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Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross recepts less than \$200,000 and total assets less than \$500,000

Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state proporting requires	Inspection							
A For the 2012 calendar year, or tax year beginning → The organization may have to use a copy of this return to satisfy state reporting requires A For the 2012 calendar year, or tax year beginning January 1, 2012, and ending	December 31 , 20 12							
	D Employer identification number							
West Fright Older Heritage 7 estival, inc.	55-0741069 E Telephone number							
PO Box 1614								
City or town, state or country, and ZIP + 4	(304) 624-3708 F Group Exemption							
Amended return Application pending Clarksburg, W/V 26302-1614	Number ►							
	heck if the organization is not							
	equired to attach Schedule B							
	form 990, 990-EZ, or 990-PF).							
K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization								
not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may								
the organization chooses to file a return, be sure to file a complete return.								
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,							
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ s							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructions for Part I)							
Check if the organization used Schedule O to respond to any question in this Part I								
1 Contributions, gifts, grants, and similar amounts received	1 38914.00							
2 Program service revenue including government fees and contracts	2 1413.43							
3 Membership dues and assessments	3							
4 Investment income	4							
5a Gross amount from sale of assets other than inventory 5a 64	09.70							
b Less: cost or other basis and sales expenses	90.24							
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 5219.46							
6 Gaming and fundraising events								
a Gross income from gaming (attach Schedule G if greater than	income from gaming (attach Schedule G if greater than							
ង្គី \$15,000)								
\$15,000)	1							
sum of such gross income and contributions exceeds \$15,000) 6b								
c Less: direct expenses from gaming and fundraising events 6c								
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract							
line 6c)	6d							
7a Gross sales of inventory, less returns and allowances								
b Less: cost of goods sold								
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c							
8 Other revenue (describe in Schedule O)	8							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 45546.89							
	10 2225.00							
11 Benefits paid to or for members	00 11							
12 Salaries, other compensation, and employee benefits	12 (g) 13 27187.80							
13 Professional fees and other payments to independent contractors								
Salaries, other compensation, and employee benefits								
15 Printing, publications, postage, and shipping								
17 Total expenses. Add lines 10 through 16								
19 Evene or (deficit) for the year (Cubtreet line 17 from line 0)								
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree to be a second of the column (B)) (must agree to be a second of the c								
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree to end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)	1 1							
6 LZU - Other changes in het assets or flind balances (explain in Schedille CI)								
Other changes in net assets or fund balances (explain in Schedule O)	20 4084.39							

Pai	rt II Balance Sheets (see the instruc	ctions for Part II)				
	Check if the organization used Sc	hedule O to respond to a	ny question in this	Part II	<u></u>	<u> </u>
				(A) Beginning of year	L.,	(B) End of year
22	Cash, savings, and investments			6000.69	22	4084.3
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	. . .
25	Total assets		· · · · · · .	6000.69	25	4084.3
26	Total liabilities (describe in Schedule O)		1		26	
27	Net assets or fund balances (line 27 of			6000.69	27	4084.3
Par	t III Statement of Program Service A	- · · · · · · · · · · · · · · · · · · ·		•	}	Expenses
	Check if the organization used Sc	· · · · · · · - · · · · · · · · · · 	ny question in this	Part III		quired for section
Wha	t is the organization's primary exempt purpo	ose?				(c)(3) and 501(c)(4) anizations and section
as m	cribe the organization's program service ac neasured by expenses. In a clear and com ons benefited, and other relevant informatio	icise manner, describe th			494	7(a)(1) trusts; optional others)
28						İ
	(Grants \$) If this a	mount includes foreign gr	ante chack hara		28a	
29	·				200	•
23			***************************************			
	(Grants \$) If this a	mount includes foreign gr	ants, check here	▶ □	29a	
30	,					
					ļ	
	(Grants \$) If this a	mount includes foreign gr	ants, check here .	▶ 🗆	30a	
31	Other program services (describe in Sched					
		amount includes foreign gr			31a	1
32	Total program service expenses (add line	es 28a through 31a)		🕨	32	
Par					struc	tions for Part IV)
	Check if the organization used Sc	hedule O to respond to a		- ,	<u> </u>	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
Jame	s E. Griffin					
212 J	ohnson Ave., Bridgeport, WV 26330	President, 20 hrs.		o	0	
	n A. James	Vice President, 10				
438 E	E. B. Saunders Way, Clarksburg, WV 26301	hrs.	<u> </u>	0	0	
Joy (C. Singleton		ł	1		
<u>516 E</u>	. B. Saunders Way, Clarksburg, WV 26301	Treasurer, 10 hrs		0	0	
Linda	Holyfield				ı	
<u>516 F</u>	larper St., Clarksburg, WV 26301	Secretary, 10 hrs	1	<u> </u>	0	
					_	
					1	
						
