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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2008 ca	alendar yea	r, or tax year beginning 11-01-2008	and ending 10-31-200	9	1 p. c							
		pplicable	Please	C Name of organization THE WEST VIRGINIA HUMANITIES COUN	CIL INC		. ,	ntification number						
	Iress ch	_	use IRS label or		55-0553594 E Telephone number									
	me chai		print or type. See				(304) 346-8	3500						
	ıal retui		Specific Instruc-	Number and street (or P O box if mail is 1310 KANAWHA BOULEVARD EAST	s not delivered to street addre	ess) Room/suite	G Gross receipt							
	mınatıo		tions.	1310 KANAWITA BOOLLVARD LAST										
Am	ended i	return		City or town, state or country, and ZIP + CHARLESTON, WV 25301	+ 4									
App	olication	pending		01111KEE31011, WV 23301										
				ne and address of Principal Officer		H(a) Is th	s a group return	for						
			ken sul 1310 k	lıvan anawha boulevard east		affilia	ites?	ΓYes Γ Nο						
				ton, WV 25311	H(b) Are al	II affiliates include	ed?							
I Ta	x-exem	pt status	▽ 501(c)	(3) ◀ (insert no)	5 27	1 ' '		See instructions)						
J W	eb sit	e: 🕨 ww	w wvhuman	ities org		H(c) Grou	ıp Exemption Nu	mber 🟲						
V T	6		<u> </u>	on trust association other ►		I V		Chata of Land demands						
ктур	e or org	janization	♥ Corporat	ion trust association other F		L Year or Fo	ormation 1974 M WV	State of legal domicile /						
Pa	rt I	Sum	mary											
			•	e organization's mission or most sig	nificant activities									
æ		to enco	urage the d	levelopment and promotion of the hu	umanities in west virgini	a								
€														
Governance	,	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets												
6			•		24									
			-	nembers of the governing body (Par Ident voting members of the governi				24						
Activities &				nployees (Part V , line 2a)	_	8								
Ĕ				lunteers (estimate if necessary)	6	0								
্ব				ted business revenue from Part VII			7a	0						
	1			ness taxable income from Form 990			- 7b	0						
						Pric	or Year	Current Year						
_	8	Contri	butions and	d grants (Part VIII, line 1h)			1,243,564	1,243,421						
a B	9	Progra	am service	revenue (Part VIII, line 2g)	•	35,311	75,449							
Revenue	10	Invest	tment incor	ne (Part VIII, column (A), lines 3, 4		8,072	7,499							
ш	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8d			0							
	12	Total (12)	revenue—a	dd lines 8 through 11 (must equal P	ne	1,286,947	1,326,369							
	13		and simila	ar amounts paid (Part IX, column (A), lines 1-3)		366,666	327,151						
	14			or for members (Part IX, column (A),			,	0						
	15	Saları	es, other co	ompensation, employee benefits (Pa		_								
Expenses		10)			468,519	529,646								
₹	16a	Profes	sional fund	raising fees (Part IX, column (A), lii		0								
ठ	Ь	-		penses, Part IX, column (D), line 25 $\frac{147,00}{1}$										
	17			(Part IX, column (A), lines 11a-11c			401,716	575,152						
	18			add lines 13-17 (must equal Part I			1,236,901	1,431,949						
br ⇔	19	Keven	ue iess exp	penses Subtract line 18 from line 1	۷	D!	50,046	-105,580						
តំ ភូមិ	30	T	Danit /D	et V line 16\		Beginn	ing of Year	End of Year						
3.4 B.99.	20			t X, line 16)			1,623,245	1,576,732						
Net Assets or Fund Balances	21		·	Part X, line 26)	no 30		1 023 103	630,240						
	22 11 III		ature Blo	d balances Subtract line 21 from li	ne 20		1,023,192	946,492						
-				equry, I declare that I have examined this re	eturn, including accompanying	schedules and s	statements, and to t	he best of my knowledge						
				correct, and complete Declaration of prepar										
Plea Sign		***** Signature of officer Date												
Here		'				Date								
			sullivan exec e or print nam											
		F ''			Date	Check If	Preparer's PTIN (See Gen Inst \						
Paid		Preparer signatur	- HODA	CE EMERY		self-	.	See Gell Hist J						
	arer's	Firm's a	me for your	S L Suttle & Stalnaker PLLC	empolyed • T									
Use (ıf self-er	ame (or yours	•			EIN 🕨							
	,	address,	and ZIP + 4	1411 Virginia Street East Suite 100	Phone no 1 /3	Phone no (304) 343-4126								
				Charleston, WV 25301				<i>,</i>						
May t	the IR:	S discus	ss this retu	rn with the preparer shown above? ((See instructions)			▼ Yes						

