

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. | ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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PO BOX 2292, CHARLESTON, WV 25328 I Taxexempts status X 501(c)(3) 501(c)(1) (Insert no.) 4947(a)(1) or 507 (Inv.)
Taxexempts status
Websites: WVSYMPHONY ORG H(c) Group exemption number K Form of organization: C Common C
Form of organization:
Part Summary 1 Sirielly describe the organization's mission or most significant activities. THE WEST-VIRGINIA SYMPHONY
Briefly describe the organization's mission or most significant activities. THE WEST VIRGINIA SYMPHONY ORCHESTRA FOUNDATION, INC. (THE FOUNDATION) IS A SUPPORTING Check this box
ORCHESTRA FOUNDATION, INC. (THE FOUNDATION) IS A SUPPORTING Check this box I If the organization discontinued its operations or disposed of more than 25% of its nest assets Number of voting members of the governing body (Part VI, line 1a) Number of voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part VI, line 1b) Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary) Total output of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary) Total revenue (Part VIII, colunn (A), lines 1-3) Total revenue (Part VIII, colunn (A), lines 1-3) Total revenue (Part VIII, colunn (A), lines 1-3)
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9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 5, 4 and 72l) 11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9 GB P N) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 16 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 20 Net assets or fund balances Subtract line 21 from line 20 20 Net assets or fund balances Subtract line 21 from line 20 21 Signature Block 22 Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
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10 Investment Income (Part VIII, column (A), lines B, 4 and 74) 12 13 14 15 15 16 16 17 17 18 18 17 19 19 19 19 19 19 19
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Use Only Firm's address 707 VIRGINIA STREET, EAST, SUITE 400
CHARLESTON, WV 25301-2711 Phone no (304) 345-9400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

588.

Form **990** (2017)

Total program service expenses

20-5635406 Page 3

Form 990 (2017) FOUNDATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	If "Yes," complete Schedule A	1	х	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		2		v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	_4	_	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u> </u>
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_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		<u>_x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			٠
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		$_{\mathtt{X}}$
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\overline{\mathbf{x}}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		}	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	l	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_,,,		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	11		
Ç	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
0	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10_		
9	complete Schedule G, Part III	40	}	Х
	Complete Schedule G, Fait III	_ <u>19 </u>		

20-5635406 Page 4

Form 990 (2017) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			1	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<u>2</u> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_ <u>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	}]		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1	- 1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	44() <i>(</i>	2017)

Page 5

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V				
1s Enter the number of porms VSQ of Cincluded in line 1s Enter 0-ft not applicable Enter the number of Forms VSQ cincluded in line 1s Enter 0-ft not applicable Debt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize withins 2st 1st 1st 1st 1st 1st 1st 1st 1st 1st 1					Yes	No
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Ta	b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r gifts			1
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				$\overline{}$		<u>X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			000	00:-

Form 990 (2017)

FOUNDATION, INC.

20-5635406

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

	to line da, ob, or rob below, describe the disdanstances, proceeded, or changes in consecution of the members of			X
500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			نما
Sec	tion A. Governing body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 7	<u> </u>	,	,
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		•	
h	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 4	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		-x-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u> </u>	and by the section by requeste information about behavior by the interest section.	-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			.1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ.		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			- 1
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KIM JONES - 3049579886			
	110 WYOMING STREET CHARLESTON WY 25302			

