MONTGOMERY COUNTY

F. CRAIG MEADOWS, COUNTY ADMINISTRATOR
OFFICE OF COUNTY ADMINISTRATION
MONTGOMERY COUNTY • VIRGINIA

755 ROANOKE ST, SUITE 2E • CHRISTIANSBURG, VA 24073
PHONE: 540.382.6954 • FAX: 540.382.6943
WWW.MONTGOMERYCOUNTYVA.GOV

MEMORANDUM

TO: The Honorable Board of Supervisors

FROM: F. Craig Meadows, County Administrator

DATE: April 1, 2016

SUBJECT: TAX EXEMPT REQUEST FOR NEW HOPE RESIDENTIAL SERVICES ASSESSMENT

SUMMARY OF INFORMATION

The New Hope Residential Services Assessment has requested tax exemption for a 2013 Chrysler Sports Van that provides support services for people with developmental disabilities. Value of the van is assessed at $17,225 and taxed at $439.24. They are requesting approval retroactive for the tax year 2014 and that they receive a refund for the taxes paid in 2014 and that in the future they will be exempt upon completing their application.

As you are aware, the Board of Supervisors adopted a policy regarding application for tax exemption by designation. The policy requires requests to be in prior to July 1 to be considered in that calendar year with exemption beginning the following January 1.

Based on the information provided by New Hope Residential Services Assessment, they are eligible for consideration by the BoS for Personal Property tax exemption designation for the 2013 Chrysler Sports Van. It appears that the van is used exclusively for charitable or benevolent purposes, making it eligible for designation. If the Board of Supervisors decides to grant the designation the 2013 Chrysler Sports Van will be tax exempt starting January 1, 2017. The designation is done by approval of an Ordinance following a public hearing. The Board of Supervisors cannot grant tax exempt retroactive any prior year.

FISCAL IMPACT

The current value of the 2013 Chrysler Sports Van is $17,225. At the current tax rate for personal property of $2.55, would generate $439.24. The total loss of taxes to the County would be $439.24, which would decrease annually as the value of the vehicle decreases.

ALTERNATIVES

1. Granting a tax exemption for the personal property will result in a loss of $439.24, decreasing annually as the value of the vehicle decreases. The Board should schedule a public hearing in order to hear public comment on whether to grant the exemption.

2. Deny the request.

STAFF RECOMMENDATION

Staff recommends Alternative ____.

FCM/jk

Attachments

MEMO

To: **Craig Meadows**
County Administrator

From: **Martin M. McMahon,**
County Attorney

Subject: **New Hope Residential Services –**
Request for Personal Property Tax Exemption

Date: **March 31, 2016**

As requested, I have reviewed the attached request by New Hope Residential Services for Personal Property tax exemption designation by the Board of Supervisors for a 2013 Chrysler Sports Van that is used to provide support services for people with developmental disabilities.

As you are aware, the Board of Supervisors adopted a policy regarding application for tax exemption by designation. Based on the information provided by New Hope Residential Services, they are eligible for consideration by the Board of Supervisors for Personal Property tax exemption designation for the 2013 Chrysler Sports Van. It appears that the van is used exclusively for charitable or benevolent purposes making it eligible for designation.

If the Board of Supervisors decide to grant the designation the 2013 Chrysler Sports Van will be tax exempt starting, January 1, 2017. The designation is done by approval of an Ordinance following a public hearing. The Board of Supervisors cannot grant tax exempt retroactive any prior year.

Should you have any questions or need anything additional, please advise.

Attachment

MONTGOMERY COUNTY

F. CRAIG MEADOWS, COUNTY ADMINISTRATOR
OFFICE OF COUNTY ADMINISTRATION
MONTGOMERY COUNTY • VIRGINIA

755 ROANOKE ST, SUITE 2E • CHRISTIANSBURG, VA 24073
PHONE: 540.382.6954 • FAX: 540.382.6943
WWW.MONTGOMERYCOUNTYVA.GOV

MEMORANDUM

TO: Martin M. McMahon, County Attorney

FROM: F. Craig Meadows, County Administrator

DATE: March 16, 2016

SUBJECT: NEW HOPE RESIDENTIAL SERVICES ASSESSMENTS REQUEST FOR PERSONAL PROPERTY TAX EXEMPTION

Attached please find a Request for Tax Exemption for personal property submitted by Bob Goldstein on behalf of New Hope Residential Services Assessments.

According to the application the New Hope Residential Services Assessments own a 2013 Chrysler Sports Van that provides support services for people with developmental disabilities. Value of the van is assessed at $17,225 and taxed at $439.24. They are requesting approval retroactive for the tax year of 2014 and receive a refund for the taxes paid in 2014 and that in the future they will be exempt upon completing their application.

Will you please review this request for completeness and determine whether the information provided establishes that the New Hope Residential Services Assessments may be eligible for tax-exempt status. I will then prepare a written report to the Board of Supervisors based on your review.

Thank you for your assistance.

FCM/jk

Attachments

MONTGOMERY COUNTY
COMMISSIONER OF THE REVENUE
HELEN P. ROYAL, COMMISSIONER OF THE REVENUE

755 ROANOKE STREET, SUITE 1A, CHRISTIANBURG, VIRGINIA 24073-3170

MAR 2016
RECEIVED
County
Administrator

MEMORANDUM

To: Craig Meadows, County Administrator

From: Helen P. Royal, Commissioner of the Revenue HPR

Date: March 14, 2016

Subject: New Hope Residential Services Assessments

The Chrysler Sports van VIN# 2C4RC1BG1DR539981 was assessed at $17,225 but they are also billed for a 2010 Utility trailer with the assessment of $299 in 2015.

MONTGOMERY COUNTY

F. CRAIG MEADOWS, COUNTY ADMINISTRATOR
OFFICE OF COUNTY ADMINISTRATION
MONTGOMERY COUNTY • VIRGINIA

755 ROANOKE ST, SUITE 2E • CHRISTIANSBURG, VA 24073
PHONE: 540.382.6954 • FAX: 540.382.6943
WWW.MONTGOMERYCOUNTYVA.GOV

MEMORANDUM

TO: Tom Bland, County Assessor

FROM: Craig Meadows, County Administrator

DATE: March 14, 2016

SUBJECT: PERSONAL PROPERTY TAX ASSESSMENT

We have received a request for personal property tax exemption from the New Hope Residential Services in Blacksburg for a 2013 Chrysler Sports Van License #430270; and VIN#2C4RC1BG1DR539981. This request was made on behalf of their board of directors.
Can you please tell me the assessed value of the 2013 Chrysler Sports van for Tax Year 2015 in order for us to determine the fiscal impact to the County if the tax exemption were granted.

Thank you for your help.

