			82-4058689			
	Name c	•	Number and street (or P O box if mail is not delivered to street address)  Room/suite		E Telepho	ne number			
	Initial re	•	3590 Benedict Road			304-541-3932			
	Final retu	ırn/termınated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Culloden WV 25510		<b>G</b> Gross re	eceipts \$ 397,300.00			
	Applicat	tion pending	F Name and address of principal officer Will Carter H(a) is	s this a gro	oup return for	subordinates? Yes No			
						s included? Yes No			
	Tax-exe	mpt status	□ 501(c)(3)	If "No	o," attach a	list (see instructions)			
J	Website	e: ►	) H(c)	Group	exemption	number >			
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► 👤 L Year of formation	2018	M State	of legal domicile WV			
P	art I	Summ	ary						
	1	Briefly de	scribe the organization's mission or most significant activities: The mission of	of Wes	t Vırgınia	Strong, Inc. is to			
ce		educate V	Vest Virginians about how public policies and policymakers impact their financial	opport	tunity an	d security, and the			
ĭā			their communities, toward the goal of engaging them in efforts to improve such po						
Governance	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of more	than	25% of	its net assets.			
Ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	3			
	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	3			
ties	5	Total nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0			
Activities &	6	Total nun	nber of volunteers (estimate if necessary)		6	4			
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0.00			
	Ь	Net unrel	ated business taxable income from Form 990-T, line 38		7b	0.00			
			P	rior Ye	ar	Current Year			
ø	8	Contribut	397,300.00						
Revenue	9	Program	service revenue (Part VIII, line 2g)			_			
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)						
σ.	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			397,300.00			
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			357,000.00			
	14	Benefits	oald to or for members (Part IX, column (A), line 4)						
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)						
enses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)						
	b	Total fun	draising expenses (Part IX, column (D), lipe 25)						
EX	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11RaCEIVED			40,300.00			
	18	Total exp	enses. Add lines 13–17 (must equal Parl IXI column (A), line 25)			393,988.50			
	19	Revenue	less expenses. Subtract line 18 from line 18 . MAY. 9. 2. 2019			3,311.50			
Net Assets or Fund Balances			a O seginning	g of Cur	rent Year	End of Year			
sets	20	Total ass	ets (Part X, line 16)			3,311.50			
A P	21	Total liab	ulties (Part X, line 26) OGDEN, UT						
		Net asse	s or fund balances Subtract line 21 from line 20			3,311.50			
P	art II	Signat	ure Block						
Un	der pena	Ities of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, a	nd to th	e best of r	ny knowledge and belief, it is			
tru	e, correc	t, and compl	ete Declaration of preparer former man officer) is based on all information of which preparer has any	knowle	edge	1			
			HUNGUAL IV. WUV OV		<u> 5/15</u>	119			
Sig		Sign	ature of officer) (:1): 1.0 1 1 1 1 1 1	Dat	e <b>''''</b>	•			
He	re	<b> </b>	William W. Carter, President						
_		<del></del>	or print name and title						
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date		Check	if PTIN			
	epare	r		.,	self-em	oloyed			
Use Only Firm's name ► Firm's EIN ►									
		Firm's a	ddress ▶	Phor	ne <u>no</u>				
Ма	y the If	RS discuss	s this return with the preparer shown above? (see instructions)	<u> </u>	· · · ·	Yes No			
<b>F</b>	<b>n</b>		Alon And Madina and Alon announds to describe and the second and t			E 000 (00.00)			

orm 99	990 (2018)	Page <b>2</b>
<sup>o</sup> art	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. 🔲
1 (	Briefly describe the organization's mission:	
	The mission of West Virginia Strong, Inc. is to educate West Virginians about how public policies and policymakers impact their	
	financial opportunity and security, and the health of their communities, toward the goal of engaging them in efforts to improve st	uch
	policies.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	] No
	If "Yes," describe these new services on Schedule O.	] 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	] No
	If "Yes," describe these changes on Schedule O.	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: 519100 ) (Expenses \$ 357,000.00 including grants of \$ 357,000.00 ) (Revenue \$ 0.00 )	
-	Provided grants to non-profit organizations to fund communications about how policies and policymakers are impacting West Virginians' financial opportunity and security, and the health of their communities.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 0.00)	
75	(Code) (Expenses # including grains of #) (nevende #)	
		••••
		••••
		••
		•
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$0.00)	
		<del>-</del> -
	•••••••••••••••••••••••••••••••••••••••	

