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TIN: 55-0721553 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

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

		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the	latest in	formation.		Inspection
A F	or th	ne 2022 c	I alendar year, or tax year beginning 01-01-2022 $$, and ending 12-3	1-2022			
		applicable:	C Name of organization PHILANTHROPY WEST VIRGINIA INC		D Employ	er identi	ification number
_		change hange			55-072	1553	
	tial re	-	Doing business as				
		rn/terminated			E Telephon	e numbe	r
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/su PO BOX 1584	iite	(304) 5		
	piicaci	ion pending	City or town, state or province, country, and ZIP or foreign postal code		(304) 3	17-1430	<u> </u>
			MORGANTOWN, WV 26505		G Gross re	ceipts \$ 3	352,956
			F Name and address of principal officer:	H(a) I	s this a group re	turn for	
			CHAD MATLICK PO BOX 1584	9	subordinates?		☐Yes ✓No
			MORGANTOWN, WV 26505	H(b) /	Are all subordinat ncluded?	es	☐ Yes ☐No
I Ta	k-exer	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		f "No," attach a l	ist. See	instructions.
J W	ebsi	te:▶ PHI	ILANTHROPYWV.ORG	H(c) (Group exemption	numbe	r >
K Form	n of o	organization	: 🗹 Corporation 🔘 Trust 🗎 Association 🗎 Other 🕨	L Year of	formation: 1993	M State WV	e of legal domicile:
	art I	Sum	mary				
		_	scribe the organization's mission or most significant activities:				
æ		STRENGT	HENING PHILANTHROPY IN THE MOUNTAIN STATE.				
anc							
Ĕ							
Governance	_		is box ▶ □			1 -	1
	3		of voting members of the governing body (Part VI, line 1a)			3	16
Se	4		of independent voting members of the governing body (Part VI, line 1b)			4	16
Ě	5		nber of individuals employed in calendar year 2022 (Part V, line 2a)			5	0
Activities &	6		nber of volunteers (estimate if necessary)			6	0
4			elated business revenue from Part VIII, column (C), line 12			7a 7b	
	D	Net unrei	lated business taxable income from Form 990-1, Part 1, line 11		Prior Year	70	Current Year
	8	Contribut	cions and grants (Part VIII, line 1h)		858,6	326	303,372
욢	9		service revenue (Part VIII, line 2q)	-	45,1	_	47,770
Revenue		•	ent income (Part VIII, column (A), lines 3, 4, and 7d)	-		923	1,814
æ			venue (Part VIII, column (A), lines 5, 4d, 8c, 9c, 10c, and 11e)			0	0
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	904,6		352,956
			nd similar amounts paid (Part IX, column (A), lines 1–3)		·	0	0
			paid to or for members (Part IX, column (A), line 4)			0	0
LO.			other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	0
Expenses			onal fundraising fees (Part IX, column (A), line 11e)			0	0
D GK			raising expenses (Part IX, column (D), line 25) 13,561				-
ă			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		945,0	26	395,745
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		945,0	026	395,745
			less expenses. Subtract line 18 from line 12		-40,3	_	-42,789
e or				Begin	ning of Current Y	_	End of Year
Net Assets or Fund Balances							
Ass			ets (Part X, line 16)		1,066,6	_	629,534
and a			ilities (Part X, line 26)	<u> </u>	431,9		37,572
Z II.	22	Net asset	ts or fund balances. Subtract line 21 from line 20		634,7	751	591,962

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

) <u>-</u>				2023-10-02						
Sigr Her	י ון	gnature of officer	C & DEVENUE		Date						
	CI	HAD MATLICK DIRECTOR OF OPERATION pe or print name and title	5 & REVENUE								
Pai	ч 	Print/Type preparer's name	Preparer's signature	Date 2023-10-02	Check if PTIN P01373673 self-employed						
		Firm's name RICHMOND & COM	PANY CPA'S AC		Firm's EIN 55-0	0678792					
		Firm's address ▶ PO BOX 1204			Phone no. (304) 2	52-7353					
		BECKLEY, WV 2580	021204		,						
May	Paid Preparer Jse Only Italy the IRS discusor Paperwork Form 990 (2022) Part III Sta Check Che	cuss this return with the preparer s				✓ Yes □ No					
		Reduction Act Notice, see the			No. 11282Y	Form 990 (2022					
			——————————————————————————————————————								
Form	990 (2022)				Page 2					
		atement of Program Service	Accomplishments			i age i					
		eck if Schedule O contains a respo	-	rt III		🗆					
1		scribe the organization's mission:	<u> </u>								
STRE	NGTHENIN	G PHILANTHROPY IN THE MOUNTA	IN STATE.								
2	Did the or	ganization undertake any significar	nt program services during the v	ear which were not lis	sted on						
_		Form 990 or 990-EZ?				🗆 Yes 🛂 No					
	If "Yes," d	escribe these new services on Sche	edule O.								
3	Did the or	ganization cease conducting, or ma	ake significant changes in how it	conducts, any progra	ım						
		escribe these changes on Schedule	O.			🗆 Yes 💆 No					
4		he organization's program service 01(c)(3) and 501(c)(4) organization									
	and reven	ue, if any, for each program service	e reported.								
4a	(Code:) (Expenses \$	302,638 including grants of	· \$) (Revenue \$	47,770)					
	PHILANTHR (GRANTMA	OPY WV ADVANCES LEARNING, LEADER OPY IN WEST VIRGINIA. THIS IS ACCON KING FOUNDATIONS, COMPANIES, GIVIN E COMMUNITY-DRIVEN SOLUTIONS ACRO	IPLISHED BY CONNECTING THE MOU IG CIRCLES, PRIVATE PHILANTHROPI	NTAIN STATE'S DIVERSE STS, AND INNOVATIVE G	NETWORK OF PHILA IVING) TO ENSURE	NTHROPIC FUNDERS GREATER IMPACT. WE STRIVE					
4b	(Code:) (Expenses \$	including grants of	· \$) (Revenue \$)					
4c	(Code:) (Expenses \$	including grants of	· \$) (Revenue \$)					
	-										
4d	Other pro-	gram services (Describe in Schedul	e O.) ding grants of \$) (Revenue	d .	\					