CM/jk

Judy Kiser

From: Judy Kiser
Sent: Friday, March 04, 2016 3:43 PM
To: 'Bob Goldstein'
Subject: RE: tax exempt for Montgomery County for 501 (c)3

Received your information. I will let you know if anything else is needed.

Judy W. Kiser
Assistant to the County Administrator
755 Roanoke Street, Suite 2E
Christiansburg, VA 24073
Tel: 394-2120 Ext. 4012
kiserjw@montgomerycountyva.gov

From: Bob Goldstein [mailto:Bgoldstein@nhrsi.org]
Sent: Friday, March 04, 2016 3:40 PM
To: Judy Kiser
Subject: FW: tax exempt for Montgomery County for 501 (c)3

From: Bob Goldstein <bgoldstein@nhrsi.org>
Date: Friday, March 4, 2016 at 3:38 PM
To: Judy Kiser <kiserjw@montgomerycountyva.gov>
Subject: Re: tax exempt for Montgomery County for 501 (c)3

Attached please find our completed form for tax exemption in Montgomery County VA.

Please let me know if you need any additional information.

Respectfully submitted

Robert I Goldstein, President

From: Judy Kiser <kiserjw@montgomerycountyva.gov>
Date: Monday, January 5, 2015 at 12:40 PM
To: Bob Goldstein <bgoldstein@nhrsi.org>
Cc: Craig Meadows <meadowsfc@montgomerycountyva.gov>, Marty McMahon <mcmahonmm@montgomerycountyva.gov>, "William H. Brown" <brownwh@montgomerycountyva.gov>
Subject: FW: tax exempt for Montgomery County for 501 (c)3

Mr. Goldstein – attached is the information you need to apply for tax exempt status.

Judy W. Kiser
Assistant to the County Administrator
755 Roanoke Street, Suite 2E

Christiansburg, VA 24073
Tel: 394-2120 Ext. 4012
kiserjw@montgomerycountyva.gov

From: Marty McMahon
Sent: Monday, January 05, 2015 10:55 AM
To: William H. Brown
Cc: Craig Meadows; Judy Kiser
Subject: RE: tax exempt for Montgomery County for 501 (c)3

Bill:
The Board has an application that Mr. Goldstein's organization will need to fill out if they want to seek tax exemption. The application is due before July 1 each year and if approved becomes effective the following January. The application can be obtained from Judy Kiser.

Martin M. McMahon
Montgomery County Attorney
755 Roanoke Street
Christiansburg, Virginia 24073
540-382-5730
McMahonMM@MontgomeryCountyva.gov

THIS CORRESPONDENCE IS A PRIVILEGED ATTORNEY CLIENT COMMUNICATIONINTENDED FOR THE NAMED RECIPIENT(S) ONLY

From: William H. Brown
Sent: Sunday, January 04, 2015 6:18 PM
To: Bob Goldstein
Cc: ## BOS; Craig Meadows; Marty McMahon
Subject: RE: tax exempt for Montgomery County for 501 (c)3

Dear Rev. Bob,
Hope this email finds you and your family well. I am writing regarding your request that you receive approval retroactive for the personal property tax year of 2014 and that in the future your organization is tax exempt upon completing your application. According to information in your email your organization is already IRS approved as a 501©3 organization. As you are approved at the federal level I believe you must also be approved at the local level as a tax exempt organization. In my experience on the Board of supervisors, I have not known the Board to go back and grant refunds for individuals or organizations who failed to apply locally for tax exempt status for their organizations. Once your application comes before the Board and approval is granted for tax exempt status it will be from that date forward and not retroactively for any prior year(s).
As I am only one of seven on the Board and they may view this response differently, therefore I am taken the liberty to forward your request and this information to the entire Board. You are welcome to also to come before the Board and make your re quest during our regular meetings or you can wait until your application for tax exempt statue comes before the Board for action.

Regards,
Bill

From: Bob Goldstein [mailto:bgoldstein@nhrsi.org]
Sent: Wednesday, December 31, 2014 8:52 AM
To: William H. Brown
Subject: tax exempt for Montgomery County for 501 (c)3
Importance: High

Dear Bill

As you know, we provide support services for people with developmental disabilities through New Hope Residential Services Inc. An IRS approved 501(c)3 organization. We have been in operation since 1999. This year, for the first time we received a notice to pay personal property tax on a vehicle which is used for this ministry. When I inquired why this assessment in now being made, I was told that we must have approval from the Montgomery County Supervisors in addition to our Virginia and Federal exempt status. I have begun the process of making this application to the Board of Supervisors and paid the tax.

That being said, it is our request that we receive approval retroactive for the tax year of 2014 and receive a refund for the taxes paid in 2014 and that in the future we are exempt upon completing our application.

Thanks for your help and attention to this matter.

Respectfully submitted

Rev Robert I Goldstein

Judy Kiser

From: Judy Kiser
Sent: Wednesday, December 09, 2015 1:39 PM
To: 'Robert Goldstein'
Subject: RE: State of Virginia tax exempt letter

I have received you e-mail you sent on Dec. 4th. I apologize for not responding sooner, I have been out of the office for the past few days.

Judy W. Kiser
Assistant to the County Administrator
755 Roanoke Street, Suite 2E
Christiansburg, VA 24073
Tel: 394-2120 Ext. 4012
kiserjw@montgomerycountyva.gov

From: Robert Goldstein [mailto:nhrsi1@gmail.com]
Sent: Friday, December 04, 2015 4:21 PM
To: Judy Kiser
Subject: State of Virginia tax exempt letter

Judy

Please find attached our approval letter from the State of Virginia for tax exemption.

I am in the process of fining the form you sent in regard to our Town & Country and utility trailer

Respectfully submitted,

Robert I Goldstein, President
New Hope Residential Services Inc
125 N Main ST Suite 500 # 120
Blacksburg VA 24060
540-581-5267

[redacted]

Commonwealth of Virginia
Department of Taxation
www.tax.virginia.gov/nonprofit

Retail Sales and Use Tax Certificate of Exemption

New Hope Residential Services, Inc.
125 North Main Street
Suite 500 # 120
Blacksburg, VI 24060

Effective Date: 11/05/2015
Expiration Date: 11/05/2020
Exemption Number: SE582479991F11052020

This letter confirms that your organization qualifies under *Code of Virginia* § 58.1-609.11 to purchase tangible personal property without paying the Virginia sales and use tax. The exemption is not applicable to the purchase of taxable services, such as meals or lodging.

To purchase tangible personal property without paying a sales and use tax:

- Present a copy of this letter to each dealer.
- Pay directly from the organization's funds. Purchases by a member of the organization from their personal funds (i.e., cash, personal credit card or personal checking account) are taxable even though they may be reimbursed by the organization. If the organization issues credit cards to employees who are responsible for payment of the charges that are reimbursed by the organization; these type transactions are taxable.
- Employees or members may NOT use this exemption certificate to purchase goods for personal use.