) (Revenue \$

357,000.00

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Total program service expenses ▶

4e

BCI

Part	Checklist of Required Schedules			
			Yes	No
1 .	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>/</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	1	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported-in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<b>-</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>
20 a		20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	

Checklist of Required Schedules (continued)			
		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		✓
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>✓</b>
•	24d		✓
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		✓
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
	29		✓
conservation contributions? If "Yes," complete Schedule M	30		1
	31		<b>✓</b>
complete Schedule N, Part II	32		✓_
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
or IV, and Part V, line 1	34		1
	35a		<b>✓</b>
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	 No
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>9.</b> / 2.	
	Part IX, column (A), Ine ?? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section' A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. "If "No." go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Section 501(26), 501(26), 501(26), 40, 405 (26)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I I.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part III  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV  Was the organization aparty to a business transaction with one	Part IX, column (A), Ine ?? If "Yes," complete Schedule I, Parts I and III .  Did the organization answer "Yes" to Part VII, Section' A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have at at-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. "More," go to line 25a  Did the organization minest any proceeds of fax-exempt bonds beyond a temporary period exception? .  Did the organization mantan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization mantan an escrow account other than a refunding escrow at any time during the year? .  Did the organization mantan an escrow account other than a refunding escrow at any time during the year? .  Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I or year, and that the transaction during the year? If "Yes," complete Schedule I, Part II or year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part II or year, complete Schedule I, Part II or year, and that the transaction mantan and any mount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualified persons of If "Yes," complete Schedule I, Part III or year, complete Schedule I, Part II or year, complete Schedule I, Part II or year, complete Schedule I, Part II	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .  Did the organization answer "Yes" to Part VII, Section (A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees (I**) "Yes," complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX I** "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24d and complete Schedule IX "No." go to line 25a through 24a t

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a.				
			10,75	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	£ (5.5)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
b	If "Yes," enter the name of the foreign country: ▶	3513		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	**************************************	<u>. jošij</u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>✓</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<b>√</b>	and Newton H
7	Organizations that may receive deductible contributions under section 170(c).	1000		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		3.79.79 <u>//</u>	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	PH 199 / 19	360m///2018
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	stenetičky:	133.565,0933
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	200		
•	sponsoring organization have excess business holdings at any time during the year?	8	114×27/4/4	Signaturi d
9	Sponsoring organizations maintaining donor advised funds.	مُنْ اللَّهُ اللَّا اللَّهُ اللَّا اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّا اللَّهُ اللَّهُ اللَّهُ اللَّا اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ الللَّا الللَّا الللّ	1735174Ge	3/66/3
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	en est	<i>(102/10</i> 22)
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Section 501(c)(12) organizations. Enter	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	224224	<i>20</i> 22.003
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	733574		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	~11141 YE / //	CUM 18461.A
•	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	4.////	100 mm 42	i i i i i i i i i i i i i i i i i i i
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	WANASC.	J
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	_	+
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<del>                                     </del>
15	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	32.23	101774	22/ <sub>4</sub> 450
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>J</b>
. •	If "Yes," complete Form 4720, Schedule O.			
		11 7 4 111/1	/ 4/JAES 4	MING TINY TO

Part	. Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
		· · · · · · ·			
Secti	on A. Governing Body and Management	<u> </u>			
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a3			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?	elationship with	2	<u> </u>	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		✓
6	Did the organization have members or stockholders?		6.		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,	1		
	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during		<b>3</b>	
	the year by the following:				
а	The governing body?		8a	<b>V</b>	-
ь	Each committee with authority to act on behalf of the governing body?		8b	<b>V</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		Í
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	
<del></del>				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	oolicy? If "Yes,"	12c	<b>✓</b>	
13	Did the organization have a written whistleblower policy?		13		✓
14	Did the organization have a written document retention and destruction policy?		14		✓
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	✓	
b	Other officers or key employees of the organization		15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simulation at axable entity during the year?		16a	HAMANA HAMANA	<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ N/A				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		T (Sec	tion 5	501(c)
1	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sc				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of in	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>&gt;</b>	
	Will Carter, 3590 Benedict Road, Culloden WV 25510 304 541-3932	,			

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Pana	-

Form 990 (2018)

Part VII	Compensation of Officers,	Directors,	Trustees,	<b>Key Employees</b>	, Highest	Compensated	Employees	, and
	Independent Contractors							