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Form 990 (2022) Page **3**

Pai	tiv 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐿	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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 1987.	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$3,000 or 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

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Form **990** (2022)

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Pa	Checklist of Required Schedules (continued)			
22		22	Yes	No No
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			No
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		INO
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	201		
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I </i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	art 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			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No

b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm 99	0 (2022)

orm	990 (2022)		Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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	
	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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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).		
а	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
c	Enter the amount of reserves on hand	1 1	

		1		l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	11 Tes, complete Form 6069.	F	orm 99	0 (2022)
				- ()
	Page 6			
Form	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse to	
	lines 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			~
Se	ction 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 16	5		
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 16			
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		No
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?	_		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more	\vdash		110
7 a	members of the governing body?	7a		No
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		No
8	$\label{lem:poisson} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: \\$			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe on 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	F		
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		No

0/18/	24, 2:46 PM Philanthropy West Virginia Inc - Full Filing- Nonprofit Explorer - ProPublica	a		
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	l	
Se	ection 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 Form 1023 (1024 or 1024-A, 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 ✓ 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: ▶ CHAD MATLICK PO BOX 1584 MORGANTOWN, WV 26505 (304) 517-1450			
		F	orm 99	0 (2022)
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F	000 (2022)			
	990 (2022)			Page 7
Pai	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empland Independent Contractors	oloyee	: S,	
	Check if Schedule O contains a response or note to any line in this Part VII			
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ne orga	nization	's tax
year.				
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	Junit		
• L	List all of the organization's current key employees, if any. See the instructions for definition of "key employee."			
who	List the organization's five current highest compensated employees (other than an officer, director, trustee or key employ received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more argumentation and any related organizations.		ı \$100,(000 from
	List all of the organization's former officers, key employees, or highest compensated employees who received more than portable compensation from the organization and any related organizations.	\$100,0	00	
	List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee on ization, more than \$10,000 of reportable compensation from the organization and any related organizations.	f the		
C 0 0 1	the implementations for the endowing which to list the propose above			

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is	both a	in an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) ADAM SANDERS CHAIR	2.00	Х		Х				0	0	
(2) MARIAN CLOWES VICE CHAIR	2.00	Х		x				0	0	
(3) MIKE LEWIS TREASURER	2.00	Х		x				0	0	
(4) ELIZABETH PELLEGRIN SECRETARY	2.00	Х		х				0	0	(
(5) PAUL D DAUGHERTY PRESIDENT & CEO (EX-OFFICIO)	2.00	х		x				0	0	(
(6) JENNIE SMITH-PEERS PRESIDENT & CEO (EX-OFFICIO)	40.00	х		х				0	0	(
(7) DENA CUSHMAN BOARD MEMBER	2.00	х						0	0	(
(8) DR MICHELLE FOSTER	2.00									

10/18/24, 2:46 PM	Philanthro	ору W	est Virginia Inc	- Fu	ll Fil	ing- N	lonp	rofit Explorer - P	roPublica	
BOARD MEMBER		X						U	U	U
(9) MEGAN HANNAH BOARD MEMBER	2.00	х						0	0	0
(10) CHRISTINE MITCHELL BOARD MEMBER	2.00	Х						0	0	0
(11) SUSIE NELSON BOARD MEMBER	2.00	Х						0	0	0
(12) JANELL RAY BOARD MEMBER	2.00	Х						0	0	0
(13) SAMUEL TRES ROSS III BOARD MEMBER	2.00	х						0	0	0
(14) RENEE STEFFEN BOARD MEMBER	2.00	Х						0	0	0
(15) BRETT WHITE BOARD MEMBER	2.00	Х						0	0	0
(16) PATTY SHOWERS RYAN BOARD MEMBER	2.00	х						0	0	0

Form **990** (2022)

