## SCANNED MAR 1 8 202

Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

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

2019

OMB No 1545-0047

**Open to Public** Inspection

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/Form990EZ for instructions and the latest information. A For the 2019 calendar year, or tax year beginning , 2019, and ending 20 B Check if applicable C Name of organization D Employer identification number Address change WEST VIRGINIA WINE & JAZZ FESTIVAL INC. 55-0725478 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 304-296-1629 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Group Exemption Amended return Number ▶ Application pending MORGANTOWN, WV 26507-0485 G Accounting Method √ Cash ☐ Accrual Other (specify) H Check ► if the organization is not I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) K Form of organization ✓ Corporation ☐ Trust Association ☐ Other 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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part ! Contributions, gifts, grants, and similar amounts received . . . . 2 2 Program service revenue including government fees and contracts 144,847 3 Membership dues and assessments 3 4 4 Investment income 309 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than . . . . . . . . . **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less, cost of goods sold 7c C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) . . . . . 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 145,156 10 Grants and similar amounts paid (list in Schedule O) HО 29,725 11 Benefits paid to or for members . . . . . 111 12 Salaries, other compensation, and employee benefits 12 JUN: 1:7:2020 13 Professional fees and other payments to independent contractors 113 650 14 14 Occupancy, rent, utilities, and maintenance . 27,075 OGDEN, UT 15 Printing, publications, postage, and shipping. 15 816 16 Other expenses (describe in Schedule O) . . 16 98,084 17 Total expenses. Add lines 10 through 16 . 17 156,350 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . -11,194 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . 19 126,843 20 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 115,649

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2019)

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Form	990-	ŀΖ	(201)	191

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Pa	art II Balance Sheets (see the instruction	•				
	Check if the organization used Sche	dule O to respond to a				
	0			(A) Beginning of year		(B) End of year
22 23	. 5.			126,843	23	115,649
24					24	··
25				126,843		115,649
26				120,043	26	113,043
27		umn (B) <b>must</b> agree wit	h line 21) .	126,843	27	115,649
Par	rt III Statement of Program Service Acc			art III)		
	Check if the organization used Schei		ny question in this l	Part III 🔲	(Regi	Expenses ured for section
Wha	at is the organization's primary exempt purpose	?	·····		501(c	)(3) and 501(c)(4)
Des	scribe the organization's program service according	nplishments for each o	of its three largest pi	ogram services,	orgar other	nizations, optional for
	measured by expenses. In a clear and concissons benefited, and other relevant information for		e services provided	, the number of	outei	5)
28	<del></del>	<del> </del>				
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		unt includes foreign gr			28a	
29			-			
		unt includes foreign gr	ants, check here .	▶ 📙	29a	
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	(Grants \$ ) If this amo	unt includes foreign gr	ants check here	▶ □	30a	
31	Other program services (describe in Schedule		anto, oncon noro	· · · · <u></u>	000	
			ants, check here .	▶ 🗆	31a	ļ
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		<b>✓</b>
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		1
b	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		
С	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		<b>√</b>
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	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		· · ·
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved .   38b	30a		
39	Section 501(c)(7) organizations. Enter.	┧.		
а	Initiation fees and capital contributions included on line 9		,	'
	Gross receipts, included on line 9, for public use of club facilities . 39b	1	٠.	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶	] .		١ .
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		-	-
	on organization managers or disqualified persons during the year under sections 4912,	.*		_
	4955, and 4958	,	,	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		<u> </u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		1	
Ь	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 FinCEN Form 114, Report of Foreign Bank and		-	1 1
	Financial Accounts (FBAR).		, ,	
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	The street the amount of tax oxompt mands thousand a defining the tax year.	-	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	- 44a		7
þ	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		<u></u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>\</b>
	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
b	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		

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46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in oppo	-	Yes	No 
Part	to candidates for public office? If "Yes," of Section 501(c)(3) Organization		Parti	· · · · · ·	46	<u> </u>	✓
rait	All section 501(c)(3) organization		stions 47-49b and	52, and complete	the tables f	or line	es
	50 and 51.	7		,			
	Check if the organization used Sc	hedule O to respond	to any question in the	his Part VI			
					. —	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during th			
48	Is the organization a school as described in		 3)2 If "Ves " complete s		47		
49a	Did the organization make any transfers t				49a		
b	If "Yes," was the related organization a se				. 49b		
50	Complete this table for the organization's						
	employees) who each received more than	\$100,000 of comper	isation from the organ		one, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation			
					+		
					+		
	•••••						
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe inization. If there is no		contractors who ea	ch received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensati	ion	
	W-10-10-1						
		<del> </del>					
52	Total number of other independent contra			eizationa must atta			<del></del>
32	Did the organization complete Scheducompleted Schedule A	JIE A? NOTE: All SE		nizations must atta	ich a ▶∐ Yes	. 🗆 1	No
	penalties of perjury, I declare that I have examined this						
true, co	rrect, and complete Declaration of preparer (other tha	officer) is based on all info	rmation of which preparer h	nas any knowledge	10 20		
Sign	Signature of officer	rece_			0-20		
Here	Type or print name and title	LL SECRE	tary		<del></del>		
Detel	Print/Type preparer's name	Preparer's signature	Da	te	PTIN		
Paid Prep	A Halal MA ANS	. <i>19</i> 1	to ca	6/5/20 Check self-em	ployed PON	JIP,	لها
Use	arer	sociates, AC		Firm's EIN ▶	20-499	2945	
	Firm's address ► 420 Morgantown St.			Phone no	304-329		
iviay ti	he IRS discuss this return with the prepare	r snown above? See i	nstructions	<u>.</u>	✓ Yes	<u>. L</u>	No



## SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

West Virginia Wine & Jazz Festival Inc. 55-0725478 Grants and Similar Amounts Paid - Page 1, Line 10 West Virginia University \$27,225 National Association for Music Education \$1,000 Guitars 4 Vets \$1,500 Total \$29,725 Other Expenses - Page 1, Line 16 16A Supplies \$56,757 16B Contract Services \$21,511 16C Advertising \$9,290 16D Security \$2,520 16E Volunteer Services \$3,750 16F Insurance \$1,749 16G Conferences & Meetings \$1,571 16H Licenses & Permits \$376 16I Emergency Medical Services \$560 Total \$98,084