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Charletter have fronther the agreement on any related agreement on any agreement officer diverger or tructor

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any curren	t officer, director	, or trustee.
	1			(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)						compensation	compensation from	amount of
	week (list any hours for	8 2	5	ζQ,	~	육포	Ţ	from the	related organizations	other compensation
	related	흔들	lsŧ	Officer	e e	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	ecto	ğ	=	퓛	st c	۳ ا	(W-2/1099-MISC)	,	organization
	below dotted line)	* ₹	i i	ŀ	Key employee	om				and related organizations
	inte)	Individual trustee or director	Institutional trustee		õ	bens				organizations
		"	ee			Highest compensated employee				
						ш.				-
(1) Will Carter, President-Secretary	1									
		✓		✓				0.00	0.00	0.00
(2) Paul Epstein, Treasurer	0									
-		✓		✓			_	0.00	0.00	0.00
(3) William Reger-Nash	0									
		✓		<b>✓</b>				0.00	0.00	0.00
(4)							}			
\( \tag{\tau} \)							-			<del></del>
(5)										
(6)				$\vdash$						
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(13)					$\vdash$		_			
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(14)						-				<del></del>
(14)	†	1		1			1			

Part	Section A. Officers, Directors, Trust	tees, Key E	.mplo	yee			lighe	st C	ompensated E	mployees (con	tinued)	
	(A) Name and title .	(B) Average hours per week (list any	box, u	unles er and	Pos heck ss pe	erson direct	e than on its both tor/trust	h an stee)	compensation	(E)  Reportable compensation from	m an	( <b>F)</b> stimated mount of other
		hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	com (r) fr org	ornel npensation rom the ganization id related anizations
(15)												
(16)												
(17)												
(18)												
(19)			-									
(20)											+	
(21)		-							,			
(22)											+	
(23)		-										-
(24)		-									+	
(25)											1	
1b c d	Sub-total	t VII, Sectio			•			<b>&gt; &gt; &gt;</b>	0.00			0.00
2	Total (add lines 1b and 1c)	ıt not limited					above	e) w	0.00 who received mo			0.00
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," <i>complete</i> S	fficer, direc						emr		nest compensa	. 3	Yes No  ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	nan \$1	150,	,000	0? <i>l</i> i	If "Ye:	es," ·	complete Sch	hedule J for si	uch	7
5	Did any person listed on line 1a receive o for services rendered to the organization?									ation or individ	dual . 5	
	on B. Independent Contractors						<del></del>					
	Complete this table for your five highest of compensation from the organization. Replyear.								year ending wit		organizat	tion's tax
	(A) Name and business add	dress							(B) Description of se	ervices	(C Comper	
None					—	—		$\vdash$				
					_			丰				
				—				$\vdash$				
2	Total number of independent contractor received more than \$100,000 of compens							o th	hose listed abo	ove) who		

Form **990** (2018)