Dealers, please note the following:

- The dealer is required to have on file a valid certificate of exemption from each organization.

I certify that the item or items being purchased are purchased by and used or consumed by the organization named above and that payment for this purchase is made to the vendor from the organization's funds.

Organization's Authorized Representative: Robert Goldstein

Printed Name: Robert Goldstein

Any misuse of exemption certificates will be subject to the penalties prescribed in § 58.1-623.1 of the *Code of Virginia*.

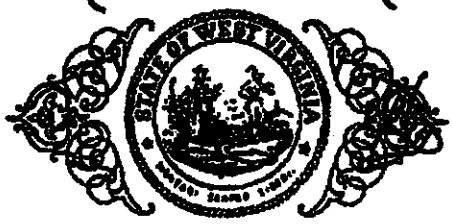
1 The name and address of the organization requesting the tax-exempt status, including the tax-map number for any real property and the physical location of any tangible personal property for which the exemption is being requested. Names and addresses of officers, directors, managing members, trustees or partners as applicable shall be provided. A copy of the organization's Articles of Incorporation and bylaws shall also be provided. The name and telephone number of a contact person for the organization shall also be included. A complete description of the property and the current use of that property for which exemption from taxation is sought shall be provided. TOWN + COUNTRY VAN

New Hope Residential Services Inc USED FOR BUSINESS
125 North Main Street
Suite 500 # 120
Blacksburg VA 24060

New Hope Residential Services Inc		Board of Directors	2015		
Charles	Chivers	P O Box 25	Wapacaca	WI	54981
John	Jordan	319 Sunset Drive	Beckley	WV	25801
Michael Joe	Hoggard	203 Neely Ave	West Union	WV	26456
Robert	Goldstein	P O Box 366	Summersville	WV	26651
Lorraine	Taylor	5530 Catawba Valley Dr	Catawba	VA	24070

CONTACT: ROBERT GOLDSTEIN 540-581-5267

State of West Virginia



Certificate

I, Betty Ireland, Secretary of State of the State of West Virginia, hereby certify that

Articles of Amendment to the Articles of Incorporation of

STARS OF APPALACHIA, INC.

Are filed in my office as requiredby the provisions of the West Virginia Code and are found to conform to law. Therefore, I issue this.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

changing the name of the corporation to

NEW HOPE RESIDENTIAL SERVICES, INCORPORATED

Given under my hand and the Great Seal of the State of West Virginia on this day of April 23, 2008

Betty Ireland

Secretary of State

FILED

APR 23 2008

IN THE OFFICE OF
SECRETARY OF STATE

Secretary of State
State Capitol Bldg.
1900 Kanawha Blvd. East
Charleston, WV 25305

www.wvsos.com

Corporations Division
Tel: (304) 558-8000
Fax: (304) 558-8381
Hrs- 8:30-5:00pm

business@wvsos.com

FEE: $25
File One Original

WEST VIRGINIA
ARTICLES OF INCORPORATION
PROFIT AMENDMENT

In accordance with §31D-10-1006 of the Code of West Virginia, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST The name of the corporation is STARS of Appalachia, Incorporated

SECOND The following amendment(s) to the Articles of Incorporation were adopted by: (check one of the following statements)

☐ the shareholders of the corporation

☒ the incorporators or board of directors and shareholder approval was not required.

THIRD The date of the adoption of the amendment(s) was: April 21, 2008

FOURTH Change of Name information or Text of Amendment

Change of name from: STARS of Appalachia, Incorporated

To: New Hope Residential Services, Incorporated

Other amendment(s) (attach additional pages to form, if needed)

FIFTH: Contact name and number of person to reach in case of problem with filing: (optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document)

Name: Robert I Goldstein Phone: 304-619-6974

ministry@appst.org

Robert J. Goldstein
Signature

PRESIDENT
Capacity in which he/she is signing
(example: president, chairman, etc.)

H02 k $25.00 04/23/2008 743854

MONTGOMERY COUNTY
COMMISSIONER OF THE REVENUE
HELEN P. ROYAL, COMMISSIONER OF THE REVENUE

755 ROANOKE STREET, SUITE 1A, CHRISTIANBURG, VIRGINIA 24073-3170

October 30, 2014

New Hope Residential Services
125 North Main St. Ste 500 # 120
Blacksburg Va 24060-3930

Dear Mr. Golstein:

We have received your fax with a copy of your 509(a) (2) letter attached. The 509(a) 2 exempts you from federal and state income tax but does not exempt you from local property tax. I do not find that you have been declared exempt by either the General Assembly or the Montgomery County Board of Supervisor's. If you have please forward me that information. Prior to 2003 the General Assembly had to grant property exemption and then in 2003 that job was past to the local governing body for each locality.

If you would like to apply to the Board of Supervisor's you may contact Judy Kiser in county administration at 540-382-5715 or e-mail kiserjw@montgomerycountyva.gov and she will send you an application.

If you have questions or concerns please don't hesitate to contact me.

Respectfully,

Helen P. Royal

Helen P. Royal
Commissioner of the Revenue
Montgomery County

2015 LOCAL VEHICLE LICENSE TAX BILL

Blacksburg TOWN OF
a special place

NEW HOPE RESIDENTIAL SERVICES
Account No: 542602

REMIT TO: Town of Blacksburg
Dept of Financial Services
P.O. Box 90003
Blacksburg, VA 24062-9003

Year	Make	Model	License #	VIN #
2013	CHRYSLER	SPORT VA	430270	2C4RC1BG1DR539981

Tax Year	Amount Due
2015	25.00
	25.00

Total Amount Due: $ 25.00

If you have sold, replaced, or acquired a new vehicle other than listed below, please provide the corrected information with the tax payment. Payment can be made by mail with MasterCard, VISA or checks; online at blacksburg.gov/payments, or in person at 300 South Main Street. Questions call 540-961-1109.