Form 990 (2017) FOUNDATION, INC. 20-5635406 Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

altvii	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

Check this box if neither the organi (A) Name and Title	(B) Average		(C) Position (do not check more than one		(D) Reportable	(E) Reportable	(F) Estimated			
	hours per week	offi	, unte cer ar	ss pe	rson	ıs bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	rompensation- from the organization and related organizations
(1) DAN FOSTER	1.00									
CHAIRMAN	1 00	X	├	X		-	_	0.	0.	0.
(2) CINDY MCGHEE	1.00	x		х				_	0.	0
BOARD MEMBER	1.00	^	-	^	-			0.		0.
(3) JOHN ELLIOT BOARD MEMBER	1.00	X	ļ.,	x				_ 0.	0.	0.
(4) PATRICK A. BOND	1.00									<u>_</u>
BOARD MEMBER		x						0.	0.	0.
(5) STEPHEN DEXTER	1.00									
BOARD MEMBER		X						0.	0.	
(6) SKIP HAGEBOECK	1.00								•	•
BOARD MEMBER		X						0.	0.	0.
(7) TOM DOVER	1.00	·						ا م	ا م	0
BOARD MEMBER		Х	-	_	_			0.	0.	0.
		1								
			<u> </u>			_				
		ĺ								
			_							
										
		_	$\vdash \dashv$				\dashv			
				-						
_										

Form 990 (2017) FOUNDAT:	ION, INC.		. 110	J14.		<u> </u>			_20-5	<u>635</u>	406	Page 8
Part VII Section A. Officers, Directors, Tru (A)	ustees, Key Em	ploy	ees		d Hi C)	ighe	st C	Compensated Employe (D)	es (continued) (E)		((F)
Name and title	Average hours per week	Position of check more than one inless person is both an rand a director/trustee)			h an	Reportable compensation from	Reportable compensation from related		Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ıs	compe from organ and re	ensation in the ization elated zations
			_						_			
		:									_	
		<u> </u>										
						<u> </u>						
												_
						_	-					
				ļ . <u>.</u>								
1b Sub-total							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							>	0.		0.		0.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportab	le ——		es No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3	- X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	edul	9 <i>J</i> 1	for such individual			4	X
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co Section B. Independent Contractors							eiat	ed organization or indiv			5	X
Complete this table for your five highest of the organization. Report compensation for										npens	ation fror	m
(A) Name and busines	ss address	N	ONE	₹				(B) Description of s	ervices	C	(C) Compensa	ation
												
										_		
												
						_						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

WEST VIRGINIA SYMPHONY ORCHESTRA 20-5635406 Page 9 Form 990 (2017)
Part VIII S FOUNDATION, INC. Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue 1a 1 a Federated campaigns h Mambarahin duas

رج 20		b	Membership dues	1b		_				
ts, An		С	Fundraising events	1c		4				
Contributions, Gifts, Gra and Other Similar Amoun			Related organizations	1d		1		[
S.E.		е	Government grants (contribute	ions) 1e		_				
e E	i	f	All other contributions, gifts, gran						1	
혈똹			similar amounts not included above	ve $1f 1$	960,152	<u>. </u>				
g g		g	Noncash contributions included in fines	1a-1f \$						
<u>8 0</u>		h	Total. Add lines 1a-1f			1,960,152.			 	
					Business Code	2				
<u>ic</u>	2	а				ļ				
e S		b								
n S en≀	}	С				<u> </u>	<u> </u>			
Program Service Revenue		d-			·		ļ			
roc		е				<u> </u>				
а.			All other program service reve	nue		<u> </u>			 -	
	_	g	Total. Add lines 2a-2f					· · · · · · · · · · · · · · · · · · ·	ļ	
	3		Investment income (including	dividends, inter	est, and					
			other similar amounts)		•	223,909.			223	<u>,909.</u>
	4		Income from investment of tax	k-exempt bond p	proceeds >				 	
	5		Royalties					<u> </u>		
				(ı) Real	(II) Personal	_				
	_	-	Gross rents			_				
			Less rental expenses			+			1	i
			Rental income or (loss)		L			_ , ,	-	
			Net rental income or (loss)						 	
	7	а	Gross amount from sales of	(i) Securities	(II) Other	1				'
			assets other than inventory			1				i
		b	Less cost or other basis							
			and sales expenses			-				
			Gain or (loss)							
			Net gain or (loss)	_				·		
e	8		Gross income from fundraising							'
Other Revenue			including \$							
B.			contributions reported on line	1c) See	1					
je.			Part IV, line 18	a .		-				
₹			Less. direct expenses	. b				•	-	
			Net income or (loss) from fund	=	<u>_</u>	-		-	 	
	9	а	Gross income from gaming ac		1					1
			Part IV, line 19	a		-				r
			Less direct expenses	b						
			Net income or (loss) from game	-					 	
	10	а	Gross sales of inventory, less in and allowances							1
				a		1				
			Less cost of goods sold	b					-	• -
ł		<u>c</u>	Net income or (loss) from sales		2 1				 	 ,
ŀ		_	Miscellaneous Revenue		Business Code	-				-
	11				-	 			+	
		b				 	 		 	
- 1		C	All other revenue				 -		 	
		-	All other revenue						 	
			Total. Add lines 11a-11d			2,184,061.	0.		222	,909.
732008	12		Total revenue See instructions.		<u>_</u>	L,104,001.				<u>, 909 .</u> 90 (2017)