– Page 8 *–*

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list	Positi box,	(C) on (do not chec unless person i and a directo	k m	oth a	n offic	ne er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-Z/1099- MISC/1099-NEC)	from the organization and related organizations
										-

d Total (add lines 1b and 1c)		•		0		0		
	ncluding but not limited to those I		ceived mor	e than \$1	00,000	•		
							Yes	No
=	ormer officer, director or trustee, hedule J for such individual		-		employee on			NI-
•	e 1a, is the sum of reportable co				the	3		No
	nizations greater than \$150,000?					4		No
<i>*</i> •	La receive or accrue compensation ization? If "Yes," complete Schea	•	_			5		No
Section B. Independent Co								
	ve highest compensated indepen- compensation for the calendar ye					mpens	ation	
	(A) Name and business address			Desc	(B) ription of services		(C Comper	
						+		
Total number of independent co		d to those listed abo	ve) who re	eceived mo	ore than \$100,0	00 of		
compensation from the organiza	tion > 0						Form 99 0	n (202
							101111 99	0 (202
		Page 9						
rm 990 (2022)								Page
Part VIII Statement of Rev	 venue							rage
Check if Schedule O	contains a response or note to an	y line in this Part VIII	<u></u>					
		(A) Total revenue	(E Relat		(C) Unrelated		(D) Rever	
			exer	mpt	business revenue	+-	excluded	from
			reve		revenue	16	512 -	
Federated campaigns	1a							
ontributions, ifts, Grants, h _{il} Membership dues	I							
therAmt 70,635	1b							
milar Go Lundraising events	1c							
nounts								
d Related organizations	1d							
e Government grants (contributions)	1e							
Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above								
All other contributions, gifts, grants, and similar amounts not included above								
All other contributions, gifts, grants, and similar amounts not included above 232,737								
All other contributions, gifts, grants, and similar amounts not included above 232,737 g Noncash contributions included in	1f							
All other contributions, gifts, grants, and similar amounts not included above 232,737 g Noncash contributions included in	1f 1g							
f All other contributions, gifts, grants, and similar amounts not included above 232,737 g Noncash contributions included in lines 1a - 1f:\$	1f	2						
All other contributions, gifts, grants, and similar amounts not included above 232,737 9 Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a WORKSHOP INCOME	1f 1g	45,118		45,118				
All other contributions, gifts, grants, and similar amounts not included above 232,737 9 Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a WORKSHOP INCOME	1f 1g 303,372 Business Code	45,118 2,652		45,118				
All other contributions, gifts, grants, and similar amounts not included above 232,737 9 Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a WORKSHOP INCOME	1f 1g 303,372 Business Code 561499	45,118 2,652		·				
All other contributions, gifts, grants, and similar amounts not included above 232,737 9 Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a WORKSHOP INCOME	1f 1g 303,372 Business Code 561499	45,118 2,652		·				
f All other contributions, gifts, grants, and similar amounts not included above 232,737 g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f	1f 1g 303,372 Business Code 561499	45,118 2,652		·				

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£		_			
f All other program se					
9 Total. Add lines 2a				<u> </u>	1
3 Investment income (i similar amounts)		s, interest, and other	1,814		1,81
4 Income from investm		t bond proceeds			
5 Royalties					
Γ	(i) Real	(ii) Personal			
[6 -				
-	6a				
	6b				
51 (1333)	6c				
d Net rental income of	or (loss)				
	(i) Securitie	es (ii) Other			
assets other	7a				
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	7b				
Gain or (loss)	7c				
d Net gain or (loss)					
a Gross income from fund		· · · · •			
(not including \$	of				
contributions reported of See Part IV, line 18					
b Less: direct expense	<u> </u>	8a 8b			
c Net income or (loss)					
9a Gross income from ga See Part IV, line 19 b Less: direct expense c Net income or (loss)	es	9a 9b ivities			
10a Gross sales of invent					
returns and allowand	000	0a			
b Less: cost of goods	sold 1	0b			
c Net income or (loss)) from sales of inv	entory b	Į.	19	
11a		Business Code			
ь		-			
er R evenueMiscAmt					
d All other revenue .		- -			
e Total. Add lines 11a					
12 Total revenue. See	e instructions .		352,956	47,770	0 1,81
					Form 990 (2022
		Pa	age 10 —————		
m 990 (2022)					Page 1
Part IX Statement of	of Functional E	Expenses organizations must compl	ete all columns. All othe	er organizations must o	complete column (A).

DO HOL HICIAGE AHIOMILS reported on lines ob, (A) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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 Compensation of current officers, directors, trustees, and 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits . . . 10 Payroll taxes 11 Fees for services (non-employees): a Management . . **b** Legal . . 25,074 25,074 c Accounting . **d** Lobbying e Professional fundraising services. See Part IV, line 17 ${f f}$ Investment management fees \boldsymbol{g} Other (If line 11g amount exceeds 10% of line 25, column 281,246 216,321 51,940 12,985 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . 4,758 4,758 364 **13** Office expenses 1,850 1,850 **14** Information technology . **15** Royalties . 9,671 9,188 193 290 **16** Occupancy . . . 4,056 4,056 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 38,985 38,985 **19** Conferences, conventions, and meetings . . **20** Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 4,530 4,303 91 136 23 Insurance . 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 GRANTMAKER PROGRAMS 14,146 14,146 **b** TELEPHONE 4,993 4,743 100 150 c MEMBERSHIPS AND REGISTR 4,550 4,550 d OTHER 1.224 1.224 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 395,745 302,638 79,546 13,561 **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).