Due Date: January 9, 2015

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

NEW HOPE RESIDENTIAL SERVICES
125 N MAIN ST STE 500 # 120
BLACKSBURG VA 24060

Account No: 542602

Total Amount Due: $ 25.00

Vehicle Information:

Year	Make	Model	License #	VIN #	Gross Weight
2013	CHRYSLER	SPORT VA	430270	2C4RC1BG1DR539981	00000

Changes: _____

Amount Enclosed: _____

MasterCard/VISA Card Number: _____

Expiration Date: _____

Phone Number: _____

000542602000002500

PRESORTED
FIRST CLASS

UNITED
PITNEY BOWES
02 1R $ 00.43[5]
0002007559 DEC 10 2014
MAILED FROM ZIP CODE 24016

Blacksburg TOWN OF
a special place

300 South Main Street
Post Office Box 90003
Blacksburg, Virginia 24062-9003

RETURN SERVICE REQUESTED

Account # 542602

NEW HOPE RESIDENTIAL SERVICES
125 N MAIN ST STE 500 # 120
BLACKSBURG VA 24060

JGFDLMB 24060

Call & email nina stiles 10/29/14

COUNTY OF MONTGOMERY
W. Richard Shelton - Treasurer
755 Roanoke St., Suite 1B
Christiansburg, VA 24073-3171
Phone: (540) 382-5723
www.MontVa.com

2014 PERSONAL PROPERTY TAX
2015 MOTOR VEHICLE LICENSE

*007421/1–S 22–B 1

NEW HOPE RESIDENTIAL SERVICES INC
125 N MAIN ST STE 500 # 120
BLACKSBURG VA 24060-3930

TAX YEAR 2014

Customer Number	ID Number
001191557	PP14000037164
Social Security Number or FIN	XXX-XX-9991
PPID	Page Number
2059592	1 of 1

DUE DATE December 5, 2014
PAYMENT MUST BE POSTMARKED BY THE DUE DATE.

Instructions - Personal Property

1. The County Treasurer has no authority to make any assessments or adjustments. If you have questions concerning the assessment, please contact the **Commissioner of the Revenue's Office at (540) 382-5710.**
2. No vehicle shall be licensed until all personal property taxes, current and delinquent, are paid.
3. A 10% penalty will be charged on the current year taxes if not paid by December 5, 2014. Interest will be charged daily at the rate of 10% per year beginning January 1, 2015.
4. IF CHECK IS NOT HONORED BY BANK, RECEIPT IS VOID.
5. **Code of Virginia 58.1-3913 Delinquent tax MUST be paid first.**
6. "Y" Denotes a qualifying vehicle for Personal Property Tax Relief.

No adjustments can be made for property sold or moved during the taxable year. Taxes and motor vehicle licenses will not be prorated. If you have assessment questions, please contact **the Commissioner of the Revenue's Office at (540) 382-5710.** See the back of this notice for payment options and additional information.

Tax Rates per $100: MV-$2.55 MH-$0.89 MT-$1.82 MC-$3.05 BF-$2.55 CE-$2.55 AC-$1.23 00037164/00037164 BP

Customer Name		SSN or FIN		Customer Number	ID Number	PPID
NEW HOPE RESIDENTIAL SERVICES INC		XXX-XX-9991		001191557	PP14000037164	2059592
Subject of Taxation	**Q/V**	**Assessed Value**	**Tax Amount**	**Adjustments & Payments**	**44.65% Relief**	**Amount Due**
2013 CHRYSLER 2C4RC1BG1DR539981	N	21425	546.34			546.34
2010 LAWRIMORE 5WUBU0816AF014060	N	299	7.62			7.62
TOTAL DUE THROUGH December 5, 2014						553.96

I certify that by paying this bill, Personal Property Tax Relief is given ONLY to personal use vehicle(s).

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS.

2014 PERSONAL PROPERTY TAX AND 2015 MOTOR VEHICLE LICENSE

Subject of Taxation	Amount Due
2013 CHRYSLER 2C4RC1BG1DR539981	546.34
2010 LAWRIMORE 5WUBU0816AF014060	7.62
Due Date 12/05/2014	553.96

Customer Name	NEW HOPE RESIDENTIAL SERVICES IN		
SSN or FIN	Customer Number	Bill Number	PPID
XXX-XX-9991	001191557	00037164	2059592

Make check payable to: MONTGOMERY COUNTY TREASURER
Return this portion of the bill with payment
The address below must show through the envelope window

Paid 12/5/14 Online WF

MONTGOMERY COUNTY TREASURER
755 ROANOKE STREET, SUITE 1B
CHRISTIANSBURG, VA 24073-3171

CHANGE OF ADDRESS

NAME: _____
ADDRESS: _____
_____
CITY, STATE, ZIP: _____

2572014900037164100000553966000000000000

PAYMENT OPTIONS

- **24-Hour Drop Box:** Checks or money orders can be dropped in the 24-hour Treasurer's Office drop box located at 755 Roanoke Street - (Chinquapin Trail entrance). **Please do not put cash in the drop box.** Payments are considered on-time if they are deposited by midnight of the due date.
- **Pay by Mail:** Make check or money order payable to: Montgomery County Treasurer
  Mail to: County of Montgomery - Treasurer, 755 Roanoke St., Suite 1B, Christiansburg, VA 24073-3171
  Payment must be postmarked by the due date.
- **Pay in Person:** At the Treasurer's Office 755 Roanoke St., Suite 1B, Christiansburg, VA Monday through Friday 9:00 AM to 5:00 PM.
- **Pay by Phone or Internet:** Credit/Debit cards and eCheck may be used by calling 1-855-232-9045 or online at https://ipn.paymentus.com/otp/stde/mtct. When prompted enter the information requested. After authorization of your payment, a confirmation number is provided and should be kept for your records. A service fee will apply:
  - **MasterCard Credit/Debit Card: 2.35%**
  - **Visa and Discover Credit Card: 2.35%**
  - **Visa Debit Card: $2.95 flat fee per payment**
  - **eCheck: $0.45 flat fee per payment.**

**** A $35.00 fee will be charged on all returned checks. ****

Tax Relief

Montgomery County has a Real Estate and Mobile Home tax relief program for persons 65 or older or totally and permanently disabled. The total income for the household cannot exceed $51,000 and the financial net worth cannot exceed $150,000.

The amount of the relief shall be a percentage related to the total income.

Tax relief applications must be submitted annually to the Commissioner of the Revenue. First time filers may apply before DECEMBER 31st. Repeat applicants MUST apply by March 1st. If you have any questions concerning tax relief, please contact the Commissioner of the Revenue at (540) 382-5710.

2005 APPROPRIATIONS ACT (PERSONAL PROPERTY TAX RELIEF ACT, Modified)

The 2005 Appropriations Act provides that an annual percentage of relief be set for passenger cars, motorcycles, and pickup or panel trucks having a registered gross weight of less than 7,501 pounds. To qualify, a vehicle must

* be owned by an individual or leased by an individual under a contract requiring the individual to pay the personal property tax;

AND

* be used less than 50% for business purposes.

Motor homes, trailers and farm use vehicles do not qualify for tax relief.

The amount of car tax relief is based upon the total dollars provided to Montgomery County by the Commonwealth of Virginia divided by the total tax of all qualifying vehicles in the County. Please contact the Commissioner of the Revenue, at 540-382-5710, if you have any specific questions regarding your personal or business vehicle.