20-5635406 Page 10

Form 990 (2017) FOUNDATION, INC.
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			•	•
	and domestic governments. See Part IV, line 21	<u>313,588.</u>	313,588.		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic			•	
	individuals See Part IV, line 22				-
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				i .
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	·
5	Compensation of current officers, directors,				
_	trustees, and key employees			-	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
	_Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				 .
11	Fees for services (non-employees) ⁻ Management				
a b	*	 -			<u> </u>
C	, * .				
	Lobbying		-		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	35,141.		35,141.	
g				30/1111	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			·	
13	Office expenses	230.		230.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	348,959.	313,588.	35,371.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

20-5635406 Page 11

Form 990 (2017) FOUNDATION, INC.
Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0 1 Cash · non-interest-bearing 1 37,196. 2 9,881. 2 Savings and temporary cash investments 1,690,464. 522,971. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 4ssets 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 6,210,311. 7,106,467. 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 6,770,478 8,806,812 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 507,587. 486,060. 27 Unrestricted net assets 1,151,846. 28 1,301,008. 28 Temporarily restricted net assets 5,132,572. 6,998,217. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 8,806,812. <u>6,770,478.</u> 33 33 Total net assets or fund balances 6,770,478. 8,806,812. Total liabilities and net assets/fund balances

Form 990 (2017)

<u>Forn</u>	n 990 (2017) FOUNDATION, INC.	<u> 20-</u>	<u>-5635406</u>	Pa	<u>ige 12</u>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	 -					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,18				
2	Total expenses (must equal Part IX, column (A), line 25)			<u> 59.</u>			
3	Revenue less expenses Subtract line 2 from line 1	1,83	<u>5,1</u>	.02 <u>.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,77	0,4	<u> 78.</u>		
5	Net unrealized gains (losses) on investments	5			<u>82.</u>		
6	Donated services and use of facilities	6		<u>2,7</u>	<u> 50.</u>		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))						
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII				لعا		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		•		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis		2b	<u>x</u>	J		
b	Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.	· • :	, ,	:		
	consolidated basis, or both			•••			
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	 		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		١,				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	igie Au					
	Act and OMB Circular A-133?		3a		X		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	rea auc	ης		l		

Form **990** (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

732012 11-28-17

SCHEDULE A

Department of the Treasury

Internal Revenue Service

<u>Total</u>

(Form 990 or 990-EZ)

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.

