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Short Form						
Return of Organization Exempt From Income	Гах					

OMB No 1545-0047

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

2019

Department of the Treasury

Form **990-EZ**

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. **Open to Public** Inspection

_		Fandle - 0	2040	dar year, or tax year beginning Jul 01, 2019 , and ending Ju	in 30	1. 2	020
<u> </u>							entification number
В	\neg	Check if ap		C Name of organization	````	, iu	
닏	=	Address ch		Vest Virginia Memorial Day Inc	e e .	1672	C 2 A
. ⊨	ᆗ	Name char	-	· · · · · · · · · · · · · · · · · · ·		672	
`)∟	╛	Initial retur	m	PO Box 586	E Lete	phone n	umber
ノL	╛	Final return/te	erminated	City or town State ZIP code	204	265	1 4 4 0
		Amended i	retum	GRAFTON WV 26354-			-1440
		Application	n pending	Foreign country name Foreign province/state/county Foreign postal code	F Gro	up Exe	mption
					Nur	nber ⊳	
_		Accountin	ng Method	X Cash Accrual Other (specify)	Check	ightharpoonup	if the organization is
G		Website:		Cash Cash Chief (specify)			attach Schedule B
١.							0-EZ, or 990-PF)
J	_1	Tax-exemp	t status (che	ck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	· · · · · · · ·		
K	. F	Form of or	rganization	X Corporation Trust Association Other			
			-	7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total ass	sets		
_				re \$500,000 or more, file Form 990 instead of Form 990-EZ	30.0	▶\$	5,489.
-		Part II, CO	Povonu	e, Expenses, and Changes in Net Assets or Fund Balances (see the Ins	etructio		
	•	irt l	Chook if	the organization used Schedule O to respond to any question in this Part I	sa aca	5115 101	· · · · · · X
_	_						
				ns, gifts, grants, and similar amounts received		1	5,414.
			-	rvice revenue including government fees and contracts		2	
		3 M	/lembershi	p dues and assessments		3	
-	1			income		4	
5	1	5a G	Pross amou	unt from sale of assets other than inventory			
J				or other basis and sales expenses			
Ċ		c G	Sain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
7	ı	6 G	Saming and	d fundraising events:			
<u>~</u>	_	a G	Fross Incor	me from gaming (attach Schedule G if greater than			
SCANNED NOV	劉	\$	15,000) .				
7	Kevenue	b G	Pross incor	me from fundraising events (not including \$ of contributions			
门,	<u>اۋ</u>	fr	rom fundra	using events reported on line 1) (attach Schedule G if the			
' خے	-1			n gross income and contributions exceeds \$15,000) 6b			
3	-	c L	ess direct	t expenses from gaming and fundraising events 6c			
3	1			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
Ω̈	-					6d	
	1			s of inventory, less returns and allowances			
	١			of goods sold			
	1	c G	Pross profit	t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
				nue (describe in Schedule O)		8	75.
	-			nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	5,489.
_	\top	10 G	Frants and	similar amounts paid (list in Schedule O)		10	
		11 B	Benefits pa	id to or for members		11	
	ဖွ			her compensation, and employee benefits MAY 24 2021 .		12	
	<u>ş</u>			al fees and other payments to independent contractors	.	13	
	ĕ			 		14	
٠,	Expenses			blications, postage, and shipping	.	15	
•	_			nses (describe in Schedule O)		16	18,794.
				nses. Add lines 10 through 16	. ▶ │	17	18,794.
-	<u>,</u>	18 E	xcess or (deficit) for the year (subtract line 17 from line 9)		18	(13, 305.)
•	8	19 N	let assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with			
	SS			r figure reported on prior year's return)	. 1	19	65,850.
•	Net Assets			() I below as a foundation on Calmadala (C)		20	
:	<u>ا</u> لا			or fund balances at end of year. Combine lines 18 through 20 # 95	. ▶ أ	21	52,545.
				on Act Notice, see the separate instructions.	$\overline{}$	1.	Form 990-EZ (2019)
	CA	-		2021)		, ,