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	\vdash	1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			١,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	\vdash	✓
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			l
ь	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1.02		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► wv			
42a		304) 62		
-	Located at ► 516 E. B. Saunders Way, Clarksburg, WV ZIP + 4 ►		3714	
D	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form ₉ 9	10-EZ (2	012)						F	age 4
		•				•		Yes	No
46	Did t	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposit	ion		
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	Parti			. 46		1
Part		Section 501(c)(3) organizations						——	
· a. c		All section 501(c)(3) organizations		etione 47_49h ar	nd 52 an	d complete the	a tablas f	or lin	06
		50 and 51	s must answer que	3110113 TI -73D ai	iu oz, an	a complete the	s labics i	Or 1111	33
									_
		Check if the organization used Sch	neaule O to respond	to any question i	n this Pai	τνι	<u></u>		ᆜ
								Yes	No
47		he organization engage in lobbying				_	tax		
	year?	If "Yes," complete Schedule C, Part	t11				. 47		✓_
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedu	le E	. 48		$\lceil \checkmark \rceil$
49a		he organization make any transfers to					. 49a		1
ь		es," was the related organization a se	<u> </u>	•			. 49b		-
50		plete this table for the organization's						es an	d key
•		oyees) who each received more than							
	Citipi	- I de la company de la compan		T TOTAL TOTAL TILE OF	 	Health benefits,	-	10110.	
	(a)	Name and title of each employee	(b) Average	(c) Reportable		utions to employee	(e) Estimate	d amo	unt of
		paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS		plans, and deferred	other con		
				(4 mile 17 2 7 6 6 7 mile	~ C	ompensation			
						\neg			
			··· · · · · · · · · · · · · · · · · ·						
				•	- 1				
									
	· -			1	- [
				 					
				ļ	- [
f	Total	number of other employees paid over	er \$100,000	. ▶					
51	Com	plete this table for the organization'	s five highest compo	ensated independe	ent contra	ctors who each	received	more	than
		,000 of compensation from the orga							
	Al		d th \$100,000	(h) Timo of		(0)	Component		
(a)	name a	and address of each independent contractor par	ng more than \$100,000	(b) Type of:	Service	(6)	Compensati	Un	
				····					
				1					
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
				†					
				1		1			
							 		
				1					
				1					
d	Total	number of other independent contra	ctors each receiving	over \$100.000	.▶	•			
		he organization complete Schedule A	•	• •		247/2\/1\			
52		exempt charitable trusts must attach					► □ Yes		No
									
		s of perjury, I declare that I have examined this r nd complete Declaration of preparer (other than					iowiedge and /	i belief,	IT IS
	I					1 2/2/	In		
C:	<i>\</i>	Ou (<u> </u>		
Sign		Signature of officer				Date / /			
Here	()	Joy C. Singleton, Treasurer							
	_+	Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	_{rf} PTIN		
						self-employ			
Prep		Firm's name ▶	-1			Firm's EIN ▶			
Use	Unly	Firm's address >			_	Phone no.			
May ti	ne IRS	discuss this return with the preparer	shown above? See	instructions			Yes		No
-, ,									