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WEST VIRGINIA SYMPHONY ORCHESTRA

Employer identification number 20-5635406

FOUNDATION, INC. 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 12, 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 (Form 990 or 990-EZ)) 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). 6 X 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 l An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION, INC. 20-56354

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 20-5635406 Page 2

(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)

Se	Section A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not	ļ							
	ınclude any "unusual grants ")	284,296.	172,221.	222,665.	494,718.	1,960,152.	3_134_052.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to		lu -						
	the organization without charge								
4	Total. Add lines 1 through 3	284,296.	172,221.	222,665.	494,718.	1,960,152.	3,134,052,		
5	The portion of total contributions								
	by each person (other than a			-					
	governmental unit or publicly								
• -	supported organization) included ~								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4						3,134,052,		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	284,296.	172,221.	222,665.	494,718.	1,960,152.	3,134,052.		
8	Gross income from interest,								
	dividends, payments received on					i			
	securities loans, rents, royalties,								
	and income from similar sources	285,414.	<u>249,100.</u>	122,995.	169,916.	223,909.	1,051,334.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain			1					
	or loss from the sale of capital								
	assets (Explain in Part VI)								
	Total support. Add lines 7 through 10						4,185,386.		
	Gross receipts from related activities,	•			l	12			
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
60.	organization, check this box and stop ction C. Computation of Publi	here	· · · · · · · · · · · · · · · · · · ·						
							74 00 0		
	Public support percentage for 2017 (I			olumn (f))	ł	14	74.88 %		
	Public support percentage from 2016 Schedule A, Part II, line 14								
16a	a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
D	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
47.	-		=		12 160 0-166 -	and line 14 is 1004	▶ □		
1/a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
ı.						70. and line 45 4	0% 05		
D	10% -facts-and-circumstances test	•					U70 OF		
	more, and if the organization meets the						▶ [~]		
10	organization meets the "facts-and-circ								
10	Private foundation. If the organization	п иш поселеска в	JOA OF THE 13, 10a	i, 100, 17 <u>a, 01 170</u>		dule A (Form 990)			

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)			
	non A. An oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		,,,,	.10
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation if historic and continuing relationship, explain	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2 .	-	
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	- За	-	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	-	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
·	_purposes?.lf_".Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 30		
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		-
b		"1 a		
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations			
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	· -	
52	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	_ -4 C		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	- •	-
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b		•
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	l	1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	- 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	1	-
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		_	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	_	_
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		_	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- /		
	determine whether the organization had excess business holdings)	10b		