Part III Statement of Program Service Accomplishments (See the instructions.)

	West Virginia Humanities Council Awards Grants CONFERENCES	to others, directly fund	s CERTAIN PROJECTS, PROV	IDES BOOKS FOR SCHOOLS, ANI	CONDUCTS SEMINARS AND
2	Did the organization undertake any significant form 990 or 990-EZ?		ervices during the year	which were not listed on	✓ Yes │ No
_	If "Yes," describe these new services				
3	Did the organization cease conducting services?		t changes in how it con	ducts any program	┌Yes ┌ No
A	,				
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and revenu	ns and 4947(a)(1)	trusts are required to re	eport the amount of grants	• •
4a	(Code) (Expenses \$	428,511	ıncludıng grants of \$	327,151) (Revenue \$)
	grants program - competitive grants to provide nonprofits statewide for the development and institutes, publication and media grants, and diverse audiences and encourage discovery o	I implementation of pub fellowships the council	olic humanities programming is commited to supporting p	grant categories include major	grants, minigrants, teacher
4b	(Code) (Expenses \$ e - wv, the west virginia encyclopedia online other features e-wv will build upon the work updating of content in keeping with the hum internet connection the council expects to lai	accomplished in the pranities council mission of	eviously published print west of service, access to e-wv wi	t virginia encyclopedia while pro	viding a vehicle for the continual
4с	(Code) (Expenses \$ direct humanities projects - individual human and the WV Book Festival	277,770 Itles projects change fro	including grants of \$ om year to year Examples ii) (Revenue \$ nclude History alive, People & Mo) ountains, Museum on main Street
4d	Other program services (Describe in	Schedule O)	f¢) (Revenue \$	١
	<u> </u>				,
4e	Total program service expenses \$	948,15	, must equal Part 1X,	LITTE ZO, COIUTITA (D).	

Part IV	Checklist of	Required	Schedules
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			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? 💋	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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as 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 U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	25			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t		dors and reportable			
·	gaming (gambling) winnings to prize winners?	. ven		1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	· · · · · · · · · · · · · · · · · · ·			
ь	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	, or other financial	4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	eport o	f Foreign Bank and			
	Financial Accounts.	,	,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts	6b		
7	were not tax deductible?			- 05		
	Did the organization provide goods or services in exchange for any quid pro quo con	itrihiit	ion of \$75 or	7a		Νο
_	more?					
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	:d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		•	7-		NI -
	file Form 8282?	7d		7c		N o
u	If "Yes," indicate the number of Forms 8282 filed during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	niums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form		•	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	· ·	ction 509(a)(3)		103	
	$supporting\ organizations.$ Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the 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	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
=	facilities		ı			
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	I				
-		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 m	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				<u> </u>
	year	LZD				

Section A. Governing Body and Management

Νo

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" respor	nse to lines 2-7 below, a	nd for a "No" response	e to lines 8 or 9b below	, describe the circumstan

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 24			
ь	Enter the number of voting members that are independent 1b 24			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	_
11	Is there any officer director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does 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	
	Describe the process in Schedule O			
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Kım Duff 1310 KANAWHA BLVD EAST