RECEIVED ENTITY DEPT

Form	990-EZ(2019) West Virginia Mer	morial Day Inc		_55-0		
Par	t II Balance Sheets (see the instructions for F	Part II)				
	Check if the organization used Schedule O to re		n this Part II			
) Beginning of year		(B) End of year
22	Cash, savings, and investments			65,850.	22	52,545.
22				03,030.	23	32,343.
23	Land and buildings				24	
24	Other assets (describe in Schedule O)			65,850.	25	52,545.
25	Total lightilities (describe in Schodule O)			63,630.	26	J2, J4J.
26	Total liabilities (describe in Schedule O)			65,850.	27	52,545.
27				65,650.	21	32,343.
Pa	Statement of Program Service Accomplis]	F
	Check if the organization used Schedule O t				/Pag	Expenses juired for section
	at is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplish	ments for each of its three	e largest program se	ervices,	orga	nizations, optional
as n	neasured by expenses. In a clear and concise manne	er, describe the services	provided, the numbe	er of	for o	thers)
<u>pers</u>	sons benefited, and other relevant information for each	ch program title.			ļ	
	Hold Annual Memorial Day Week					
	Observances					
	(Grants \$ 5,414.) If this amount	includes foreign grants, o	check here	▶ 🔲	28a	18,794.
29						<u> </u>
	(Grants \$) If this amount	includes foreign grants, o	check here		29a	
30					23a	
90					ļ	
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					1	
	(Cronta C	unaludas foreign grants i	shook horo	. —		
24		ıncludes foreign grants, o			30a	
31	Other program services (describe in Schedule O).			· · · ·		-
	Other program services (describe in Schedule O) . (Grants \$) If this amount		check here	∴ ▶ □	31a	
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t	ıncludes foreign grants, o	check here		31a 32	18,794.
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a tient IV List of Officers, Directors, Trustees, and Market IV List of Officers, Directors, D	ıncludes foreign grants, o hrough 31a) (ey Employees (list each	check here	▶ □	31a 32	ons for Part IV)
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a t	ıncludes foreign grants, o hrough 31a) (ey Employees (list each	check here	▶ □	31a 32	ons for Part IV)
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a tient IV List of Officers, Directors, Trustees, and Market IV List of Officers, Directors, D	includes foreign grants, of hrough 31a)	check here	nsated—see the in	31a 32 nstruction	ons for Part IV)
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a ti It IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to	ıncludes foreign grants, o hrough 31a) (ey Employees (list each	one even if not compete in this Part IV (c) Reportable compensation	nsated—see the in (d) Health benefit contributions to	31a 32 structions	ons for Part IV)
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a tient IV List of Officers, Directors, Trustees, and Market IV List of Officers, Directors, D	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the in (d) Health benefit contributions to employee benefit pli	31a 32 istruction	ons for Part IV)
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Officers. (a) Name and title	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation	nsated—see the in (d) Health benefit contributions to	31a 32 istruction	ons for Part IV)
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a ti Int IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
32 Pa	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a the list IV List of Officers, Directors, Trustees, and Management Check if the organization used Schedule O to (a) Name and title Dert Newby meral Chairman	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the in (d) Health benefit contributions to employee benefit pli	31a 32 istruction	ons for Part IV)
32 Pa Rok Ger	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a the lines of Officers, Directors, Trustees, and Management of Check if the organization used Schedule O to the lines of the lin	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
Rok Ger Dou	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Officers, Directors, Trustees, and Market IV. (a) Name and title Deert Newby Deert Newby Deert Newby Deert Chairman Lines Officers, Directors, Trustees, and Market IV. (b) Name and title Deert Newby Deert Newby Deert Newby Deert Newby Deert Chairman	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