Par	: VIII,	Statement of Revenue											
		Check if Schedule C	contains	a res	ponse or-note t	o any line in this	Part VIII		<u></u> 🗆				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512–514				
nts nts	1a	Federated campaigns	3	1a	0.00			35	ma P				
ons, Gifts, Grants Similar Amounts	b	•		1b	0.00			Constitution Plant St. of Co.					
S, (	С	Fundraising events .		1c	0.00								
Giff ar	d	Related organizations		1d	ò.00				37 1				
ž, į	е	Government grants (con		1e	0.00				596				
r S	f	All other contributions, gifts, grants,											
호		and similar amounts not inc	luded above	1f	397,300.00								
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions include	led in lines 1a-	-1f \$	0.00				and the second s				
<u>ဒ န</u>	h	Total. Add lines 1a-1	f		<u> ▶</u>	397,300.00	<b>《外海科·菲巴斯</b> 韦						
Program Service Revenue	,				Business Code								
¥e	2a												
æ	b						·		<u> </u>				
Š	С												
Sel	ď												
E,	е			, 		/							
E	f	All other program ser					74 m . s. ( Birnt ABUU s. s. 1925 Melliote sine .	Millianira I illiani li bili illiali Klaibila d	Billion charles of the Or Wille I Hay A ware on the				
	<u>g</u>	Total. Add lines 2a-2				0.00		Marin Marin Sala da Sala da Sala da Sala da Sala da Sala da Sala da Sala da Sala da Sala da Sala da Sala da Sa					
	3	Investment income											
		and other similar amo	-			0.00			<u> </u>				
	4	Income from investment of tax-exempt bo Royalties			•	0.00	<u> </u>						
	5	Royalties	(i) Real		(ii) Personal	. 0.00	toSustant-1822 / National Line States and St	**************************************	MANY PROSECULAR SERVICE SERVIC				
	C-	C	(1) 11021		(ii) i craoriai								
	6a	Gross rents .				1000							
	b	Less rental expenses	<u> </u>										
	ر 0	Rental income or (loss)	(1000)				NAC COLOR OF THE SECTION OF THE SECT		<u>Hararikanskimikanska</u>				
	_ d	Net rental income or (	(i) Securiti	 es	(II) Other	0.00	1/15/18/18/18/18/18/18/18/18/18/18/18/18/18/	/////STORENY////////	\$6000000000000000000000000000000000000				
	7a	Gross amount from sales of	(1) 00001111		(ii) Carioi								
		assets other than inventory				List.							
	b	Less cost or other basis and sales expenses											
	С	Gain or (loss)											
	d	Net gain or (loss)	L			Antistricologico Cossicion	V 1/1/1 10 10 00 00 00 00 00 00 00 00 00 00 00	WIT OF TENTS SEPERCEDED SES	<u> </u>				
	u	ivet gain or (loss) .		٠.	· · · · ·	0.00							
Re	8a	Gross income from fu	ındraısıng										
èп	-	events (not including \$	,										
ě		of contributions reporte	ed on line 1	2).									
7				-,. . а									
Other Reve	ь	Less: direct expenses		. b	-								
U	С	Net income or (loss) f		ising	events . ►	0.00	C.P. C. C.	COORD / SUBSO NO (UV SD O VEGE	deminipologica a con y deminio de you go.				
-	9a	Gross income from ga					Marine Marine						
		See Part IV, line 19 .		· a									
	b	Less. direct expenses	s	. b									
	С	Net income or (loss) f	rom gamın	g actı	vities ▶	0.00							
	10a	Gross sales of in		ess									
		returns and allowance		. а									
	b	Less: cost of goods s		. b			(7) (3) (3) (4) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5						
	င	Net income or (loss) f	rom sales o	of inve	entory 🕨	0.00							
		Miscellaneous R	evenue		Business Code			national designation of the second se					
	11a												
	b						<u> </u>						
	C						<u> </u>						
	d	All other revenue			L		, " 4 >97/20/A//9/4028/ YEAR	x (150) million (1 (14600) (14100)	MIGHERENT TO THE SECURITIES SOFT TO THE				
	e Total Add lines 11a-11d						<u> </u>						

Form 990 (2018)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	357,000.00	357,000.00	SHOTE OF STATE OF STA				
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages	, .						
9	Other employee benefits				_			
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management							
b	Legal	7,777.50	7,777.50					
C	Accounting		•					
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy							
17 18	Travel							
19 20	Conferences, conventions, and meetings . Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .			-				
23	Insurance							
24	Other expenses, itemize expenses not covered		AND CONTROL OF STREET	PART INC.				
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	Communications planning	29,000.00	272 74 7 777	29,000.00				
b	Bank fees	181.00		181.00				
С	State registration fees	30.00		30.00	_			
d								
e	All other expenses 29,181.00							
25	Total functional expenses. Add lines 1 through 24e	393,988.50	364,777.50	29,211.00				
26	Joint costs. Complete this line only if the	220,000,00	22.1,	,	-			
-	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   If following SOP 98-2 (ASC 958-720)							

	artA	<u> </u>			
		Check if Schedule O contains a response or note to any line in this Pa		• •	
	•	·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0.00	1	3,311.50
Assets	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
se	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	,	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	~
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	-	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.00		3,311.50
Liabilities ·	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	107 ANIHHII Y 07 47 - 17, 17 YY 1 4/N 1 17 YY 71AY YY YW XW XW XX	21	7779((8)7)((8)7)((6)7)((6)7)((8)7)((
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	1
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
seou		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ış	30	Capital stock or trust principal, or current funds	ACTION CONTRACTOR ACTION ACTION CONTRACTOR ACTION ACT	30	ACOUSTIC STREET
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
As	32	Retained earnings, endowment, accumulated income, or other funds.	/ 0.00	32	3,311.50
Vet	33	Total net assets or fund balances	0.00		3,311.50
_	34	Total liabilities and net assets/fund balances	0.00		3.311.50
					Form <b>990</b> (2018)