		<u>0-563540</u>	6 P	age 5
Pa	Irt IV Supporting Organizations (continued)		r	_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		ļ
а		•		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Sec</u>	ction B. Type I Supporting Organizations	_ _	T.,	T
	Dather desired to the second to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization	2	L	<u> </u>
Sec	Con C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	.		
	the supported organization(s)	1 1	_	
Sec	ction D. All Type III Supporting Organizations		·	
	Mon D. All Typo III dapporting digamentations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ł
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	ictions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	<u>) </u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	'		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	+		-
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	-		
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	-
	activities but for the organization's involvement	_2b_		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	_	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income	n Nov 20, 1970 (explain in f	Part VI.) See instructions. A (B) Current Year (optional)
other Type III non-functionally integrated supporting organizations must complete S	Sections A through E	(B) Current Year
Section A - Adjusted Net Income	(A) Prior Year	
1 Net short-term capital gain 1	 -	
2 Recoveries of prior-year distributions 2		
3 Other gross income (see instructions) 3		
4 Add lines 1 through 3 4		
5 Depreciation and depletion 5		
Portion of operating expenses paid or incurred for production or		
collection of gross income or for management, conservation, or		
maintenance of property held for production of income (see instructions) 6		
7 Other expenses (see instructions) 7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8		
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		
instructions for short tax year or assets held for part of year)		*
a Average monthly value of securities 1a		
b Average monthly cash balances 1b		
c Fair market value of other non-exempt-use assets 1c	·	
d Total (add lines 1a, 1b, and 1c)		
e Discount claimed for blockage or other		, " '-
factors (explain in detail in Part VI)	4.	
Acquisition indebtedness applicable to non-exempt-use assets		
3 Subtract line 2 from line 1d 3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		
see instructions)		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5		
6 Multiply line 5 by 035		
7 Recoveries of prior-year distributions 7		
8 Minimum Asset Amount (add line 7 to line 6) 8		
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	7	
2 Enter 85% of line 1 2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	, .	
4 Enter greater of line 2 or line 3 4	• .	
5 Income tax imposed in prior year 5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions) 6		
7 Check here if the current year is the organization's first as a non-functionally integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	edule A (Form 990 or 990-EZ) 2017 FOUNDATION, I			40-5635406 Page 7			
-	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)				
<u>Sect</u>	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exempted to perform activity that directly further activity that directly further activities activity that directly further activities ac	pt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	18					
	Amounts paid to acquire exempt-use assets						
5	Qualified set aside amounts (prior IRS approval required)			<u> </u>			
6	Other distributions (describe in Part VI) See instructions			 			
	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which t	he organization is responsive	е				
	(provide details in Part VI) See instructions						
9	Distributable amount for 2017 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by line 9 amount						
Sect	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-		_				
	able cause required- explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2017						
а							
	From 2013						
С	From 2014						
d	From 2015						
e	From 2016		, , , , , , , , , , , , , , , , , , , ,				
	Total of lines 3a through e		:				
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
	Carryover from 2012 not applied (see instructions)						
i	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2017 from Section D.						
	line 7 \$						
а	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2017, if						
	any Subtract lines 3g and 4a from line 2 For result greater			1			
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2017 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2018. Add lines 3j			,			
	and 4c			'			
8	Breakdown of line 7						
	Excess from 2013			,			
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 FOUN I	ATION,	INC.			20-56	35406 Page 8
Part VI	Supplemental Part IV, Section A, I line 1, Part IV, Sect Section D, lines 5, 6 (See instructions)	Information. Innes 1, 2, 3b, 3c, and the D, lines 2 and	Provide the ex 4b, 4c, 5a, 6, 3, Part IV, Se	planations req 9a, 9b, 9c, 11a ction E, lines 1	c, 2a, 2b, 3a, and	d 3b, Part V, line 1	17a or 17b, Part I lines 1 and 2, Pai , Part V, Section E	III, line 12, t IV, Section C, ß, line 1e, Part V,
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WEST VIRGINIA SYMPHONY ORCHESTRA

Employer identification number 20-5635406

	FOUNDATION, INC.		20-5635406			
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?	, , ,	Yes No			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)				
	Preservation of land for public use (e.g., recreation or e		orically important land area			
	Protection of natural habitat		tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired		ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax			
	year >	,				
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements in	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year			
	>		-			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year			
	▶ \$		•			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
	conservation easements					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri	bes these items				
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts			
	relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		S			
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financia				
	the following amounts required to be reported under SFAS 1		- · · ·			
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
	Assets included in Form 990, Part X		> \$			