Rok Ger Dou Fir	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to the content of the content o	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the rn (d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
Rok Ger Dou Cr	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the lines of Check if the lines of Check if the lines of Ch	includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
Pa Rok Ger Dou Fire Mar	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the rn (d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
Pa Rok Ger Dou Fire Mar	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the lines of Check if the lines of Check if the lines of Ch	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the rn (d) Health benefit contributions to employee benefit pland deferred compen	31a 32 istruction	ons for Part IV)
Pa Rok Ger Dou Fire Mar	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the in (d) Health benefit contributions to employee benefit pli and deferred compen	31a 32 istruction	ons for Part IV)
Pa Rok Ger Dou Fire Mar	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the in (d) Health benefit contributions to employee benefit pli and deferred compen	31a 32 istruction	ons for Part IV)
Pa Rok Ger Dou Fire Mar	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the in (d) Health benefit contributions to employee benefit pli and deferred compen	31a 32 istruction	ons for Part IV)
Pa Rok Ger Dou Fire Mar	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a to the lines of Officers, Directors, Trustees, and Market Check if the organization used Schedule O to the lines of Check if the	Includes foreign grants, of hrough 31a)	one even if not compete in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	nsated—see the in (d) Health benefit contributions to employee benefit pli and deferred compen	31a 32 istruction	ons for Part IV)
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Par	990-EZ (2019) West Virginia Me Balance Sheets (see the instructions for			55-0	672	634 Page 2
rar	Check if the organization used Schedule O to		this Part II			
	Check if the organization used contradic o to	- copona to any queducin		A) Beginning of year	Τ̈́	(B) End of year
22	Cash, savings, and investments			65,850.	22	52,545.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			65,850.	25	52,545.
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			65 , 850.	27	52,545.
	rt III Statement of Program Service Accomplis Check if the organization used Schedule O	to respond to any questio	n in this Part III.			Expenses
Des	at is the organization's primary exempt purpose? Cribe the organization's program service accomplish neasured by expenses. In a clear and concise mannons benefited, and other relevant information for ea	ments for each of its three er, describe the services	e largest program s	ervices,	501(orga	quired for section (c)(3) and 501(c)(4) nizations, optional thers)
28	Hold Annual Memorial Day Wee Observances		d Related			
	(Grants \$ 5,414.) If this amoun	t includes foreign grants (check here		28a	18,794.
29		·			20a	10,754.
23						
•	(Grants \$) If this amoun	t includes foreign grants, o	check here	🕨 🔼	29a	
30						
•	(Grants \$) If this amount	t includes foreign grants, o	check here	▶ 🔲	30a	ĺ
	Other program services (describe in Schedule O).					
	(Grants \$) If this amount Total program service expenses. (add lines 28a	t includes foreign grants, o			31a 32	18,794.
	rt IV List of Officers, Directors, Trustees, and					
	Check if the organization used Schedule O t					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefit contributions to employee benefit p	ts, ans,	(e) Estimated amount of other compensation
Roh	pert Newby		(ii not paid; enter -o-	and defented compet	Sauon	
	neral Chairman	Hr/WK 5		lo		
	ng Robinson	THOMA				
<u>Fi</u> r	st Vice-Chairman	Hr/WK 5		0		
	vstal Eifert easurer	Hr/WK5_		lo		
	sha Maier	HI/WK 5				
	cretary	Hr/WK 5		0		
		Hr/WK				
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		Hr/WK				