	(20.0)				3°
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u>.</u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		397,3	00.00
2 `	Total expenses (must equal Part IX, column (A), line 25)	2		393,9	88.50
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	i I			
	33, column (B))	10		3,3	11.50
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
			···	Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other			7 7	6
	If the organization changed it's method of accounting from a prior year or checked "Other," ex	plaın ı	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			8.13.383	
	reviewed on a separate basis, consolidated basis, or both:			ا اندائیا اندائیا	12.2
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			أسسنته	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 🕍		
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			37.50	7 4 5 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		C Bankers Inc	(tan)	2244// A
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	ın 🖺	3435	
	Schedule O.			10000 A	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	<b>I</b>		
	the Single Audit Act and OMB Circular A-133?	•	. 3a		✓_
, b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	m <b>990</b>	(2018)

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part'II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (	see separate instructions), t	hen			
• s	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer iden	tification number
West '	/ırgınia Strong, Inc.				82-4058689
Part	I-A Complete if th	e organization is exempt unde	er section 501(d	c) or is a section 527 o	organization.
1	Provide a description of definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .		\$	154,000.00
3	Volunteer hours for politi	cal campaign activities (see instruc	tions)		100
Part	I-B Complete if th	e organization is exempt unde	er section 501(c	c)(3).	•
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.		•	
Part	I-C Complete if th	e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities			\$	O
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function acti	vities		<i>.</i> <b>&gt;</b> \$	154,000.00
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1.120-POL,	
	line 17b			▶ \$	154,000.00
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year?	?		. Yes 🗸 No
5	organization made paym the amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were proi fund or a political action committed	enter the amount motly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization  If none, enter -0-
/4)		1500 Dixie Street, Charleston WV			
(1) W	V Citizen Action Group, Inc.	[		10,000.00	0,00
(2) Re	Set WV PAC	P, O. Box 6243, Charleston WV 25302	83-1990944	110,000.00	110,000.00
(3) Ex	panding WV Opportunities			20,000.00	20,000.00
	orkıng Famılies qanızation	One Metrotech Center, North 11 fl. Brooklyn NY 11201	20-4994004	14,000.00	0.00
(5)				,	
(6)					

٠.		. 555 5, 555 42, 2515					
Pa	art II-A	Complete if the organizati section 501(h)).	ion is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (el	ection under
A	Check ▶	If the filing organization beloaddress, EIN, expenses, an				liated group memb	per's name,
В	Check ▶	If the filing organization che			·		
		<u> </u>	bbying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.	)	organization's totals	group totals
	1a Total l	obbying expenditures to influence	ce public opinion	(grass roots lobby	ring) . `		,
	<b>b</b> Total I	obbying expenditures to influence	ce a legislative bo	dy (direct lobbying	g)		,
		obbying expenditures (add lines					
	<b>d</b> Other	exempt purpose expenditures .					
		exempt purpose expenditures (a		•			
	f Lobby colum	ing nontaxable amount. Ente	r the amount fr	om the following	table in both		
	If the a	mount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the am	nount on line 1e			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
		,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
		,500,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000.		
		7,000,000	\$1,000,000				
	_	oots nontaxable amount (enter	•	,			
		act line 1g from line 1a. If zero or					
		act line 1f from line 1c. If zero or				(1. 5 4700	<del></del>
		e is an amount other than zering section 4911 tax for this yea		n or line 11, ald			Yes No
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)						ns below.	
		Lobbyii	ng Expenditures	During 4-Year Av	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
_ : 	<b>2a</b> Lobby	ing nontaxable amount					
		ing ceiling amount of line 2a, column (e))					
	c Total l	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))		e Constitution of the Cons			
	f Grassr	roots lobbying expenditures					