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			1	(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount o compens from t organizati relate organiza	f other sation the on and ed
											1		
											\pm		
											\pm		
											+		
											-		
											+		
											+		
											+		
								>	123,88	41	0		22.606
1b 2	Total								<u>'</u>		٩		22,696
_	compensation from the organization		a) Wilo i		veu	1110	ie tilai	, φ.	oo,ooo mreportab	16			
												Yes	No
3	Did the organization list any former									sated employee			
	on line 1a? If "Yes," complete Schedu										3		No
4	For any individual listed online 1a, is organization and related organization												
	ındıvıdual			•	•	•		•			4		No
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> " <i>Yes</i>									for services	_		
	renaered to the organization 17 700	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			حر	0,00,				5		No
Se	ection B. Independent Contra	ctors											
1	Complete this table for your five high \$100,000 of compensation from the			ndep	end	ent	contra	cto	rs that received mo	re than			
	(A) (B)									(B) cription of services		(C Comper	
Description of services								S. Priori of Scryices		элгрег			

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

Form 9	t :	Statement of Revenue				Page 9
VIII			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
rants unts	1a b	Federated campaigns 1a Membership dues		Revende		312, 313, 61 311
iřts, gi ar amo	c d	Fundraising events 1c Related organizations1d				
ions, g r simila	e f	Government grants (contributions) 1e 1,090,260 All other contributions, gifts, grants, and 153,161				
Contributions, gifts, grants and other similar amounts	g	similar amounts not included above If Noncash contributions included in				
	h	lines 1a-1f \$	1,243,421			
enne	2a	ENCYCLOPEDIA/dvd SALES Business Code 900,099	75,449	75,449		
Program Serwoe Revenue	b c					
n Servi	d e					
rogran	f	All other program service revenue				
<u> </u>	g 3	Total. Add lines 2a-2f				
		other similar amounts)	7,499			7,499
	5	Royalties				
	6a b	(1) Real (11) Personal Gross Rents Less rental				
	c	expenses Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory				
	Ь	Less cost or other basis and sales expenses Gain or (loss)				
	c d	Net gain or (loss)				
ė	8a	Gross income from fundraising events (not including \$ of contributions reported on line				
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000				
Other	b c	Less direct expensesb Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000				
	b c	Less direct expensesb Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory				
	11a	Miscellaneous Revenue Business Code				
	b c					
	d e	All other revenue Total. Add lines 11a-11d				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	1,326,369	75,449	0	7,499

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	327,151	327,151		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	·			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	134,051	15,290	99,808	18,953
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	267,290	108,454		69,754
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,304	6,260	9,556	4,488
9	Other employee benefits	74,235	22,889	34,938	16,408
10	Payroll taxes	33,766	10,411	15,892	7,463
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	13,451	8,743	3,901	807
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	332,585	332,531	54	
12	Advertising and promotion				
13	Office expenses	815		815	
14	Information technology				
15	Royalties				
16	Occupancy	29,562	16,980	10,999	1,583
17	Travel	13,340	9,016	3,359	965
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	,	,	,	
19	Conferences, conventions and meetings	15,158	3,549	11,609	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,253		31,253	
23	Insurance	8,337	5,419	2,418	500
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	people & mountains	21,502	21,502		
b	book festival	20,010	20,010		
c	printing	15,815	13,127	356	2,332
d	bus tour expense	13,514			13,514
e	OTHER EXPENSES	13,131	2,581	4,109	6,441
f	All other expenses	46,679	24,244	18,634	3,801
25	Total functional expenses. Add lines 1 through 24f	1,431,949	948,157	336,783	147,009
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,	, :	

Form 990 (2008)							
Part X	Balance Sheet						

					(A) Beginning of year			3) fyear
	1	Cash—non-interest-bearing			231,347	1		134,393
	2	Savings and temporary cash investments			40,379	2		44,391
	3	Pledges and grants receivable, net			124,543	3		138,934
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sec			6			
	7	Notes and loans receivable, net		7				
	8	Inventories for sale or use			36,430	8		33,248
92	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	10a	1,461,602				
•	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	568,366	889,058	10c		893,236
	11	Investments—publicly traded securities			295,392	11		327,851
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>		12				
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	6,096	15		4,679		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,623,245	16		1,576,732
	17	Accounts payable and accrued expenses .			52,770	17		103,275
	18	Grants payable	311,169	18		296,965		
	19	Deferred revenue	236,114	19		230,000		
	20	Tax-exempt bond liabilities		20				
eS.	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u> </u>		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25	600,053	26		630,240		
—se		Organizations that follow SFAS 117, check here ▶ 🔽 and complete through 29, and lines 33 and 34.	es 27					
anc	27	Unrestricted net assets			1,023,192	27		946,492
Balance	28	Temporarily restricted net assets				28		
핕	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	comp	lete				
O.	30	Capital stock or trust principal, or current funds				30		
šet	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32		
Net	33	Total net assets or fund balances			1,023,192	33		946,492
<u>z</u>	34	Total liabilities and net assets/fund balances			1,623,245	34		1,576,732
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493125003080