Please DO NOT use staples or paper clips

Credit/Debit Card payments are <u>no longer</u> available through our office. The <u>ONLY</u> Credit/Debit Card option for paying Personal Property Tax and Motor Vehicle License fees is through Paymentus with a service fee. Please follow the ▪ Pay by Phone or Internet instructions to pay with Credit/Debit Card or eCheck.

- **Pay by Phone or Internet:** Credit/Debit cards and eCheck may be used by calling 1-855-232-9045 or online at https://ipn.paymentus.com/otp/stde/mtct. When prompted enter the information requested. After authorization of your payment, a confirmation number is provided and should be kept for your records. A service fee will apply:
  - MasterCard Credit/Debit Card: 2.35%
  - Visa and Discover Credit Card: 2.35%
  - Visa Debit Card: $2.95 flat fee per payment
  - eCheck: $0.45 flat fee per payment.

03071

HELEN P. ROYAL
MONTGOMERY COUNTY
COMMISSIONER OF THE REVENUE
755 ROANOKE STREET, SUITE 1A
CHRISTIANSBURG, VA 24073-3169 Phone: 540-382-5710

COMPLETE BACK PAGE
1191557 2059592
Filing Deadline May 1, 2014
Location of motor vehicles on Jan. 1, 2014

2014 COUNTY OF MONTGOMERY 2014
BUSINESS TANGIBLE PERSONAL PROPERTY
MACHINERY & TOOLS AND MERCHANTS CAPITAL

IMPORTANT: BE SURE MAILING ADDRESS IS CORRECT. MAKE CHANGES AS NECESSARY

*000455/1--S 2--B 1

NEW HOPE RESIDENTIAL SERVICES INC
125 N MAIN ST STE 500 # 120
BLACKSBURG VA 24060-3930

☐ COUNTY
☐ TOWN OF BLACKSBURG
☐ TOWN OF CHRISTIANSBURG

LOCATION OF BUSINESS

LOCAL ADDRESS OF BUSINESS

Business Personal Property

COST VALUES TO REPORT: In preparing this form, use the original cost value (new and used) as contained in your books AND AN ITEMIZED LIST MUST BE ATTACHED. Cost values of items fully depreciated on your books must be reported for taxation. DO NOT MARK RETURN "SAME AS LAST YEAR." If requested information is not submitted and returned on or before May 1, 2014 depreciation will not be given.

ENTER ORIGINAL COST IN COLUMNS TO THE RIGHT	TRUCKS, TRACTORS, TRAILERS NOT LISTED ON BACK PAGE HEAVY CONST. EQUIPMENT			FURNITURE & FIXTURES AND EQUIPMENT NOT APPLICABLE TO MANUFACTURERS			PROGRAMMABLE COMPUTER EQUIPMENT		
	ORIGINAL COST	%	OFFICE USE	ORIGINAL COST	%	OFFICE USE	ORIGINAL COST	%	OFFICE USE
COST OF PROPERTY PURCHASED IN 2008 AND PRIOR YEARS		10			30			10	
COST OF PROPERTY PURCHASED IN 2009		20			40			10	
COST OF PROPERTY PURCHASED IN 2010		30			50			10	
COST OF PROPERTY PURCHASED IN 2011		50			60			50	
COST OF PROPERTY PURCHASED IN 2012		60			70			70	
COST OF PROPERTY PURCHASED IN 2013		80			80			80	
TOTAL ORIGINAL COST									

MACHINERY AND TOOLS

If machinery and tools used in a manufacturing, mining, processing, or reprocessing, radio or television broadcasting, dairy, dry cleaning or laundry business must be declared. Original cost value (old and new) as contained in your books must be used. Cost value of items fully depreciated on your books must be reported for taxation. (Section 58.1.3507 Code of Virginia)

COST BEFORE DEPRECIATION, DISCOUNTS, ETC.	COST	%	OFFICE USE
COST OF PROPERTY PURCHASED IN 2006 AND PRIOR		40	
COST OF PROPERTY PURCHASED IN 2007 THRU 2009		50	
COST OF PROPERTY PURCHASED IN 2010 THRU 2013		60	
TOTAL			

MERCHANTS CAPITAL

ATTACH A COPY OF INCOME TAX SCHEDULE THAT REPORTS INVENTORY AS OF DECEMBER 31, 2013. A COMPLETE LISTING OF INVENTORY AS OF 12/31/13 IS REQUIRED. RETURN IS NOT COMPLETE IF REQUIRED INFORMATION IS NOT ATTACHED.	MARKET VALUE AS LISTED BY TAXPAYER	OFFICE USE ONLY
INVENTORY OF STOCK ON HAND (AS REPORTED ON TAX SCHEDULE)	$	
DAILY RENTAL PROPERTY	$	
DAILY RENTAL PASSENGER CARS	$	
TOTAL TAXABLE MERCHANTS CAPITAL (SUM OF ITEMS 1, 2, AND 3)	$	

LEASED PROPERTY

LIST BELOW ALL TANGIBLE PERSONAL PROPERTY LEASED OR RENTED FROM OTHERS

PERSONS WHO LEASE TANGIBLE PERSONAL PROPERTY FROM THE OWNER THEREOF SHALL FURNISH THE NAME AND ADDRESS OF THE OWNER TO THE COUNTY OR CITY WHEREIN SUCH PROPERTY WAS LOCATED ON THE ASSESSMENT DATE, SEC.58.1.3518. LIST BELOW THE NAME AND ADDRESS OF THE OWNER OR LESSOR, DESCRIPTION OF PROPERTY, DATES OF LEASE TERMS, ACCOUNT AND IDENTIFICATION NUMBERS AND PURCHASE PRICE OF PROPERTY. ATTACH SEPARATE LIST AS NEEDED.

NAME OF OWNER/LESSOR	ADDRESS OF OWNER	DESCRIPTION OF ITEM AND BEGINNING AND ENDING DATES OF LEASE	ID / SERIAL / MODEL OR TITLE NUMBERS AND ACCOUNT NUMBER	ORIGINAL COST

All motor vehicles listed below have been identified from the Virginia Department of Motor Vehicles record. All property owned or in your possesion as of January 1, 2014 is subject to tax. To avoid improper assessment, indicate date of sale for any property which you did not own on January 1st. List below additional motor vehicles, mobile homes, boats, and campers owned on January 1st.

LIST BELOW ONLY VEHICLES THAT ARE USED IN BUSINESS

Please indicate costs of: 1) vehicles 14,000 lbs. or more, 2) boats plus motors, 3) Aircraft, in tinted spaces below if not printed out.