Scneaule C (Form 990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT ( (election under section 501(h)).	iled	Form	1 576 —	8	
	ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(;	a)		(b)	
descr	iption of the lobbying activity.	Yes	No		Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				The state of the s	
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_				
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
· е	Publications, or published or broadcast statements?				,	
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	d.xxxxxxx	5.886.688.68s			
j	Total. Add lines 1c through 1i	2002		88 <i>88271121</i> 63	89 <i>02/1/1080/0</i>	439/1014
2a	Did the activities in line.1 cause the organization to be not described in section 501(c)(3)?	<del>F</del> žčuekášk	"/(UIS/1919)			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			transista transista		/18.53%ha
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)	VE)		2 A. MELSIN	a ranshiri a	11/18 4/15 V
Part	501(c)(6).	(5), (	or se	Clior	•	
-					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<b>/</b>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		1
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	Parl	Ction	i A, line	3, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	00		,	
а	Current year	•	2a			
b	Carryover from last year	•	2b			
C	Total	•	2c 3	<u>,                                      </u>		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the	3			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro instructions), and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t), Pa	rt II-A	, lines 1	and
Nest V	urginia Strong provided \$154,000 in grants to four organizations for which it was understood that the org	anizat	ions v	vouid	use fun	ids to
		, 				
intorn	the public about positions that candidates for public office were taking on issues impacting the financia	i obbi	ortuni	y and	securii	<u>.y oı</u>
vorkin	g West Virginians and the health of their communities. At the time the grants were made, West Virginia S	trong	was a	ware	of the	
egion	s in which the organizations were conducting door-to-door, research , direct mail and digital campaigns,	but no	spec	ific ra	ces	
vere p	rescribed by West Vırginia Strong.			<b>-</b>		

Schedule C (Forn	m 990 or 990-EZ) 2018	Page <b>4</b>
Part IV :	Supplemental Information (continued)	<del></del>
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. • Go to www.irs.gov/Form990 for the latest information.
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Open to Public Inspection OMB No 1545-0047 2018

**Employer identification number** 

rainis	-  -  -						82-4058689
Fair General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	an records to subs	tantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistan	(
the selection criteria used to award the grants or assistance?	award the grants or	or assistance?	the lise of grapt ful	ode in the Linited	States		<a href="#">Yes</a> \( \)
	יים או המיים ו	Simplify in St.	יייני מפר פו פומוני ומ	Danie Oline	olates.		L # 739 -
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Dol ly recipient that r	<b>nestic Organiz</b> eceived more th	<b>ations and Dom</b> ian \$5,000. Part I	lestic Governm	ents. Complete in ited if additional s	the organization ansi pace is needed.	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 99U, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Expanding WV Opportunities P.O.Box 315, Charles Town WV 25414	83-1990944	501(c)(4)	65,000.00				research, communications
(2) WV Citizen Action Group, 1500 Dixie St. Charleston WV 25311	55-0547956	501(c)(4)	110,000.00				research. communications
(3) ReSet West Virginia PAC, 300 Summers St, #1500, Charleston WV 2	83-1990944	Section 527	110,000.00				communications
(4) Working Families Org, Inc., One Metro Ctr, N, 11 fl, Brooklyn NY 11201	20-4994004	501(c)(4)	35,000.00	:			communications
(5) The American Center, PO Box 15423. Washington DC 20003	47-4245571	501(c)(4)	37,000.00				communications
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)				,			
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	1 501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			<b>A. A.</b>
Pag	see the Instruction	s for Form 990.			Cat No 50055P		Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	<b>mestic Individua</b> Il space is needed	ils. Complete if the	organization answe	<b>Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	Part IV, line 22.	1 1
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	1
-							l
2	,						1
က							I
4		:					ı
5							1
9							1 1
7							1
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	ional information.	1 1
WV Strong	WV Strong top management evaluates activities and results produced with its funds by grantees through site visits, verbal reports, and written reports required of grantees.	ults produced with it	s funds by grantees th	rough site visits, verba	l reports, and written report	s required of grantees.	1
,	\$						
							1
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	,						
							:
,						Schedule I (Form 990) (2018)	<b>-</b>

# SCHEDULE O (Form 990, or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

20**18** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number				
West Virginia Strong, Inc.	82-4058689				
,					
Dort VI. Line 11h. Draft comics of the 000 wars ampled to officers/heard members in advance of subm	coron of 000 with request that				
Part VI, Line 11b. Draft copies of the 990 were emailed to officers/board members in advance of subm	ssion of 990 with request that				
officers/board membes reply with questions, concerns, or suggestions, or if none, that they approve s	submission as drafted.				
Down the Line 40, 100 Channel and the Land of the Land	Part VI, Line 19 WV Strong does not make copies of its bylaws, financial statements, or conflict of interest policy available to the public.				
Part VI, Line 19 WV Strong does not make copies of its bylaws, financial statements, or conflict of inte	erest policy available to the public.				
4					
Part VI, Line 21c: Prior to every funding decision approved by the board, board members are obligated to disclose any conflicts of interest.					
Part VI, Lines 15a and 15b: There was no compensation paid toThe top management official, and this contribution of time was approved by					
the board officers					
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