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

HE V	VEST VII	RGINIA HUMAN	ITIES COUNCIL IN						055350	4		
Da	rt I	Passon	for Bublic C	harity Status (to be co	mplotod	by all or	aanizatio		-0553594 Instruct			
				ation because it is (Please					msuucu	.10115)		
1	от у атт.		•	nurches, or association of ch			•	-	'Δ)(i).			
2	, _	•		tion 170(b)(1)(A)(ii). (Attac				-, 0(5)(-)				
3	<u>'</u>					•	tion 170(l	h)(1)(Δ)(i	ii). (Attac	h Schedul	le H)	
4	<u>'</u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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	г			or the benefit of a college or	universit	v owned o	r operated	l by a dove	rnmental	unit desc	rihed in	
	'			(Complete Part II)	universit	, owned o	, operated	. by a gov	. minericar	ame acse	iibea iii	
6	Г			overnment or governmental	unit descr	ihed in Se	ction 170	(b)(1)(A)	(v).			
7	<u> </u>	-	-	ally receives a substantial p						n the aene	eral nublic	
	'	_		o)(1)(A)(vi) (Complete Pari		учрропе по	m a gove	······································		ii tiic geiic	.rar pabile	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Ē		•	ally receives (1) more than		•	•	ontributior	ıs, membe	ership fees	s, and gross	
	·	-		ated to its exempt functions					•	·		
		•		stment income and unrelate	-		•		•			
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)	•		
10	Γ	An organiz	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively for	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of	
				orted organizations describe		٠,	` '	•	, , ,	Section 5	09(a)(3). Check	
			t describes the ype I b	type of supporting organization Type II c			nes 11e t nally Integ		_		III - Other	
e	_	•		Type II c rtify that the organization is					d one or mor	' ''		
-	,	•		agers and other than one or			•			•	•	
		section 50				, .,	•				. , ,	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the			ı	
9		following pe		as the organization accepted	a any gne	01 001111111111111111111111111111111111	40111110111	uny or end	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	bove?				11g(iii)	
h		Provide the	following infori	nation about the organizatio	ns the org	janızatıon	supports					
		_		T			1		I		T	
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify		is the	(vii) A mount of	
		nization		above or IRC section	_	listed in		nızatıon i) of your		ation in organized	support?	
	•			(See Instructions))		verning		ort?		บ [ั] ร ?		
					docur	ment?					1	
					Yes	No	Yes	No	Yes	No		
										1		
										1		
					103	110	163	110	163	140		
						İ	1	1		İ		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box or	<u>n lıne 5, 7, or</u>	8 of Part I.)				
Pι	ublic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	1,185,155	1,319,539	1,114,669	1,243,564		1,243,421	6,106,348
_	include any "unusual grants ") Tax revenues levied for the organization's						-	
2	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	1,185,155	1,319,539	1,114,669	1,243,564		1,243,421	6,106,348
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
Ü	4							6,106,348
Te	otal Support	•		'				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,185,155	3,964	1,114,669	1,243,564		1,243,421	6,106,348
8	Gross income from interest, dividends,							
_	payments received on securities loans,	3,958	3,964	11,130	8,072		7,499	34,623
	rents, royalties and income from similar	3,330	3,304	11,150	0,072		7,455	34,023
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
10	regularly carried on Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							6,140,971
12	Gross receipts from related activities, etc	(See instruction	s)	•	•	12	•	502,335
13	First Five Years. If the Form 990 is for the	organization's fir	st second third	l fourth or fifth	tay vear as a 50		31	,
	organization, check this box and stop here	organization 5 m	st, second, time	a, rouren, or men	tax year as a s	0 = (0)(▶ ┌
								,
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.440 %
15	Public Support Percentage for 2007 Sched	ule A. Part IV-A	line 26f			15		99.530 %
					1/20/		*h.a h.a	99.330 70
10a	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as		•		1/3% of filore,	CHECK	tills box	▶ ▽
ь	33 1/3% Test - 2007. If the organization did		-		5 is 3.3 1/3% oi	r more	. check thi	•
_	box and stop here. The organization qualified						,	▶□
17a	10% Facts and Circumstances Test - 2008.	·			3, 16a, or 16b a	nd line	e 14 is 10	% or
	more, and if the organization meets the "fac							w the
	organization meets the "facts and circumst		-	•		_		► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
18	the organization meets the "facts and circu Private Foundation. If the organization did							► □
10	instructions	not check the DO	, v on time 13, 10	а, тор, т/а ог.	I / D, CHECK HIIS	ום צטע	iu see	▶ □
								-,