Hr/WK



Form 990-EZ (2019) West Virginia Memorial Day Inc Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Χ 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business X 35a 35b 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. . . . c 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 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets Х during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . 38a Х **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► __ ; section 4955 ► 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 Х that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b c 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, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 41 List the states with which a copy of this return is filed. 42 a The organization's books are in care of ▶ John E Whitescarver Telephone no. ► 304-265-1440 Located at ► 3540 George City GRAFTON ST WV b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Χ 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 Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? . . . X If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b X Χ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O. X 45a 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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

45b

46 Dot the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 X X Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI The check if the organization used Schedule O to respond to any question in this Part VI Yes No 7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 X X X X X X X X X	Form 99	90-EZ (2019) WEST VIIGINIA	Memorial Day 1	nc	33-0	0/203		Page 4
Section 591(c)(3) Organizations Only All section 501(c)(3) organizations was answer questions 47—49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI							Yes	No
Check if the organization used Schedule O to respond to any question in this Part VI Yes No		Section 501(c)(3) Organizations Or All section 501(c)(3) organizations m	nly			<u> </u>	 :s	<u> </u>
47 Dut the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 48 X 48 X 49 X X			dule O to respond to an	y question in this P	art VI			
48 Is the organization a school as described in section 170(b)1(1)(A)(r)! If "Yes," complete Schedule E							Yes	
49 a Did the organization make any transfers to an exempt non-chantable related organization? 49 b X		· ·						
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and site of each employee (a) Average (b) Average (c) Apportable (d) Apportab								
Complete this table for the organization's five highest compensated employees (other than officers, directors, firsteers, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." Name NONE		= • • • • • • • • • • • • • • • • • • •	•	-				X
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee		_	_				L	
(a) Name and title of each employee							ey	
(a) Name and title of each employee		employees) who each received more than \$100	0,000 of compensation fro	m the organization. If		None."		
Name		(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred			
Name Hr/WK Hr/W	Name	NONE						
Name	Title		Hr/WK					
He/WK Name He/WK He/W			Hr/WK					
Name Hr/WK Hr/WK Total number of other employees paid over \$100,000 .	Name							
HrWK	Title		Hr/WK					
Title			Hr/WK					
Total number of other employees paid over \$100,000 .	Name							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Name NONE Str. City ST ZIP Name Str. City ST ZIP Name Str. City ST ZIP Viane City ST ZIP Odd Total number of other independent contractors each receiving over \$100,000. Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is ruce, correct, and complete								
Name NONE Str ZIP Name Str ZIP Name Str ZIP Name Str ZIP Name Str ZIP City ST ZIP Name Str ZIP Odt the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Complete Schedule A Note: All section 501(c)(3) organizations must attach a Comp	51	Complete this table for the organization's five hi \$100,000 of compensation from the organization	ghest compensated indepon. If there is none, enter	pendent contractors w 'None."				
City ST ZIP Name Str. City ST ZIP d Total number of other independent contractors each receiving over \$100,000 ▶ X Yes No Under penalties of penjur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print Type or print name and title Print Samples Print & Company Firm's Edit N ≥ 42 − 1561175 Firm's address PO Box1030 Bridgeport WV 26330 Phone no 304-842-2490			ent contractor	(b) Type of Servi	(c)	Compensa		
Name	Name	NONE str						
City ST ZIP Name Str City ST ZIP Od Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Treasure True, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowl	City	ST	ZIP					
Name Str. City ST ZIP Name Str. City ST ZIP Name Str. City ST ZIP d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Crystal Eifert Type or print name and title Paid Preparer Kenneth Samples Preparer's signature Preparer's signature Date Treasurer Kenneth Samples Proparer's name Firm's name ▶ CR Hart & Company Firm's address ▶ PO Box1030 Bridgeport WV 26330 Phone no 304-842-2490	Name	Str						
Name Str ZIP City ST ZIP City ST ZIP City ST ZIP Total number of other independent contractors each receiving over \$100,000 ▶ Str Str ZIP Other organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	<u>Cıty</u>	ST	ZIP					
City ST ZIP Name Str. City ST ZIP d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	-		ZIP					
Str ZIP d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	Name	Str						
Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	City		ZIP					
d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 10/30/2020	d	Total number of other independent contractors of Did the organization complete Schedule A? No	each receiving over \$100, te: All section 501(c)(3) or			►X Ye	es \square	
Sign Here Crystal Eifert Check If PTIN					he best of my knowledge an		=	
Sign Signature of officer Date Treasurer Crystal Eifert Treasurer Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Kenneth Samples 10/30/2020 self-employed P01790790 Firm's name ▶ CR Hart & Company Firm's EIN ▶ 42-1561175 Firm's address ▶ PO Box1030 Bridgeport WV 26330 Phone no 304-842-2490				<u> </u>	<u></u>	20		
Here Crystal Eifert Treasurer	Sian	Signature of officer						
Type or print name and title Paid Preparer Wenneth Samples Firm's name	Here					r		
Print/Type preparer's name Print/Type preparer's name Preparer's signature Date Check if Point/Type preparer's name Preparer's signature Date 10/30/2020 self-employed Point/Type preparer's name Preparer's signature Date Check if Point/Type preparer's name Preparer's signature Point/Type preparer's name Preparer's signature Date Check if Point/Type preparer's name Preparer's signature Point/Type preparer's name Point/Type preparer's name Preparer's signature Point/Type preparer's name Point/Type preparer's name Preparer's signature Point/Type preparer's name Preparer's signature Point/Type preparer's name Point/Type pre	•			-				
Preparer Use Only Kenneth Samples 10/30/2020 self-employed P01790790 Firm's name ► CR Hart & Company Firm's EIN ► 42-1561175 Firm's EIN ► 42-1561175 Firm's address ► PO Box1030 Bridgeport WV 26330 Phone no 304-842-2490	Dai-	Print/Type preparer's name	Preparer's signature	Date	Charte -	PTIN		
Use Only Firm's name ► CR Hart & Company Firm's EIN ► 42-1561175 Phone no 304-842-2490		Kenneth Samples		10/3	30/2020 self-employed	P0179	0790	
Use Only Firm's address ▶ PO Box1030 Bridgeport WV 26330 Phone no 304-842-2490	•	Firm's name CR Hart & Compa	ny			_		
	Use			WV 26330				
	May th		vn above? See instruction	ns		Ye X	s 🔲	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 55-0672634 West Virginia Memorial Day Inc 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 b 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, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 I, Type III, 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). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