Form **990** (2022)

Form 990 (2022) Page **11**

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	723,384	1	293,030
	2	Savings and temporary cash investments	326,058	2	312,827
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,426	4	9,825
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,813	9	3,696
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	10,156
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,066,681	16	629,534
	17	Accounts payable and accrued expenses	430,280	17	19,800
	18	Grants payable		18	
	19	Deferred revenue	1,650	19	17,772
	20	Tax-exempt bond liabilities		20	
20	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
İ	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	431,930	26	37,572
nces	-	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.	·		-
Salk	27	Net assets without donor restrictions	567,251	27	529,462
O L	28	Net assets with donor restrictions	67,500	28	62,500
or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
AS.		<u>-</u>	634,751	32	591,962
Net	32	Total net assets or fund balances	,		629,534
<	33	Total liabilities and net assets/fund balances	1,066,681	33	•
					Form 990 (2022)
rm	990	(2022) Page 12			Page 12
	rt XI	Reconcilliation of Net Assets			raye 12
ı d		Check if Schedule O contains a response or note to any line in this Part XI .	<u></u>		<u>O</u>
1	Tota	al revenue (must equal Part VIII, column (A), line 12)		1	352,956
	. 5	,	- ·	<u> </u>	332/33

/18/24, 2:46 PM Philanthropy West Virginia Inc - Full Filing- Nonprofit Explorer - F		а		
z iotal expenses (must equal rait IA, columni (A), inne 25)	-			393,743
3 Revenue less expenses. Subtract line 2 from line 1	3			-42,789
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			634,751
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			C
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			591,962
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				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	e basis,			
✓ Separate basis				
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?		2c	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the L Guidance, 2 C.F.R. Part 200, Subpart F?	Jniform	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b		
		F	orm 99	0 (2022)
orm 990 (2022)				
Additional Data		Retur	n to Fo	rm
Software ID:				
Software Version: form 990, Special Condition Description:				
Special Condition Description				

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ObjectId: 202322849349301737 - Submission: 2023-10-11

TIN: 55-0721553

SCHEDULE A (Form 990)

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Inspection Name of the organization **Employer identification number** PHILANTHROPY WEST VIRGINIA INC

							55-0721553		
	rt I	Reason for Public					See instructions.		
The c	rganiz	ation is not a private four	ndation because	e it is: (For lines 1 thro	ugh 12, check	only one box.)			
1		A church, convention of	churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in sectio i	n 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 operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	ernmental unit descril	oed in section	
6		A federal, state, or local	government or	governmental unit de	scribed in sect	ion 170(b)(1)(<i>A</i>	A)(v).		
7	~	An organization that not section 170(b)(1)(A)			s support from	a governmental ι	unit or from the genera	al public described in	
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricultural research non-land grant college of						ege or university or a	
10		An organization that not from activities related to investment income and 30, 1975. See section 9	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross	
11		An organization organize	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).		
12		An organization organizemore publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its	supported organi	zation(s), typically by		
b		Type II. A supporting of management of the sup must complete Part I	rganization sup porting organiz	ervised or controlled in ation vested in the sar					
С		Type III functionally supported organization(integrated. A s	supporting organizatio	n operated in co	onnection with, a	nd functionally integra	ted with, its	
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	d. A supporting organing generally must satis	zation operated fy a distribution	d in connection win requirement and	th its supported organ		
e		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determir	ation from the		pe I, Type II, Type III	functionally	
f	Enter	the number of supported	dorganizations				<u> </u>		
g		de the following informati		pported organization(
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tota		work Reduction Act No	ica sac the T	netructions for	Cat. No. 1128	255	Schodula	 A (Form 990) 2022	
		or 990-EZ.	lice, see the I	istructions for	Cat. No. 1126	551	Schedule	A (FOIIII 990) 2022	
				Pa	ge 2 ———				
Sche	dule A	(Form 990) 2022						Page 2	
	rt II	· · · · · · · · · · · · · · · · · · ·	for Organia	zations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(1		

(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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