YEAR	MAKE WEIGHT	MODEL BODY TYPE	TITLE NO.	VEHICLE ID (VIN)	STATE TAG	PSD	PURCHASE DATE	SOLD DATE	Indicate costs here
2013	CHRYSLER TOWN & COUN		95513078	2C4RC1BG1DR539981	430270	BP	06/10/2013		
2010	LAWRIMORE		95460975	5WUBU0816AF014060	281229TL	BP	08/10/2010		

Manufacture of Boat	Model Name of Boat	Year	Length	OBJB IB/OB SA	Purchase Date	Cost

OWNER OF LAND

QUALIFIES / DOES NOT QUALIFY
(circle one)

For the personal property tax relief. Qualification for personal property tax relief occurs on the tax day which is defined January 1 of the tax year or the day the vehicle is purchased or first enters the county during the year.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Signature of Owner_____ SS#/Federal ID # _____ Telephone # _____

Please Print Signature _____ Title _____ Date _____

NOTE: It is a misdemeanor for any person willfully to subscribe a return which he does not believe to be true and correct as to material matter (code of VA sec 58-27)

(2) Information addressing whether the organization is exempt from taxation pursuant to §501(c) of the Internal Revenue Code. A copy of the Internal Revenue Service's determination letter shall be provided.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 27 2004

STARS OF APPALACHIA INC
PO BOX 366
SUMMERSVILE, WV 26651-0366

Employer Identification Number:
58-2479991
DLN:
17053122730024
Contact Person:
DAN W BERRY
ID# 31122
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
509(a)(2)

Dear Applicant:

Our letter dated JANUARY 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0046

In reply refer to: 0423235246
Mar. 04, 2009 LTR 252C 0
58-2479991 000000 00 000
00003781
BODC: TE

NEW HOPE RESIDENTIAL SERVICES
INCORPORATED
% ROBERT I GOLSTEIN
PO BOX 366
SUMMERSVILLE WV 26651-0366

021259

Taxpayer Identification Number: 58-2479991

Dear Taxpayer:

Thank you for the inquiry dated Apr. 30, 2008.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

Sincerely yours,

Kim L. Tolsma

Kim L. Tolsma
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter

3. Information addressing whether there are any current alcoholic beverage licenses (ABC license) for serving alcoholic beverages issued to the organization by the Alcoholic Beverage Control Board for use on the property for which tax exempt status is being requested. N/A

(4) A statement of the salaries or other compensation, if any, paid to all directors, officers, managing members, trustees or partners as applicable. Information addressing whether any director, officer, managing members, trustees or partners, as applicable, of the organization, is paid compensation in excess of a reasonable allowance for salaries or other compensation for personal services actually rendered.

Copy B To Be Filed with Employee's FEDERAL Tax Return.

2015
OMB No. 1545-0008

a Employee's SSN 556-80-0650	1 Wages, tips, other comp. 8753.50	2 Federal income tax withheld 200.00
b Employer ID no. (EIN) 58-2479991	3 Social security wages 8753.50	4 Social security tax withheld 542.72
	5 Medicare wages and tips 8753.50	6 Medicare tax withheld 126.93

c Employer's name, address, and ZIP code
NEW HOPE RESIDENTIAL SERVICES INC
PO BOX 366
SUMMERSVILLE WV 26651

d Control number

e Employee's name, address, and ZIP code
CLAUDIA M GOLDSTEIN
PO BOX 505
MCCOY VA 24111
Suff.

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
WV 1049-3342	8753.50	300.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.
Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

2015
OMB No. 1545-0008

a Employee's SSN 556-80-0650	1 Wages, tips, other comp. 8753.50	2 Federal income tax withheld 200.00
b Employer ID no. (EIN) 58-2479991	3 Social security wages 8753.50	4 Social security tax withheld 542.72
	5 Medicare wages and tips 8753.50	6 Medicare tax withheld 126.93

c Employer's name, address, and ZIP code
NEW HOPE RESIDENTIAL SERVICES INC
PO BOX 366
SUMMERSVILLE WV 26651

d Control number

e Employee's name, address, and ZIP code
CLAUDIA M GOLDSTEIN
PO BOX 505
MCCOY VA 24111
Suff.

7 Social security tips	8 Allocated tips	9
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13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
WV 1049-3342	8753.50	300.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.

2015
OMB No. 1545-0008

a Employee's SSN 146-34-3052	1 Wages, tips, other comp. 1800.00	2 Federal income tax withheld 201.00
b Employer ID no. (EIN) 58-2479991	3 Social security wages 1800.00	4 Social security tax withheld 111.60
	5 Medicare wages and tips 1800.00	6 Medicare tax withheld 26.10

c Employer's name, address, and ZIP code
NEW HOPE RESIDENTIAL SERVICES INC

PO BOX 366

SUMMERSVILLE WV 26651

d Control number

e Employee's name, address, and ZIP code Suff.
ROBERT GOLDSTEIN
PO BOX 505
MCCOY VA 24111

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code

WV	1049-3342	1800.00	78.00
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.
Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

2015
OMB No. 1545-0008

a Employee's SSN 146-34-3052	1 Wages, tips, other comp. 1800.00	2 Federal income tax withheld 201.00
b Employer ID no. (EIN) 58-2479991	3 Social security wages 1800.00	4 Social security tax withheld 111.60
	5 Medicare wages and tips 1800.00	6 Medicare tax withheld 26.10

c Employer's name, address, and ZIP code
NEW HOPE RESIDENTIAL SERVICES INC

PO BOX 366

SUMMERSVILLE WV 26651

d Control number

e Employee's name, address, and ZIP code Suff.
ROBERT GOLDSTEIN
PO BOX 505
MCCOY VA 24111

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code

WV	1049-3342	1800.00	78.00
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

(5) Information addressing whether any part of the net earnings of the organization has inured to the benefit of any individual. N/A

6 Information addressing whether any portion of the service provided by the organization was generated by funds received from donations, contributions or local, state or federal grants. If so, how much? Donations shall include the providing of personal services or the contribution of in-kind or material services.

N/A

7 Information addressing whether the organization provides services for the common good of the public. If so, please provide information as to the services provided in Montgomery County. Please address whether the benefits derived by the community at large are equivalent to or exceed the County's loss in revenue from taxes and if so, how?

New Hope Residential provides support services for people with developmental disabilities so they can live in the community rather than an institution. These services are currently not provided in Montgomery County.

(8) Information addressing whether a substantial part of the activities of this organization involve carrying on propaganda or otherwise attempting to influence legislation and whether the organization participates in or intervenes in any political campaign on behalf of any candidate for public office. NA

(9) Information as to the assessed value (estimate if not current assessment) of the real or personal property for which tax exemption is requested as well as the property taxes assessed against such property.