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization E WEST VIRGINIA HUMANITIES COUNCIL INC		Employer identification number
	THEST VINGINATITIES COOKEE INC		55-0553594
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly land area
			_
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	lfied conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement:	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, viola	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's financial	·
Par	t III Organizations Maintaining Collectio Complete If the organization answered "	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,

- provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Assets included in Form 990, Part X

Cat No 52283D

- \$

a T T T T T T T T T	sing the organization's accession and other records, cems (check all that apply) Public exhibition	heck any of th	ne fol	lowing that are	a significant us	se of its collection	1	
ь Г с Г 4 Рг	Public exhibition	d						
4 Pr	_		ļ	Loan or exch	ange programs			
4 Pr	Scholarly research	e	Γ	Other				
	Preservation for future generations							
Pε	rovide a description of the organization's collections a art XIV	ınd explaın hov	w the	y further the or	rganızatıon's ex	empt purpose in		
	uring the year, did the organization solicit or receive dissets to be sold to raise funds rather than to be maint						Yes	┌ No
Part I	Trust, Escrow and Custodial Arranger Part IV, line 9, or reported an amount on l				nızatıon answe	ered "Yes" to Fo	rm 9	90,
	the organization an agent, trustee, custodian or othe cluded on Form 990, Part X?	r intermediary	for c	ontributions oi	rotherassets n		Yes	┌ No
b If	"Yes," explain why in Part XIV and complete the follo	wing table						
						A mou	nt	
_	eginning balance				1c			
	dditions during the year				1d			
_	istributions during the year				1e			
	nding balance				1f			
	ld the organization include an amount on Form 990, P	art X, line 21?				ı	Yes	No
	"Yes," explain the arrangement in Part XIV							
Part \	V Endowment Funds. Complete if the orga (a)Currer)Prior			TIV, line 10. Three Years Back (e	\Eaur V	oars Back
1- P.		it real (b	PHOL	real (C)IWO	rears back (u)	illee feats back (e)roui 10	zais back
	eginning of year balance							
	ontributions							
	rants or scholarships							
	ther expenditures for facilities							
	nd programs							
f A	dministrative expenses							
g Er	nd of year balance							
2 Pr	rovide the estimated percentage of the year end balan	ice held as						
a Bo	oard designated or quasi-endowment 🕨							
b Pe	ermanent endowment 🕨							
	erm endowment 🕨							
	re there endowment funds not in the possession of the	organization	thata	are held and ac	Iministered for t	:he		
	ganization by						Yes	No
(i)) unrelated organizations					3a(i)		
-	i) related organizations					3a(ii)		<u> </u>
	"Yes" to 3a(II), are the related organizations listed as	•				3b		<u></u>
	escribe in Part XIV the intended uses of the organizat							
Part \	Investments—Land, Buildings, and Eq	uipment. S		•	1			
	Description of investment			Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a Lar	nd				116,000			116,000
b Bui	ldings				844,325	151,792		692,533
c Lea	asehold improvements		L					
d Ear	uipment				463,735	399,686		64,049
	ner				37,542	16,888		20,654
·					0.70.2	10,000		