10/18/	24, 2:46 PM	Philantl	nropy West Virgin	a Inc - Full Filing	g- Nonprofit Explor	er - ProPublica			
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons 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								
С	13 for the year. Add lines 7a and 7b		1						
8	Public support. (Subtract line 7c								
Se	rom line 6.) ction B. Total Support								
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
(or 1	fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(1)	TOLAI	
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,								
С	1975. Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
12	whether or not the business is regularly carried on. Other income. Do not include gain or		-		_				
12	loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	=					_		neck
	this box and stop here ction C. Computation of Public								- U
15	Public support percentage for 2022 (lin			, column (f)) .		15			
16	Public support percentage from 2021 S	Schedule A, Part	III, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20	• ,	` '						
18	Investment income percentage from 2 33 1/3% support tests-2022. If the					18 han 33 1/2% and	line 17	ic not	
19a	more than 33 1/3%, check this box and							_	
b	33 1/3% support tests—2021. If the	e organization di	d not check a box	on line 14 or lin	ie 19a, and line 10	6 is more than 33	1/3 % ar	nd line	18 is
	not more than 33 1/3%, check this box								
20	Private foundation. If the organizati	on did not check	a box on line 14,	19a, or 19b, ch	eck this box and s				
						Schedule A	(Form	າ 990)	2022
			Page 4						
			Page 4						
C - l	dula A (Farra 000) 2022								_
	dule A (Form 990) 2022							Р	age 4
Par	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 ections A and C. I	If you checked bo						
Se	ction A. All Supporting Organiz		•						
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the sidescribe the designation. If historic an	upported organiz	ations are design	ated. If designat					
2	Did the organization have any support	ed organization t	that does not hav	a an IRS determ	ination of status i	ındar saction	1		
2	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).						2		
3a	Did the organization have a supported	organization de	scribed in section	501(c)(4), (5)	or (6)? <i>If "Yes." a</i>	nswer lines 3h and	-		
	3c below.	J			(-, , 55, 4		3a		
b	Did the organization confirm that each the public support tests under section determination.								
						(2)(D)	3b		
С	Did the organization ensure that all su If "Yes," explain in Part VI what conti					(2)(B) purposes?	L_		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
_	supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
Ea	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines Eh.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	Ju		
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
0	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
b	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	100		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	Page 5			
	Tage 3			
Sche	dule A (Form 990) 2022		F	Page 5
Pai	t IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
		11a		
b	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b 11c		
С	VI.	110		
Se	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"		res	NO
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
Se	ection C. Type II Supporting Organizations		V-	l
1	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors as trustees of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	the contract of the contract o	-		•

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

-	Section D. All Type III Supporting Organizations					
	Cection D. Air Type 111 Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durir Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the		100	
	documents in effect on the date of notification, to the extent not previously provided?					
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the						
	organization maintained a close and continuous working relationship with the supporte	ea orga	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization.	tion's i	ncome or assets at all times	3		
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	u orga	nızations piayeti in this regarti.	3		
	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete	e line :	3 below.			
	c The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th	Part \	/I identify those supported now the organization was			-
	substantially all of its activities.	ar 1		2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in to	' expla	in in Part VI the reasons for			
	organization's involvement.	nese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, o	lirectors, or trustees of each of	3a		
	b Did the organization exercise a substantial degree of direction over the policies, progra	ams aı	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule A	(Forn	1 990)	2022
	D (
	Page 6 ————					
~ .	L L A (F					
	edule A (Form 990) 2022				P	age 6
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization.		nust complete Sections A throu	gh E.		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curi opti	ent Yea onal)	r
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	7 Other expenses (see instructions) 7					
8		8				
	Section B - Minimum Asset Amount	·	(A) Prior Year		ent Yea	r
1				(opti	onal)	
	tax year or assets held for part of year): a Average monthly value of securities	1 1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors (explain in detail in Part VI):					

			•
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting organization (see
			Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, ir excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

	Softwar	- TD-		
Additional Data				Return to Form
				Schedule A (Form 990) 20
Return Reference		Expla	anation	
	Facts And Ci	rcumstances Test		
Section A, lines 1, 2, 3b, 3c, Part IV. Section D, lines 2 and	 Provide the explanations rec 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, d 3; Part IV, Section E, lines 10 and Part V, Section E, lines 2, 	11b, and 11c; Part I\ 2, 2a, 2b, 3a and 3b; I	/, Section B, lines 1 and Part V, line 1: Part V, Se	2; Part IV, Section C, line 1; ection B, line 1e; Part V
nedule A (Form 990) 2022			40.0.44	Pag
	Р	age 8 ————		Schedule A (Form 990) (20
Excess from 2022				2-bdl A (F 000) (22
Excess from 2021				
Excess from 2019				
Excess from 2018				
Breakdown of line 7:				
Excess distributions carryover to 2 3j and 4c.				
Remaining underdistributions for 2022. lines 3h and 4b from line 1. If the am than zero, explain in Part VI . See ins	ount is greater			
Remaining underdistributions for years 2022, if any. Subtract lines 3g and 4a If the amount is greater than zero, ex See instructions.	from line 2.			***
	rom line 4.			