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

West Virginia Black Heritage Festival, Inc. 55-0741069 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		in col. (i) listed in your the organization in		(vi) is the organization in col (i) organized in the U.S?		(vii) Amount of monetar support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total]	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 Calendar year (or fiscal year beginning in) **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 37625.00 37757.15 36795.00 40255.03 38914.00 191346.18 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 37625.00 37757.15 36795.00 40255.03 38914.00 191346.18 The portion of total contributions by person each (other than unit publicly governmental or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 191346.18 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 37625.00 37757.15 36795.00 40255.03 38914.00 191346.18 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 3626.13 4477.75 9827.62 11466.80 7823.13 37221.43 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 228567.61 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 84 % Public support percentage from 2011 Schedule A, Part II, line 14 15 15 331/2% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this \checkmark 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test -2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii tile Organization lails to quality	under the te	sis listed bei	ow, please co	implete Fart	II.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					ļ .	
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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		Į į			Ì	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		1				
	` ' '		 				
b	Amounts included on lines 2 and 3		[
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· · · · · · · · · · · · · · · · · · ·		 				
8	Add lines 7a and 7b			-			
0	line 6.)		İ				
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(b) 2003	(6) 2010	(4) 2011	(6) 2012	(i) rotai
10a	Gross income from interest, dividends,		 				
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .		•				
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975		1				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		j l				
	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						
	organization, check this box and stop her	 	· · · ·	· · · · ·	• • • •	-:-:-	· · >
	on C. Computation of Public Suppor			01 (6)		145	
15	Public support percentage for 2012 (line 8						<u>%</u>
16 Secti	Public support percentage from 2011 Schoon D. Computation of Investment Inc				<u> </u>	_ 16	<u>%</u>
<u> 17</u>				v line 12 colo	mp (fl)	1471	
17 18	Investment income percentage for 2012 (Investment income percentage from 2011			-		17	<u>%</u> %
	331/3% support tests—2012. If the organi					L: -	
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2011. If the organization					-	_
D	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization die						
20		C. 100K a	IT,	, , , , , , , , , , , , , , , , , , , ,		and occurrent	

990EZ PART 1, LINE 10

WEST VIRGINIA BLACK HERITAGE FESTIVAL, INC. 01/01/2012 - 12/31/2012

TYPE SCHOLARSHIP FUND	DATE	NUMBER	NAME	AMOUNT
CHECK	8/17/2012	1129 K	(ALILAH LASENBY	\$500.00
CHECK	8/20/2012		D'MITRI SAVOY	\$500.00
	-,,			\$1,000.00
DONATION				
CHECK	2/21/2012	1121 T	IA PRICE	\$300.00
CHECK	4/29/2012		MT ZION MISSIONARY BAPTIST CHURCH	\$100.00
CHECK	6/15/2012	1169 C	CLARKSBURG POLICE DEPARTMENT	\$100.00
CHECK	7/10/2012	1172 K	CELLY MILLER ASSOCIATION	\$25.00
CHECK	10/9/2012	1150 N	MT ZION MISSIONARY BAPTIST CHURCH	\$200.00
CHECK	10/9/2012	1152 B	BRIDGE BUILDERS	\$200.00
CHECK	11/30/2012	1155 V	VV HOSPITALITY & TRAVEL ASSN.	\$200.00
CHECK	12/12/2012	CK. CARD F	AMILIES OF SMH	\$100.00
				\$1,225.00