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Part	XI Reconciliation of Cl	hange in Net Assets from Forn	n 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	1,326,369
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	1,431,949
3	Excess or (deficit) for the year	3	-105,580				
4	Net unrealized gains (losses) or		4	28,880			
5	Donated services and use of fac	5					
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	28,880
10	-	per financial statements Combine lines	s 3 ar	nd 9		10	-76,700
Part		evenue per Audited Financial			ts With Revenue p	er R	<u> </u>
1	Total revenue, gains, and othe	-					1,355,249
	statements					1	
2		t not on Form 990, Part VIII, line 12		ı 1			
a	Net unrealized gains on invest		•	2a	28,880		
b	Donated services and use of fa			2b			
с	Recoveries of prior year grants		•	2c			
d	Other (Describe in Part XIV)		•	2d		_	
e	Add lines 2a through 2d .					2e	28,880
3	Subtract line 2e from line 1.		•			3	1,326,369
4		0, Part VIII, line 12, but not on line 1		الما			
a		uded on Form 990, Part VIII, line 7b	•	4a			
b	Other (Describe in Part XIV)		l	4b		4.	0
с 5	Add lines 4a and 4b	d 4c. (This should equal Form 990, Pari	• • 7 1			4c 5	1 226 260
		kpenses per Audited Financial					1,326,369 Return
1		audited financial statements				1	1,431,949
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acilities		2a			
b	Prior year adjustments			2b		1	
c	Losses reported on Form 990,	Part IX, line 25		2c			
d	Other (Describe in Part XIV)			2d]	
e	Add lines 2a through 2d					2e	0
3	Subtract line $2e$ from line 1 .					3	1,431,949
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)		•	4b			
c	Add lines 4a and 4b					4c	0
5		nd 4c. (This should equal Form 990, Pa	rt I , lı	ne 18)		5	1,431,949
Part	XIV Supplemental Inf	ormation					
		criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

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OMB No 1545-0047

DLN: 93493125003080

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

Name of the organization						Employer identif	ication number
THE WEST VIRGINIA HUMAN	ITIES COUNCIL	INC				55-0553594	
Part I General Infor	mation on Gra	nts and Assistance	е			<u> </u>	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gra	nts or assistance?					▼ Yes □ I
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the original of ginal origin	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	'•'	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							53
organizations					•		

	,						
Part III	Grants and Othe	r Assistance to Individ	luals in the United States.	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional sp	pace is needed.	_			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 the regrantee is reguired to submit interim financial reports along with each cash request these financial reports are compared to the original budget report on file with the council the interim financial reports are utilized for monitoring the regrantees performance with the regrantee contract during the final cash closeout payment, a final financial report is submitted to the council for approval if the council notes any discrepancies in the financial reports, follow-up action is conducted by the council

Software ID: Software Version:

EIN: 55-0553594

Name: THE WEST VIRGINIA HUMANITIES COUNCIL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
appalshop inc91 madison ave whitesburg,KY 41858			19,400				the electricity fairy
wvu research corppo box 6845 chestnut morgantown, WV 26505			17,400				oral history of WV's black veterans
council for wv archaeologypo box 1596 huntington, WV 25701			17,405				facilitator training
wv public radio600 capitol street charleston, WV 25301			20,000				black experience revisited
rubicon productions7106 charles spring way baltimore, MD 21204			20,000				storer college
cityfolk126 n main dayton,OH 45402			10,000				life and music of charlie poole
wvu foundationone waterfront place morgantown, WV 26507			20,000				frank kearns
perugia presspo box 60364 florence, MA 01062			9,900				kettle bottom project
mu research corp401 11th st huntington, WV 25701			10,712				the glenwood project
wv music hall of fame1427 lee st east charleston, WV 25301			13,548				art of wv music