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Schedule B	Scl	hedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		tach to Form 990, 990-EZ, or 990-PF. w.irs.gov/Form990 for the latest information.		2022
Name of the organization PHILANTHROPY WEST VIRGIN	IA INC		Employer i	dentification number
Organization type (check o	ne):		55-0721553	<u>; </u>
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter num	nber) organization		
	☐ 4947(a)(1) nonexemp	ot charitable trust not treated as a private fou	ındation	
	☐ 527 political organiza	ition		
Form 990-PF	☐ 501(c)(3) exempt priv	vate foundation		
	☐ 4947(a)(1) nonexemp	ot charitable trust treated as a private founda	tion	
	501(c)(3) taxable priv	rate foundation		
under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the limit of during the year, conting the year, conting the year, conting this box is checked purpose. Don't comp	a)(1) and 170(b)(1)(A)(vi), the contributor, during the yean, or (ii) Form 990-EZ, line 1 described in section 501(c)(contributions of more than sprevention of cruelty to child described in section 501(c)(cributions exclusively for religit, enter here the total contributed any of the parts unless	3) filing Form 990 or 990-EZ that met the 33¹ at checked Schedule A (Form 990 or 990-EZ ar, total contributions of the greater of (1) \$5, . Complete Parts I and II. 7), (8), or (10) filing Form 990 or 990-EZ that \$1,000 exclusively for religious, charitable, so Iren or animals. Complete Parts I, II, and III. 7), (8), or (10) filing Form 990 or 990-EZ that gious, charitable, etc., purposes, but no such putions that were received during the year for the General Rule applies to this organizatio 5,000 or more during the year	Z), Part II, line 13, 000 or (2) 2% of a received from an cientific, literary, of a received from an contributions total an exclusively ren because it received it received to because it received.	ny one contributor, aled more than \$1,000. eligious, charitable, etc., eived nonexclusively
Caution: An organization th 990-EZ, or 990-PF), but it m	at isn't covered by the Gene ust answer "No" on Part IV, line 2, to certify that it does	eral Rule and/or the Special Rules doesn't file line 2, of its Form 990; or check the box on I in't meet the filing requirements of Schedule	e Schedule B (Fol line H of its Form B (Form 990,	rm 990,
for Form 990, 990-EZ, or 990-PF.		Cat. NO. 50015X	30	
		Page 2 ———————————————————————————————————		
Schedule B (Form 990) (202	22)		Page 2	

Name of organization

Employer identification number

JJ-0/21JJJ

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		¢ DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		<u>_</u>	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule B	(Form 990) (2022)		Page 3
Name of org	anization	Employer identification	
PHILANTHRO	PPY WEST VIRGINIA INC	55-0721553	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

-				\$
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				<u> </u>
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			-	<u> </u>
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			<u>\$</u>	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
-				<u> </u>
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-				<u> </u>
Schedule	B (Form 990) (2022)	Page 4		Page 4
Name of o	rganization ROPY WEST VIRGINIA INC			dentification number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) to total of exclusively religious, tructions.) \(\bigsim \)	through (e) and the follo	7), (8), or (10) that total more wing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-	Transferacio namo addresa and	(e) Transfer of gift		or to transferoe
	Transferee's name, address, and	<u></u>	Relationship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transfer	or to transferee
(a)	/h) Purnose of aift	(c) Use of aift	(d) Dec	ecrintion of how aift is hold

		hilanthropy W	/est Virginia Inc - Full Filing- Non _l	
Part I	(a) i dipoco oi giit		(0) 000 01 9.11	(a) Soconphon on now girt to now
-		.		-
			(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP 4		nship of transferor to transferee
(a)	(b) Dumpers of sift		- -	(d) December of how wift is held
o. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
_			(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relatio	nship of transferor to transferee
	Transferee's name, address, a	nd ZIP 4		nship of transferor to transferee
	Transferee's name, address, a	nd ZIP 4		
	Transferee's name, address, a	nd ZIP 4		
	Transferee's name, address, a	nd ZIP 4		nship of transferor to transferee Schedule B (Form 990) (20

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TIN: 55-0721553

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Interna	I Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the lat			nspection
	me of the organ			Emplo	oyer identificatio	n number
PHI	LANTIROPT WEST	VIRGINIA INC		55-072	21553	
Pa	rt I Organ	izations Maintaining Donor Advis	sed Funds or Other Similar I	Funds or Acco	unts.	
	Comple	ete if the organization answered "Ye				
			(a) Donor advised funds	(I	b) Funds and othe	r accounts
1		end of year				
2		e of contributions to (during year)				
3		e of grants from (during year)				
4		e at end of year				
5		ration inform all donors and donor advisor or advisor or operty, subject to the organization's except the control of the contr				Yes No
6	charitable purp	ation inform all grantees, donors, and do oses and not for the benefit of the donor?	or donor advisor, or for any other p	ourpose conferring	only for g impermissible) , , , ,
Pa	•	rvation Easements.				J Yes □ No
Pal		ete if the organization answered "Ye:	s" on Form 990, Part IV, line 7.			
1		onservation easements held by the organ				
	Preservati	ion of land for public use (e.g., recreation	or education)	ion of an historica	ally important land	l area
	Protection	of natural habitat	Preservat	ion of a certified l	historic structure	
		ion of open space				
2		2a through 2d if the organization held a	qualified conservation contribution	in the form of a c	onservation	
-		ne last day of the tax year.	qualifica conscivation contribution		Held at the End	of the Year
а	Total number of	conservation easements		2a		
b	Total acreage re	estricted by conservation easements		2b		
С	Number of cons	servation easements on a certified historic	structure included in (a)	. 2c		
d		servation easements included in (c) acquire listed in the National Register	red after July 25, 2006, and not on	a 2d		
3	Number of constax year ▶	servation easements modified, transferre	d, released, extinguished, or termir	nated by the orga	nization during the	2
4	Number of stat	es where property subject to conservatio	n easement is located 🕨			
5	Does the organ	ization have a written policy regarding th	e periodic monitoring, inspection, h	nandling of violati	ons,	
	and enforceme	nt of the conservation easements it holds	:?		☐ Yes	☐ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and en	forcing conservati	ion easements dur	ing the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcin	ng conservation ea	asements during th	ne year
8		servation easement reported on line $2(d)$ $O(h)(4)(B)(ii)$?			(B)(i)	□ No
9	balance sheet,	scribe how the organization reports const and include, if applicable, the text of the n's accounting for conservation easement	footnote to the organization's finan		ement, and	
Par	Comple	izations Maintaining Collections ete if the organization answered "Ye:	s" on Form 990, Part IV, line 8.			
1a	historical treasu	tion elected, as permitted under FASB AS ures, or other similar assets held for publ ext of the footnote to its financial stateme	ic exhibition, education, or research			
b	historical treas	tion elected, as permitted under FASB AS ures, or other similar assets held for publ nts relating to these items:				
(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$	
(i	i)Assets included	d in Form 990, Part X			> \$	
2	If the organizat	tion received or held works of art, historionts required to be reported under FASB A	cal treasures, or other similar asset			
а	Revenue includ	ed on Form 990, Part VIII, line 1			> \$	
b	Assets included	l in Form 990, Part X			▶ \$	
For I		uction Act Notice, see the Instruction				Form 990) 2022