		Collections of A	t Historiaal Tr	occurso or Oth	or Simil		35406	
	,							
3	Using the organization's acquisition, accessi	ion, and other record	is, check any of the	following that are a	significant	use of its	collection i	tems
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purp	ose in Pai	t XIII	
5	During the year, did the organization solicit of				ar assets	_	_	
-	to be sold to raise funds rather than to be m						Yes	No_
Pai	reported an amount on Form 990, Par		ete if the organizatio	on answered "Yes" o	on Form 990	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	ot included		_	
	on Form 990, Part X?						_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e_			
f	Ending balance	**		· ·	1f	-1		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial account liab	ollity?		Yes	No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII								
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	<u>rears back</u>	(e) Four ye	ars back
1a	Beginning of year balance	6,284,417.	5,755,610.	6,189,726	6,3	92,556.	5,5	61,294.
b	Contributions	1,953,850,	94,717.	46,304,		65,996.	1	14,296.
c	Net investment earnings, gains, and losses	397,525.	<u>736,478.</u>	-195,693,		12,501.	9	52,225.
d	Grants or scholarships		<u></u>	<u> </u>	<u> </u>			
е	Other expenditures for facilities							
	and programs	313,588.	270,860.	256,088,	2	25,925.	2	04 <u>,788.</u>
f	Administrative expenses	22,980,	31,528.	28,639,		30,400.	<u> </u> ;	30,471.
g	End of year balance	8,299,22 <u>4</u> ,	6,284,417.	<u> </u>	6,1	89,726.	6,3	92,556.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as.				
а	Board designated or quasi-endowment	<u>.00</u>	_%					
b	Permanent endowment ► 84.00	%						
С	Temporarily restricted endowment ▶ <u>1</u>	<u>6.00</u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	zation	_	
	by						Y .	-
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	•					3b	<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds					
_ r ar	t VI Land, Buildings, and Equipm							
	Complete if the organization answered					 -		
	Description of property	(a) Cost or of	1	1 ''	Accumulate	i i	(d) Book v	alue
	Lond	basis (investm	Dasis	(Ourier) di	epreciation			
	Land		-			- -		
b	Buildings						·	
C	Leasehold improvements							
	Equipment					-+		
	Other Add lines 1a through 1e (Column (d) must en	qual Form 000, Co-t	V column (D) line 1	001				0.
<u>. otal</u>	<u>. Add mies la uniough le (Columni (a) must et</u>	<u>quai runn 990, ran i</u>	A, COIGITITI (D), IIITE T	, , , , , , , , , , , , , , , , , , , 				<u> </u>

Schedule D (Form 990) 2017 20-5635406 Page 3 FOUNDATION, INC. Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation Cost or end-of-year market value (a) Description of investment (1) (2) (3)(4)(5) (6)(7)(8) (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3) (4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (b) Book value (a) Description of liability 1. (1) Federal income taxes (2)(3) (4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L.

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 FOUNDATION, INC.			0635406 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater		Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
1	Total revenue, gains, and other support per audited financial statements		1	<u>2,372,902</u> .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a 223,982.	4	
b	Donated services and use of facilities	2b	-	
С	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII)	2 <u>d</u>	4 -	000 000
е	Add lines 2a through 2d		2e	223,982
3	Subtract line 2e from line 1		3	2,148,920.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	. 25 141		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 35,141.	4	
b	Other (Describe in Part XIII)	4b	<u> </u>	25 141
C	Add lines 4a and 4b		4c	35,141.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XII Reconciliation of Expenses per Audited Financial State	monts With Exponses por	Dotus	2,184,061.
ra			netui	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u></u>	1	226 560
1	Total expenses and losses per audited financial statements		1	336,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a 22,750.	-	
a	Donated services and use of facilities	1 7	1.1	
b	Prior year adjustments	2b	1	
С.	Other (Occarios de Day VIIII)	2c	1	
d	Other (Describe in Part XIII.)			22 750
e	Add lines 2a through 2d		2e	22,750. 313,818.
3	Subtract line 2e from line 1		3	313,610.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	$ _{4a} _{35,141}$.	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		} }	
b	Other (Describe in Part XIII)	4b		25 1/1
C	Add lines 4a and 4b		4c 5	35,141. 348,959.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b, Part V, line	4, Part >	(, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	dditional information		
		•		
_				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:			_
TR/	NSFERS TO AFFILIATES			
		<u> </u>		
				<u></u>
			_	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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Attach	
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OMB No 1545-0047	2017	Open to Public Inspection

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

<u> </u>	INIA SYME N, INC.	HONY ORCHES	TRA				Employer identification number 20-5635406
Part I General Information on Grants and Assistance	and Assistance				,		
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the istance?	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	States]
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organi \$5,000 Part II car	izations and Domestin	c Governments. C	omplete if the orga led	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA SYMPHONY ORCHESTRA, INC P.O. BOX 2292 - CHARLESTON, WV 25328	55-0339426	501(C)(3)	313,588.	0			TO PROVIDE SUPPORT TO THE WEST VIRGINIA SYMPHONY ORCHESTRA, INC. IN ACCORDANCE WITH THE
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	and government or	ganizations listed in that table	listed in the line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for For SEE PART IV FOR COLUMN (ction Act Notice, see the Instructions for For	r For	m 990. H) DESCRIPTIONS	ಬ			Schedule I (Form 990) (2017)