SCHEDULE A (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

Name of the organization					Employer identification	n number		
West Virginia Memorial					55-0672634			
Part I Reason for Public Cha								
The organization is not a private found 1 A church, convention of church								
2 A school described in section								
3 A hospital or a cooperative ho								
• • • • • • • • • • • • • • • • • • • •						. Enter the		
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5 An organization 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.)								
6 A federal, state, or local gove	rnment or governme	ental unit described in	section 1	70(b)(1)(A)(v).			
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8 A community trust described	n section 170(b)(1)(A)(vi). (Complete Pa	ırt II.)					
9 An agricultural research orgal or university or a non-land-gra university.	nization described in ant college of agricu	n section 170(b)(1)(A) Iture (see instructions)	(ix) opera . Enter th	ted in cor e name, c	njunction with a land eity, and state of the	l-grant college college or		
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	d to its exempt functi it income and unrela	ions—subject to certai ated business taxable	n exception income (le	ons, and (ess sectio	2) no more than 33 n 511 tax) from bus	1/3% of its		
11 An organization organized an	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).			
12 An organization organized an of one or more publicly support Check the box in lines 12a this	rted organizations of	described in section 5	09(a)(1)	or section	509(a)(2). See sec	ction 509(a)(3).		
a Type I. A supporting organ the supported organization organization. You must co	nization operated, su n(s) the power to reg omplete Part IV, Se	pervised, or controlled ularly appoint or elect ections A and B.	d by its su a majority	pported o	rganization(s), typic rectors or trustees o	ally by giving if the supporting		
b Type II. A supporting orga control or management of organization(s). You must	the supporting organ	nization vested in the	ction with same pers	its suppoi sons that (ted organization(s), control or manage ti	, by having he supported		
c Type III functionally integ its supported organization(grated. A supporting	organization operated	d in conne	ction with	, and functionally in	tegrated with,		
d Type III non-functionally						organization(s)		
that is not functionally integ	grated. The organiza	ation generally must sa	atisfy a dis	stribution i	requirement and an	attentiveness		
requirement (see instruction e Check this box if the organ	ons). You must con	nplete Part IV, Sectio	ns A and	D, and P	art V. : a Type I Type II T	vne III		
e Check this box if the organ functionally integrated, or	Type III non-function	nally integrated suppor	ting orgar	ization.	sa Type I, Type II, I	ype III		
f Enter the number of supported								
g Provide the following informat	ion about the suppo (ii) EIN	rted organization(s) (iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of		
(i) Name of supported organization	(1) 2111	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?		other support (see instructions)		
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total	1							