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at public chebition d Loan or exchange programs	Sched	dule D	(Form 990) 2022											Page 2
## Public exhibition d	Part	III	Organizations Mai	ntaining Col	lections o	of Art, His	torical T	reasur	res, or	Other	Similar /	Assets (c	ontinued))
Scholarly research Scholarly research	3			sition, accessior	n, and other	records, ch	eck any of	f the foll	owing t	hat are a	significant	use of its	collection	1
Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII	а		Public exhibition				d	Loan c	or excha	ange prog	grams			
Prevented for for future generations of trothure generations of secretary process in Pract XIII. Provide a description of 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?	b		Scholarly research				e _	Other						
Part IV Complete if the organization of February (and 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?. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21. Is Its drag randation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21. Is It organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Illine 21. Is If "Yes," explain the arrangement in Fart XIII and complete the following table: Additions during the year. Is Beginning the year. Is Ecrow during the year. Is Ecrow and Custodian during the year. Is Evaluated the organization include an amount on Form 990, Part X, Illine 21, for escrow or custodial account liability? \ Yes \ No Is If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, Illine 10. Is Beginning of year balance. Other expenditures for facilities and programs. Is Bed of year balance. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ Ferm endowment Funds not in the possession of the organization that are held and administered for the organizations. Complete if the organizations. In Part XIII the intended uses of the organization on Schedule R? Administrative expenses Board designated or quasi-endowment Punds. Complete if the organizations (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) Describe in Part XIII the intended uses of the organization flower or other basis (other) (c) Accumulated depreciation (d) Book value (e) Other I	С		Preservation for future of	generations										
Part IV Excrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X	4			ganization's coll	lections and	l explain ho	w they furt	her the	organiz	ation's e	xempt purp	ose in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. In a site organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5											☐ Yes	. 🗆	No
included on Form 990, Part X?	Par	t IV	Complete if the orga			" on Form	990, Part	IV, line	e 9, or	reporte	d an amo	unt on Fo	orm 990,	Part X,
Beginning balance	1a											☐ Yes	.	No
d Additions during the year	b	If "Ye	s," explain the arrangem	nent in Part XIII	and comple	ete the follo	wing table:	:	Ī			Amount		
Distributions during the year Ie	С	Begin	ning balance						Ī	1c				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additi	ons during the year						. [1d				_
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distril	outions during the year .						. [1e				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	f	Endin	g balance						. [1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Capture (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four years (in years) (2a	Did th	e organization include a	n amount on Fo	rm 990, Pai	rt X, line 21	for escro	w or cus	todial a	ccount li	ability?		s 🗆	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Capture (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four years (in years) (b	If "Ye	s," explain the arrangem	ent in Part XIII.	Check here	e if the expl	anation ha	s been p	rovided	d in Part	XIII	. \square		
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four ye			Endowment Funds	5.										
Beginning of year balance			Complete if the orga	anization answ							I	1		
b Contributions	1a i	Reginn	ng of year halance		(a) Currer	nt year	(b) Prior ye	ar (c) Iwo ye	ears back	(a) Three y	ears back	(e) Four ye	ears back
c Net investment earnings, gains, and losses d Grants or scholarships		_												
d Grants or scholarships				and losses										
e Other expenditures for facilities and programs														
and programs			·											
per End of year balance														
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f /	Admini	strative expenses											
a Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on 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: (i) Unrelated organizations	g l	End of	year balance											
b Permanent endowment ► c Term endowment ► The percentages on 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: (i) Unrelated organizations	2		·	•	ent year end	l balance (li	ne 1g, colu	ımn (a))) held as	s:				
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	a h		•											
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	_		endowment b											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	٠				ld equal 100	0%.								
(i) Unrelated organizations	За			ot in the posses	sion of the	organizatior	that are h	neld and	admini	stered fo	r the			
(ii) Related organizations		-	,									T_		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?			-									<u> </u>	` '	<u> </u>
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value tal. Land b Buildings c Leasehold improvements d Equipment e Other c Other d Equipment 1 e Other d Equipment 1 e Other	b		-				• • Schedule F						` '	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Book value (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value (f) Accumulated depreciation (d) Book value (f) Accumulated depreciation (d) Book value (f) Accumulated depreciation (d) Book value	4		. ,,	-		•							_	
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Book value (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	t VI	Land, Buildings, a	nd Equipmer	nt.									
(investment) 1a Land														
b Buildings c Leasehold improvements d Equipment e Other Cotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0		Descri	ption of property			(b) Cost or	other basis ((other)	(c) Accı	umulated (depreciation	(0	l) Book val	ue
c Leasehold improvements d Equipment e Other Cotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0	1a	Land												
d Equipment e Other otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	b i	Buildin	gs											
e Other	c l	Leaseh	old improvements											
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	d i	Equipm	ent											
	_									· <u> </u>				
Schedule D (Form 990) 2022	Γotal	I. Add	ines 1a through 1e. (Col	lumn (d) must e	equal Form !	990, Part X,	column (E	3), line 1	0(c).)					