FOUNDATION, Schedule J (Form 990) (2017) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Page 2

20-5635406

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) PROVIDE SUPPORT TO THE WEST VIRGINIA SYMPHONY ORCHESTRA, INC. IN ACCORDANCE Part IV. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information (d) Amount of non-cash assistance WITH THE FOUNDATION'S STATEMENT OF PRIMARY EXEMPT PURPOSE. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE 2: PART I,

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

WEST VIRGINIA SYMPHONY ORCHESTRA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO THE WEST

VIRGINIA SYMPHONY ORCHESTRA, INC. IN ACCORDANCE WITH THE FOUNDATION'S

732102 11-01-17

Schedule I (Form 990) (2017)

WEST VIRGINIA SYMPHONY ORCHESTRA 20-5635406 Page 2 Schedule I (Form 990) FOUND Part IV Supplemental Information FOUNDATION, INC. STATEMENT OF PRIMARY EXEMPT PURPOSE.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

WEST VIRGINIA SYMPHONY ORCHESTRA

FOUNDATION, INC.

Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-5635406

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION, INCORPORATED SOLEY TO PROVIDE FINANCIAL SUPPORT TO THE

WEST VIRGINIA SYMPHONY ORCHESTRA, INC. THE FOUNDATION WAS ESTABLISHED

TO MANAGE PERMANENTLY RESTRICTED ENDOWMENT CONTRIBUTIONS (I.E.,

CONTRIBUTIONS INTENDED BY THEIR DONORS TO BENEFIT THE WEST VIRGINIA

SYMPHONY ORCHESTRA, INC. IN PERPETUITY) THEREBY PROVIDING FINANCIAL

ASSISTANCE TO THE WEST VIRGINIA SYMPHONY ORCHESTRA, INC. THROUGH ANNUAL

DISTRIBUTIONS BASED ON A PERCENTAGE OF THE NET FAIR MARKET VALUE OF THE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTRIBUTIONS (I.E., CONTRIBUTIONS INTENDED BY THEIR DONERS TO BENEFIT

THE WEST VIRGINIA SYMPHONY ORCHESTRA, INC. IN PERPETUITY) THEREBY

PROVIDING FINANCIAL ASSISTANCE TO THE WEST VIRGINIA SYMPHONY ORCHESTRA,

INC. THROUGH ANNUAL DISTRIBUTION BASED ON A PERCENTAGE OF THE NET FAIR

MARKET VALUE OF THE FOUNDATIONS TOTAL ENDOWMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

FOUNDATION'S TOTAL ENDOWMENT.

THE FOUNDATION BOARD MEMBERS WERE E-MAILED THE FORM 990 AND WERE GIVEN A

PERIOD OF TIME TO REVIEW THE DOCUMENT & MAKE COMMENTS TO MANAGEMENT. ALL

COMMENTS & QUESTIONS WERE ADDRESSED BEFORE SUBMITTING THE RETURN TO THE

IRS. HOWEVER, THE BOARD MEMBERS WERE NOT PROVIDED A COMPLETE COPY OF THE

FORM 990, AS THE SCHEDULE B WAS OMITTED. BOARD MEMBERS MAKE DONATIONS AND

WISH THAT TO BE CONFIDENTIAL FROM OTHER BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization WEST VIRGINIA SYMPHONY ORCHESTRA FOUNDATION, INC.	Employer identification number 20-5635406
THERE IS AN INFORMAL PROCESS OF REVIEWING BOARD MEMBERS	RELATIONSHIPS WITH
OTHER ORGANIZATIONS IN THE COMMUNITY	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THR PROCESS PREMAINS UNCHANGED FROM PRIOR YEARS. THE BOAT	RD OF DIRECTORS
HAS DELEGATED THE RESPONSIBILITY FOR OVERSIGNT OF THE AU	DIT TO THE
FINANCE COMMITTEE.	
	<u>-</u>
	•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