COUNTY OF MONTGOMERY
W. Richard Shelton - Treasurer
755 Roanoke St., Suite 1B
Christiansburg, VA 24073-3171
Phone: (540) 382-5723
www.MontVA.com

2015 PERSONAL PROPERTY TAX
2016 MOTOR VEHICLE LICENSE

DELINQUENT TAX NOTICE

See back of this notice for payment options, additional information, and telephone numbers to call if you have questions.

*002172/1--S 7--B 1

NEW HOPE RESIDENTIAL SERVICES INC
125 N MAIN ST STE 500 # 120
BLACKSBURG VA 24060-3930

Description Codes

MVL = Motor Vehicle License
MV = Motor Vehicle
MH = Mobile Home
MC = Merchants Capital
MT = Machinery & Tools
BFF = Business Furniture/Fixtures
PCE = Prog. Computer Equipment
AC = Aircraft

ATTENTION: NEW HOPE RESIDENTIAL SERVICES INC

SSN: XXX-XX-9991

The tax records of Montgomery County indicate that as of 01/01/2016 you owe the taxes listed below:

YEAR	TYPE	BILL NUMBER	CUSTOMER#	DESCRIPTION	AMOUNT
2015	PP	37103	0001191557	MV	499.63
				TOTAL DUE IF PAID BY 02/29/2016	499.63

Please DO NOT disregard this notice! Legal actions such as Treasurer's Lien, Warrant-In-Debt for Judgment, Withhold Vehicle Registration at DMV, Withhold Virginia Income Tax Refund, Distress Levy, and Judicial Sale are being taken to collect delinquent taxes. If any of these actions have already been issued, you will owe additional fees. IF TAXES ARE OWED FOR PRIOR YEAR(S), THEY MUST BE PAID FIRST.

Return this stub with payment

COUNTY OF MONTGOMERY - DELINQUENT TAX NOTICE

YEAR	TYPE	BILL NUMBER	CUSTOMER#	DESCRIPTION	AMOUNT
2015	PP	37103	0001191557	MV	499.63
				TOTAL DUE IF PAID BY 02/29/2016	499.63

NEW HOPE RESIDENTIAL SERVICES INC | XXX-XX-9991

Please DO NOT use staples or paper clips
There may be additional taxes or fees that are not included on this notice.

PAYMENT OPTIONS

- 24-Hour Drop Box: Check or money order can be dropped in the 24-hour Treasurer's Office drop box located at 755 Roanoke Street - (Chinquapin Trail entrance). **Please do not put cash in the drop box.** Payments are considered on-time if they are deposited by midnight of the due date.
- Pay by Mail: Make check or money order payable to: Montgomery County Treasurer
  Mail to: County of Montgomery - Treasurer, 755 Roanoke St., Suite 1B, Christiansburg, VA 24073-3171. Payment must be postmarked by the due date.
- Pay in Person: At the Treasurer's Office 755 Roanoke St., Suite 1B, Christiansburg, VA, Monday through Friday 9:00 AM to 5:00 PM.
- Pay by Phone or Internet: Credit/Debit cards and eCheck may be used by calling 1-855-232-9045 or online at https://ipn.paymentus.com/otp/stde/mtct. When prompted enter the information requested. After authorization of your payment, a confirmation number is provided and should be kept for your records. A service fee will apply:
  - MasterCard Credit/Debit Card: 2.35%
  - Visa and Discover Credit Card: 2.35%
  - Visa Debit Card: $2.95 flat fee per payment
  - eCheck: $0.45 flat fee per payment.

****** A $35.00 fee will be charged on all returned checks. ******

????? QUESTIONS ?????

Questions concerning the payment of taxes, please call the Treasurer's office at (540) 382-5723

Questions concerning tax assessments, please call the Commissioner of the Revenue's office
Personal Property (540) 382-5710 Real Estate (540) 382-5717

Mail bottom portion of this bill along with payment to the address below

Please DO NOT use staples or paper clips

MAKE SURE ADDRESS SHOWS THROUGH ENVELOPE WINDOW

Credit/Debit Card payments are no longer available through our office. The ONLY Credit/Debit Card option for paying Delinquent Tax is through Paymentus with a service fee. Under payment options listed above, please follow the ■ Pay by Phone or Internet instructions to pay with Credit/Debit Card or eCheck.

COUNTY OF MONTGOMERY
W. RICHARD SHELTON - TREASURER
755 ROANOKE STREET, SUITE 1B
CHRISTIANSBURG, VA 24073-3171

(10) Information addressing whether the property which is the subject of this request produces revenue. If so, how much? Information whether the real or personal property for which the exemption is sought relates to the purposes for which the organization was created and whether the use of such property directly promotes those purposes.

a. Does not produce revenue and is used to provide transportation for the business.

(11) Provide the most recent financial statement of the organization including where applicable, IRS Forms 900, 990, 990EZ reflecting income and expenditures for the most current twelve (12) month reporting period. If investments such as stocks, bonds, and other investments are reflected on the financial statement please provide a list of all such investments including the name and type of investment, the date received and the value.

FEDERAL TAXES

Form **990**

Return of Organization Exempt From Income Tax

FYE 12/31/2014

OMB No. 1545-0047

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

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

C Name of organization: NEW HOPE RESIDENTIAL SERVICES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 366

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: SUMMERSVILLE, WV 26651

D Employer identification no. 58-2479991

E Telephone number (304) 872-9531

G Gross receipts $ 1,067,840

F Name and address of principal officer:

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999

M State of legal domicile: WV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SUPPORT SERVICES FOR DISABLED

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	59
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	1,004,386	1,064,211
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,629
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,004,386	1,067,840
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	836,084	820,174
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	244,909	257,596
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,080,993	1,077,770
	19	Revenue less expenses. Subtract line 18 from line 12	(76,607)	(9,930)

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	81,831	72,673
	21	Total liabilities (Part X, line 26)	5,805	6,577
	22	Net assets or fund balances. Subtract line 21 from line 20	76,026	66,096

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Robert I Goldstein — Signature of officer — Date 05-14-2015

▶ ROBERT I GOLDSTEIN, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WAYNE E YOUNG		05-14-2015		P01201899

Firm's name ▶ ADKINS and YOUNG PLLC — Firm's EIN ▶ 55-0758893

Firm's address ▶ 820 BROAD STREET, SUMMERSVILLE WV 26651 — Phone no. 304-872-1434

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

EEA

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SUPPORT SERVICES FOR DISABLED

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

If "Yes," describe these new services on Schedule O.