Form 990,Schedule I, I	Part II, Gra	nts and Other /	Assistance to Go	vernments and (Organizations ir	ı the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of	(h) Purpose of grant
wv wesleyan college59 college ave buchannon, WV 26201			17,225				mining our history
mıdland trail scenic highway237 capitol street charleston, WV 25301			20,000				share our heritage
fort ashby chapter nsdar hc 86 box 48c-1 springfield, WV 26773			20,000				fort ashby investigations
wvu research corp888 chestnut ridge road morgantown, WV 26506			17,050				a historic atlas of wv
ft seybert heritage ed assnpo box 321 frnaklin, WV 26807			5,478				mills of pendelton county
contemp am theathre festivalpo box 429 shepherdson, WV 25443			19,733				humanities at the festival
summers co hist landmark commission201 temple street hinton, WV 25951			14,000				militia defense project
shepherd university foundationpo box 3210 shepherdson, WV 25443			5,380				appalatian heritage wir
acff1104 morgan grover rd shepherdson, WV 25443			8,200				humanities at acff
mu research corp401 11th st huntington, WV 25701			19,968				the glenwood project phase II
							1

Form 990,Schedule I,	Part II, Gra	nts and Other	Assistance to Go	vernments and (Organizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
marshall univ libraries1 john marshall drive huntington, WV 25755			10,560				one room school oral history project
appalachian forest heritagepo box 1206 elkins, WV 26241			18,500				resilient forest research and oral history
friends of blackwater501 elizabeth street charleston, WV 25311			11,481				jr clifford school curriculum project
kanawha valley historic & preservation society179 summers street charleston,WV 25301			20,000				kanawha co textbook wars
appalachian forest heritagepo box 1206 elkins, WV 26241			19,750				the resilient forest interpretive film
pocahontas co free libraries500 eights street marlinton, WV 24954			18,086				the hammons legacy project
aurora lights200 cherry street morgantown, WV 26501			9,377				coal river website
all aid intenational612 virginia street charleston, WV 25301			5,000				black history
first presby church16 leon sullivan way charleston, WV 25301			20,000				preservation of congregational history
bluefield state college 219 rock street bluefield, WV 24701			10,399				festival of cultures

Form 990,Schedule I,	Part II, Gra	nts and Other A	ssistance to Gov	ernments and C	rganizations in	the United States	3
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
pearl buck birthplace foundroute 219 hillboro, WV 24946			16,885				appalachian music
friends of the 500th tucker copo box 422 davis, WV 26260			5,000				the land of canaan
wvu research corppo box 6845 morgantown, WV 26506			24,840				teaching the holocaust
wvu reserach corp888 chestnut ridge road morgantown, WV 26506			24,223				native culture and history
huntington museum of art 2033 mccoy road huntington, WV 25701			6,850				the 20th century in art
harpers ferry historical assnpo box 197 harpers ferry, WV 25425			12,561				john brown remembered
shepherd university foundationpo box 5000 shepherdson, WV 25443			6,590				applachian heritage wir
ka valley hist and pres soc179 summers street charleston, WV 25301			20,000				textbook wars
arthurdale heritage incpo box 850 arthurdale, WV 26520			7,213				welcome home to arthurdale
contemporary am theatre festpo box 429 shepherdson, WV 25433			7,779				humanities at the festival

Form 990,Schedule I,	Part II, Gr	ants and Other	Assistance to Go	overnments and	Organizations i	n the United Stat	tes
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
wv music hall of fame 1427 lee st east charleston, WV 25301			19,502				tamarack exibit
clay centerone clay square charleston, WV 25301	_		5,170				lost kingdom of nile
wvu research corp888 chestnut ridge road morgantown, WV 26506	_		7,993				a new machine age in applachia
aurora lights200 cherry street morgantown,WV 26501	_		19,494				journeyupcoalriver org
thanks plain and simple inc5313-f carleton ct charleston, WV 25313	_		19,360				rosie, we say "Thanksi"
wvu school of medicine dept of behavioral medicine930 chestnut ridge rd morgantown, WV 26505	_		9,000				weston state hospital documenting the human side of treatment
southern wv community college foundation incpo box 2020 mount gay, WV 25637	_		7,898				harmony 365
cabell county public library455 ninth street huntington, WV 25701	_		7,500				ohio river festival of books
summers co historic landmarks commission 201 temple street hinton, WV 25951	_		20,000				frontier forts & their role in wv settlement history
fairmont state university 1201 locust avenue fairmont, WV 26554	-		8,430				2010 mountain state storytelling institute