Employer identification number 20-5635406 ► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. WEST VIRGINIA SYMPHONY ORCHESTRA FOUNDATION, INC. Name of the organization

Part I Identification of Disregarded Entities. Complete if the organization		answered "Yes" on Form 990, Part IV, line 33					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) The End-of-year assets		(f) Direct controlling entity	
]
Part III organizations during the tax year	zations. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	0, Part IV, line 34, I	oecause it had one o	r more related tax-exe	ampt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13)
WEST VIRGINIA SYMPHONY ORCHESTRA, INC 55-0339426, P.O. BOX 2292, CHARLESTON, WV	PROVIDE SYMPHONIC CONCERTS			SCH A, PART	2		
97507	INCOGNOOI, WEST VINGINIA	ADDIT VINCINIES					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R	Schedule R (Form 990) 2017	2017

FOUNDATION, Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year 20-5635406

Page 2

General or Percentage Schedule R (Form 990) 2017 managing Ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (I) Section 512(bX13) controlled entity? Yes No 3 Code V-UBI General or Pe amount in box managing or 20 of Schedule Pes No Percentage ownership Ξ Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total Income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) Direct controlling entity ூ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>(a)</u> 732162 09-11-17 Part IV

Page 3

WEST VIRGINIA SYMPHONY ORCHESTRA FOUNDATION, INC. Schedule R (Form 990) 2017 Part V. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			•	۲	Yes No	اء
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed			,	-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a	×	.1
b Gift, grant, or capital contribution to related organization(s)				1b	×	.1
c Gift, grant, or capital contribution from related organization(s)				1	X	.1
d Loans or loan guarantees to or for related organization(s)				14	×	
				4	×	ı
				ַ	1	_
f Dividends from related organization(s)				; ; ;	·×	•
g Sale of assets to related organization(s)				1g	×	١.
				14	X	ll
				i=	X	ا. ا
j Lease of facilities, equipment, or other assets to related organization(s)				į	X	[`
 Lease of facilities, equipment, or other assets from related organization(s) 				*	X	~il
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	ا. ا
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			Į,	×	
 Sharing of paid employees with related organization(s) 				9	×	
				<u>ئى</u> ر ~ ر	; ; ;	
 Reimbursement paid to related organization(s) for expenses 				6	×	
q Reimbursement paid by related organization(s) for expenses				19	×	۱.
r Other transfer of cash or property to related organization(s)				j +	. 	,3
				18	×	١. ا
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	/olved		
	type (a-s)					1
(1) WEST VIRGINIA SYMPHONY ORCHESTRA, INC.	ĸ	0.	5% OF A TRAILING QUARTERLY		AVG	1
(2)						1
(3)						1
(4)						1
(5)						
222142 00 11 17			Schodule B (Form 990) 2017	B (Form	06 (000	1 5

20-5635406

WEST VIRGINIA SYMPHONY ORCHESTRA

Schedule R (Form 990) 2017 FOUNDATION, INC.

[Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) and a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name address and FIN	(b)	(c)	(b)			(£)	(i)	9	₹
of entity	רוווומן מכוועונא	(state or foreign country)	excluded from tax under sections 512-514)	total tocome	share of end-of-year assets	tionate allocations?	Uspropor- Usprop	General or managing partner?	Percentage
						2		3	
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Schedule R	(Form 990) 2017		VIRGINIA DATION, I		ORCHESTRA	20-5635406 Page
Part VII	Supplemental Info	rmation.				
	Provide additional inform		sponses to questi	ons on Schedule F	R See instructions	
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