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

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

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

4a (Code: _____) (Expenses $ 1,077,770 including grants of $ _____) (Revenue $ 1,067,840)

PROVIDE FAITH BASED SUPPORT SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

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

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

4e Total program service expenses ▶ 1,077,770

Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
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		X
c	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? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	59		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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.	1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WV

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website [X] Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

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Part VII **Compensation of Officers, Directors, Trustees, Key Employees, 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.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SEE ATTACHMENT SEE ATTACHED	4.00				X			0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a MEDICAID	623990	1,064,211	1,064,211		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		1,064,211			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	623990	3,629	3,629		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		3,629			
	12 Total revenue. See instructions ▶		1,067,840	1,067,840	0	0

Part IX Statement of Functional Expenses

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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				
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 Benefits paid to or for members				
5 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 Other salaries and wages	746,665	746,665		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,200	7,200		
10 Payroll taxes	66,309	66,309		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,893	4,893		
d Lobbying				
e 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	25,161	25,161		
17 Travel	27,892	27,892		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	20,982	20,982		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BENEVOLENCE DONATIONS	40,777	40,777		
b TRANSPORTATION PROGRAM PAYME	35,171	35,171		
c COMMUNITY REHAB PROGRAM	28,983	28,983		
d PROVIDER TAX	8,901	8,901		
e All other expenses	64,836	64,836		
25 Total functional expenses. Add lines 1 through 24e	1,077,770	1,077,770	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	77,412	1	69,187
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,419	9	3,486
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 31,265			
	b	Less: accumulated depreciation — 10b: 31,265		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)	81,831	16	72,673
Liabilities	17	Accounts payable and accrued expenses	5,805	17	6,577
	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		21	
	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	
	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	
	26	Total liabilities. Add lines 17 through 25	5,805	26	6,577
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	76,026	27	66,096
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	76,026	33	66,096
	34	Total liabilities and net assets/fund balances	81,831	34	72,673

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,067,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,077,770
3	Revenue less expenses. Subtract line 2 from line 1	3	(9,930)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,026
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,096

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other GOVERNMENTAL ACC If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: NEW HOPE RESIDENTIAL SERVICES INC

Employer identification number: 58-2479991

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

EEA

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . 15 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	912,469	922,804	1,225,618	1,004,386	1,064,211	5,129,488
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	912,469	922,804	1,225,618	1,004,386	1,064,211	5,129,488
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						5,129,488

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	912,469	922,804	1,225,618	1,004,386	1,064,211	5,129,488
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,600				3,629	5,229
13 Total support. (Add lines 9, 10c, 11, and 12.)	914,069	922,804	1,225,618	1,004,386	1,067,840	5,134,717

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.90	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	100.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: NEW HOPE RESIDENTIAL SERVICES INC

Employer identification number: 58-2479991

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other STMD1B		31,265	31,265	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				

Part VII **Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII **Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX **Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X **Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: NEW HOPE RESIDENTIAL SERVICES INC

Employer identification number: 58-2479991

01. Form 990 governing body review (Part VI, line 11)

KEY MEMBERS OF THE GOVERNING BODY REVIEW THE FORM 990 PRIOR TO FILING

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD AND MANAGEMENT CONTINUALLY REVIEWS THE CONFLICT OF INTEREST STATEMENT FOR COMPLIANCE AS WELL AS THE THIRD PARTY INDEPENDENT ACCOUNTANT

03. CEO, executive director, top management comp (Part VI, line 15a)

THE GOVERNING BODY SET THE COMPENSATION LEVELS FOR KEY EMPLOYEES AND MANAGEMENT. ALSO THE BOARD IS INVOLVED IN THE REVIEW OF COMPENSATION FOR ALL LEVELS OF EMPLOYMENT

04. Other officer or key employee compensation (Part VI, line 15b

THE GOVERNING BODY REVIEWS THE COMPENSATION LEVEL FOR ALL KEY EMPLOYEES

05. Governing documents, etc, available to public (Part VI, line 19)

ALL GOVERNING DOCUMENTS AND GOVERNMENTAL FILINGS ARE AVAILABLE TO THE PUBLIC FOR REVIEW UPON REQUEST

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2014 PG01

Name(s) as shown on return
NEW HOPE RESIDENTIAL SERVICES INC

FEIN
58-2479991

FORM 990, SCHEDULE D, PART VI, LINE 1E
INVESTMENTS - OTHER

STATEMENT #D1E

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
EQUIPMENT & VEHICLES	0	31,265	31,265	0
TOTAL	0	31,265	31,265	0

STATMENT.LD

990

Overflow Statement

2014
Page 1

Name(s) as shown on return: NEW HOPE RESIDENTIAL SERVICES INC

FEIN: 58-2479991

OTHER EXPENSES

Description	Amount
TELEPHONE	$ 4,885
OPERATING SUPPLIES AND OFFICE COSTS	59,951
Total:	$ 64,836

OVERFLOW.LD

New Hope Residential Services Inc		Board of Directors	2014		
Charles	Chivers	P O Box 25	Wapacaca	WI	54981
John	Jordan	319 Sunset Drive	Beckley	WV	25801
Michael Joe	Hoggard	203 Neely Ave	West Union	WV	26456
Robert	Goldstein	P O Box 366	Summersville	WV	26651
Lorraine	Taylor	5530 Catawba Valley Dr	Catawba	VA	24070

(12) Any other criteria, facts and circumstances which the applicant or County feels the Board of Supervisors may deem appropriate and pertinent to the application.

We provide support services for People with disabilities so they can remain in their respective residences rather than live in an institution.

Attached is our Retail Sales and Use Tax Certificate of Exemption for the State of Virginia.

Commonwealth of Virginia
Department of Taxation
www.tax.virginia.gov/nonprofit

Retail Sales and Use Tax Certificate of Exemption

New Hope Residential Services, Inc.
125 North Main Street
Suite 500 # 120
Blacksburg, VI 24060

Effective Date: 11/05/2015
Expiration Date: 11/05/2020
Exemption Number: SE582479991F11052020

This letter confirms that your organization qualifies under *Code of Virginia* § 58.1-609.11 to purchase tangible personal property without paying the Virginia sales and use tax. The exemption is not applicable to the purchase of taxable services, such as meals or lodging.

To purchase tangible personal property without paying a sales and use tax:

- Present a copy of this letter to each dealer.
- Pay directly from the organization's funds. Purchases by a member of the organization from their personal funds (i.e., cash, personal credit card or personal checking account) are taxable even though they may be reimbursed by the organization. If the organization issues credit cards to employees who are responsible for payment of the charges that are reimbursed by the organization; these type transactions are taxable.
- Employees or members may NOT use this exemption certificate to purchase goods for personal use.

Dealers, please note the following:

- The dealer is required to have on file a valid certificate of exemption from each organization.

I certify that the item or items being purchased are purchased by and used or consumed by the organization named above and that payment for this purchase is made to the vendor from the organization's funds.

Organization's Authorized Representative: Robert Goldstein

Printed Name: Robert Goldstein

Any misuse of exemption certificates will be subject to the penalties prescribed in § 58.1-623.1 of the *Code of Virginia*.