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
battle of lewisburg heritage commitee409 n lee street lewisburg, WV 24901			10,000				battle of lewisburg living history and reinactment	
david and elkins college 100 campus drive elkins, WV 26241	·		25,000				summer 2010 davis & elkins college india institute	
wvu research corp888 chestnut ridge road morgantown, WV 26506			24,640				art, objects, meanings & the humanities	

OMB No 1545-0047

Open to Pu<u>blic</u> Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization THE WEST VIRGINIA HUMANITIES COUNCIL INC **Employer identification number**

55-0553594

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	w est virginia, a film history is a production of the west virginia history film project and the west virginia humanities council the 2-dvd set, which runs more than six hours, tells the story of west virginia from prehistory to the recent past originally broadcast on west virginia public television, and later nationally, west virginia became a statewide best seller after its reissue on west virginia day, june 20, 2009

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section A, line 7a		ex officio directors shall be those residents of west virginia who are members of the board of directors of the national federation of state humanities council, who shall serve until the expiration of said national term appointed directors shall be five in number and shall be appointed by the governor of the state of west virginia					

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 10		the 990 return is reviewed in house and approved by the executive director copies of the 990 return are forwarded and reviewed by the finance committee the wivho's practice is to provide members of the finance committee draft copies of the form 990 before it is filed with the irsiany corrections noted or suggestions regarding any information in the 990 is taken into consideration, and changes made as appropriate prior to actual filing of the 990							

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		the organization enforces compliance with the conflict of interest policy by including it in the job description of its board members and as part of the by-laws a director or member shall absent himself from voting on any matter pertaining to granting funds for the project to which such application applies

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 15		an annual performance evaluation for all staff including executive director and officers is performed the executive director reviews all staff evaluations and submits his recommendations for salary and/or discipline to the executive committee for approval the executive committee and board approves the annual performance review and salary for the executive director						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the audited financial reports are filed with the state legislative auditor, the national endowment for the humanities and are provided on guidestar as public record governing documents, the conflict of interest policy are available to the public by written request or by appointment at the council's office location

ldentifier	Return Reference	Explanation
		the finance commitee assumes responsibility for the oversight of the audit the process has not changed since prior year

Software ID: Software Version:

EIN: 55-0553594

Name: THE WEST VIRGINIA HUMANITIES COUNCIL INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		Posit t	(C lion (d hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KEN BAILEY , director	50	Х						0	0	0
CICERO FAIN , director	50	Х						0	0	0
Hannah n Geffert , dırector	50	Х						0	0	0
KAY GOODWIN , director	50	Х						0	0	0
CHERYL HARSHMAN , director	50	Х						0	0	0
FRANCES HENSLEY , director	50	Х						0	0	0
STEPHEN m HOPTA , VICE- PRESIDENT	50	Х		х				0	0	0
DESPINA KAPOURALES , PRESIDENT	50	Х		Х				0	0	0
JOSEPH LAKER , director	50	Х						0	0	0
TIA c MCMILLAN , director	50	Х						0	0	0
JAMES ROWLEY , PRESIDENT EMERITUS	50	Х		х				0	0	0
NORMAN SHUMATE , TREASURER	50	Х		Х				0	0	0
RAYMOND W SMOCK , director	50	Х						0	0	0
ALBERT WALKER , director	50	Х						0	0	0
JULIE GURTIS , director	50	Х						0	0	0
SHARON h ROWE , director	50	Х						0	0	0
GEO RGE BRO WN , director	50	Х						0	0	0
KARL c LILLY , director	50	Х						0	0	0
ken fones-wolf , dırector	50	Х						0	0	0
marıe foster gnage , dırector	50	Х						0	0	0
krıstına olson , dırector	50	Х						0	0	0
paul papadopoulos , director	50	Х						0	0	0
elizabeth h rose , director	50	Х						0	0	0
joan stamp , director	50	Х						0	0	0
KENNETH SULLIVAN , EXECUTIVE DIRECTOR	40 00			х				84,137	0	14,173
sue vasale , fiscal officer	40 00			Χ				39,747	0	8,523
kım duff , fiscal officer	40 00			Х				0	0	0