	, <u>, , , , , , , , , , , , , , , , , , </u>	_
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)	
	A D 1 U O 4	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	37100.	45755.	45290.	29635.	5414.	163194.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				·		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	37100.	45755.	45290.	29635.	5414.	163194.
•	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						163194.
	Public support. Subtract line 5 from line 4						103134.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	37100.	45755.	45290.	29635.	5414.	163194.
8	Gross income from interest, dividends, payments received on securities loans,	37100.	10,733.	10230.		01111	100191.
	rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			<u>_</u>	•		163194.
	Gross receipts from related activities, etc. (se	•				12	
	First five years. If the Form 990 is for the corganization, check this box and stop here	· · · ·	· · · · · · · · · · · · · · · · · · ·	rth, or fifth tax year			▶
	tion C. Computation of Public Sup						100 00
	Public support percentage for 2019 (line 6, c	•		•		14	100.00%
	Public support percentage from 2018 Schedu					15	100.00%
	33 1/3% support test—2019. If the organization qualifies as	a publicly supporte	ed organization .				. > X
b	33 1/3% support test—2018. If the organization qualified box and stop here. The organization qualified					check this	.
17a	10%-facts-and-circumstances test—2019. 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-circ	cumstances" test, or s" test. The organi	check this box and	l stop here. E xpla a publicly supporte	iin in	▶□
b	10%-facts-and-circumstances test—2018. 15 is 10% or more, and if the organization in Explain in Part VI how the organization meets supported organization	neets the "facts-an	d-circumstances"	test, check this bo	x and stop here.		
18	Private foundation. If the organization did n instructions	ot check a box on li	ıne 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		. ▶□
							

Schedule A (Form 990 or 990-EZ) 2019 West Virginia Memorial Day Inc 55-06

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

	tion A. Public Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	37100.	45755.	45290.	29635.	5414.	163194.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3	37100.	45755.	45290.	29635.	5414.	163194.
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						163194.
	tion B. Total Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Amounts from line 4	37100.	45755.	45290.	29635.	5414.	163194.
	Net income from unrelated business activities, whether or not the business is regularly carried on				_		
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						163194.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
	First five years. If the Form 990 is for the corganization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·			as a section 501		· <u> </u>
	tion C. Computation of Public Sup			<u> </u>		44	100.00%
	Public support percentage for 2019 (line 6, c		-		. }	15	100.00%
	Public support percentage from 2018 Schedu				[100.00%
	33 1/3% support test—2019. If the organiza and stop here. The organization qualifies as	a publicly supporte	ed organization .				. > X
	33 1/3% support test—2018. If the organiza box and stop here. The organization qualifie						▶□
	10%-facts-and-circumstances test—2019. 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	the "facts-and-circ	cumstances" test,	check this box and	stop here. Expla	in in	. ▶□
	10%-facts-and-circumstances test—2018. 15 is 10% or more, and if the organization in Explain in Part VI how the organization meets supported organization.	neets the "facts-ar	nd-circumstances"	test, check this box	x and stop here.		▶□
18	Private foundation. If the organization did n instructions		line 13, 16a, 16b, 1	7a, or 17b, check th	his box and see	· . ·	▶□

SCHEDULE O (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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

55-0672634 West Virginia Memorial Day Inc Part 1 Line 8 Other Revenue Voided Check \$75.00 Part 1 Line 17 Other Expenses Parade \$5162, Insurance \$1426, SOS \$50, Box Trailer \$7500 Pstage \$523, Supplies \$269, Printing \$717, Donation \$167 Brunch \$340, Website \$149, Awards \$250, Flowers \$136, Ad \$100, Storage \$2400

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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