Complete if the organization answered "Yes" on Form 990,	Part IV,	line 11b.See For	<u>m 990, Part X</u>	, line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of vocar	aluation:
1) Financial derivatives				
2) Closely-held equity interests				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
н)				
	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	ine 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value		nod of valuation: of-year market valu
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ne 11d. See For	m 990, Part X	
(a) Description				(b) Book valu
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
			le.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				l

8/24, 2:46 PM Philanthropy West Virg	ginia Inc - Full Filing- Nonprofit Expl	orer - ProPublica	a
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	
Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's financial	statements that	reports the
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Che	eck here if the text of the footnote h	as been provide	d in Part XIII
		Schedule D	(Form 990) 2022
Page 4	1 ————		
nedule D (Form 990) 2022			Page 4
art XI Reconciliation of Revenue per Audited Financial S		Return.	<u> </u>
Complete if the organization answered 'Yes' on Form 99			
Total revenue, gains, and other support per audited financial statement	· · · · · · · · · · · · · · · · · · ·	1	352,956
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 25 1		
Net unrealized gains (losses) on investments	2a 2b		
b Donated services and use of facilities	26		
c Recoveries of prior year grants	. 20 2d	_	
e Add lines 2a through 2d	Zu	2e	0
Subtract line 2e from line 1		3	352,956
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			332/330
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	0
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ine 12.)	5	352,956
art XII Reconciliation of Expenses per Audited Financial S		er Return.	
Complete if the organization answered 'Yes' on Form 99 Total expenses and losses per audited financial statements		1	205.745
Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	395,745
a Donated services and use of facilities	. 2a		
Prior year adjustments	2b		
Other losses	. 2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0
Subtract line 2e from line 1		3	395,745
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a		
b Other (Describe in Part XIII.)	4b		
b other (bescribe in rare XIII.)		4c	0
Add lines 4a and 4b			395,745
· · · · · · · · · · · · · · · · · · ·	line 18.)	5	393,743
Add lines 4a and 4b	line 18.)	5	393,743
Add lines 4a and 4b	1a and 4; Part IV, lines 1b and 2b; F		<u> </u>
Add lines 4a and 4b	1a and 4; Part IV, lines 1b and 2b; F	Part V, line 4; Par	<u>, , , , , , , , , , , , , , , , , , , </u>

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SCHEDULE O (Form 990)

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.

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

2022

Open to Public Inspection

Name of the organization PHILANTHROPY WEST VIRGINIA INC **Employer identification number**

55-0721553

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EVERY BOARD OF DIRECTORS MEETING, THE PRESIDENT & CEO INQUIRIES THOSE IN ATTENDANCE IF ANY HAS A CONFLICT OF INTEREST TO STATE IT AND RECUSE THEMSELVES FROM VOTING.
FORM 990, PART VI, SECTION B, LINE 15	EMPLOYEES ARE CONTRACTED THROUGH AN EMPLOYMENT SERVICE WHO HANDLES ALL PAYROLL AND RELATED TAX ISSUES. ANNUALLY, THE BOARD OF TRUSTEES CONDUCTS AN EVALUATION OF THE EXECUTIVE DIRECTOR AND MAKES INQUIRIES OF THE EMPLOYMENT FIRM REGARDING COMPENSATION OF INDIVIDUALS WITH SIMILAR POSITIONS. SALARIES OF KEY EMPLOYEES ARE DETERMINDED BASED UPON THE INFORMATION PROVIDED TO THE TRUSTEES BY THE EMPLOYMENT FIRM AND FALL WITHIN THE AVERAGES OF EMPLOYEES IN SIMILAR POSITIONS. IN 2022 PAUL DAUGHERTY, PRESIDENT AND CEO'S SALARY WAS \$58,011. IN 2022 JENNIE SMITH-PEERS, PRESIDENT AND CEO'S SALARY WAS \$21,108.
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS FORM 990 AND FORM 1023 AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONTRACTED EMPLOYEES : PROGRAM SERVICE EXPENSES 216,321. MANAGEMENT AND GENERAL EXPENSES 51,940. FUNDRAISING EXPENSES 12,985. TOTAL EXPENSES 281,246.

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

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Schedule O (Form 990) 2022

Additional Data

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