\$2,225.00



West Virginia Black Heritage Festival, Inc

P.O. Box 1614 Clarksburg, WV 26302-1614

www.wvblackheritagefestival.com

SUMMARY

Board of Directors

James E Griffin, President

Donan James, Vice President

Linda Holyfield, Recording Secretary
Joy C Singleton, Treasurer

David Jackson, Parliamentarian

Terri Donaldson
Joyce Griffin

Sheddrick Donaldson

Pastor Ronnie Hampton

Debbie Davis
Jo Ann James

Millie Merchant

Carolyn Pride

George Pride

Barbara Dillard

In the spring of 1990 the Kelly Miller Alumni Association began discussing fundraising ideas for the organization. This laid the groundwork for what was to become known as the West Virginia Black Heritage Festival, Inc. The first Black Heritage Festival, which was begun on September 22, 1990, was called the "Emancipation Proclamation Celebration". It officially began at 11 a.m. on Water Street (now known as E.B. Saunders Way) in Clarksburg, West Virginia. City officials were in attendance for the reading of the Proclamation. Vendors, in the early celebrations, were social clubs and other local organizations. Attendance went far beyond expectation and after three very successful years, the event had outgrown its parent organization and it was decided that it should branch out on its own; thus began the West Virginia Black Heritage Festival.

The West Virginia Black Heritage Festival, Inc. is a community based 501 (c) (3) not-for-profit organization whose mission is, to promote the African American experience by embracing the many milestones that our forefathers have made since the Emancipation Proclamation.

Clarksburg hosts the largest festival of this type in the state of West Virginia. Attendance over this three-day event consists of approximately 10,000 guests, numerous vendors and several entertainers. Each year we bring quality entertainment into the city of Clarksburg. Local hotels and retail shops benefit from this weekend of activity. Vendor spaces are open to quality hand-crafted items, fine arts, fine imported goods, and unique gift items. We are seeking exhibitors particularly having display items, which are unique and/or culturally oriented. The vendors and entertainment selection is made based on the cultural benefit they provide. They must not only entertain, but must also educate the public as to the rich culture and many accomplishments of African Americans.

West Virginia Black Heritage Festival, Inc. values the youth in our community. We contribute to the Kelly Miller Foundation scholarship program each year. Outstanding youths are recognized and honored through scholarships as our young king and queen for their educational accomplishments and community involvement. Recognizing the contributions of those who have brought us thus far, a senior king and queen are also chosen.

Our primary goals are to promote and preserve the best in West Virginia black art and music, as well as exposing all to the positive contributions made by African Americans.

12:58 AM

05/03/13 Cash Basis

West Virginia Black Heritage Festival, Inc. Profit & Loss January through December 2012

	Jan - Dec 12
Income Contributions Income- Festival T-Shirt/Hat Sales Flags/Quilt, etc. Booklets Trip Raffle Ticket Sales - Luncheon Water Sales Vendors	38,914.00 735.00 85.00 105.00 465.00 2,015.00 23 43 4,394.70
Total Income	46,737.13
Cost of Goods Sold Cost of Goods Sold T-Shirts/Hats Total Cost of Goods Sold	1,190 24 1,190.24
Total COGS	1,190 24
Gross Profit	45,546.89
Expense Donations Scholarship Fund Advertising Newspaper/Magazine Festival	1,225.00 1,000 00 404.00
Total Newspaper/Magazine	404.00
Printing Festival	530.00
Total Printing	530.00
Television/Radio Festival	1,050.00
Total Television/Radio	1,050.00
Advertising - Other	0.00
Total Advertising	1,984.00
Automobile Expense Bank Service Charges Benevolence Dues and Subscriptions Entertainment Festival	30.01 62.90 184.95 180.00 24,200.00
Total Entertainment	24,200.00
Food Expense Festival Luncheon	546.70 112.06
Total Food Expense	658.76
Insurance Labor Licenses and Permits Lodging Postage and Delivery Printing and Reproduction Rentals	1,224 28 640.00 65.00 2,347 80 246.96 916.71
Sound Equipment/Stage Rentals - Other	9,500 00 510 00
Total Rentals	10,010.00

12:58 AM 05/03/13 Cash Basis

West Virginia Black Heritage Festival, Inc. Profit & Loss

January through December 2012

	Jan - Dec 12
Suppiles Office Supplies - Other	292.11 1,308.22
Total Supplies	1,600 33
Travel & Ent Entertainment Meals	60.00 794.23
Total Travel & Ent	854 23
Utilities Electric	32.26
Total Utilities	32.26
Total Expense	47,463.19
Net Income	-1,916.30

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