Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2022 calendar year, or tax year beginning $JULLI$, 2022 and c	ending U	IUN 30, 2023	3					
B c	heck if pplicable	C Name of organization		D Employer identif	fication number					
	Addres change	* WEST VIRGINIA BAR FOUNDATION, INC.								
	Name change	Doing business as		**-***04	134					
	Initial return Final return/	PO BOX 11010	Room/suite	E Telephone numb						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 860,224.						
	Ameno return	ed CHARLESTON, WV 25339		H(a) Is this a group	return					
	Application	F Name and address of principal officer: IESSA WILLE		for subordinate	s? Yes X No					
	pendin	PO BOX 11010, CHARLESTON, WV 25339		H(b) Are all subordinates	included? Yes No					
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach	a list. See instructions					
	Vebsit			H(c) Group exempti						
K F	Form of organization: X Corporation Trust Association Other L Year of formation: 1988 M State of legal domicile; WV Part I Summary									
	1	Briefly describe the organization's mission or most significant activities: IMPRO	OVE TH	E ADMINISTR	ATION OF					
Governance		JUSTICE AND THE PROVISION OF LEGAL SERVICE								
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3						
	4	Number of independent voting members of the governing body (Part VI, line 1b)								
es &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)								
ξ		Total number of volunteers (estimate if necessary)								
Activities		Total unrelated business revenue from Part VIII, column (C), line 12								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>							
				Prior Year	Current Year					
ē	l .	Contributions and grants (Part VIII, line 1h)		16,580.						
Ju /	l	Program service revenue (Part VIII, line 2g)		66 503						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,503. 29,177.						
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		112,260						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,500	-					
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		43,300.						
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,311.						
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.						
Expenses	l loa	Total fundraising expenses (Part IX, column (A), line 25)	0.		•					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,934.	51,201.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		81,745.	<u> </u>					
	l .	Revenue less expenses. Subtract line 18 from line 12		30,515						
-Se		Total actions expensed. Cabacaet line 10 from line 12	Ве	ginning of Current Year						
ets	20	Total assets (Part X, line 16)		1,015,877	1,534,473.					
ASS	21	Total liabilities (Part X, line 26)		1,060.						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,014,817.	1,534,473.					
	art II	Signature Block								
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of n	ny knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.						
		0: 1 (6)								
Sig		Signature of officer		Date						
Her	е	TESSA WHITE, EXECUTIVE DIRECTOR								
		Type or print name and title		Doto I o	DTIN					
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN					
Paid		CRISTOPHER P SOMERVILLE								
	arer	Firm's name HERMAN & CORMANY, CPAS, A.C. Firm's address 8 CAPITOL STREET, STE 600		Firm's EIN	0200					
use	Only	Firm's address 8 CAPITOL STREET, STE 600 CHARLESTON, WV 25301		Dhar - 21	04-345-2320					
N/a-	, +b ^ !"			I Prione no. 3 (
ıvıay	rtne ih	S discuss this return with the preparer shown above? See instructions			X Yes No					

Pai	Check if Schedule O contains a reappage or note to any line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: IMPROVE THE ADMINISTRATION OF JUSTICE AND THE PROVISION OF LEGAL
	SERVICES FOR WEST VIRGINIA'S CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 87,630. including grants of \$ 46,668.) (Revenue \$ 47,656.) THE BAR FOUNDATION PROVIDES GRANTS TO NON-PROFIT CHARITABLE ENTITIES IN ACCORDANCE WITH ITS MISSION. THE GRANTS HAVE BEEN MADE IN THE GENERAL AREAS OF LEGAL SERVICES FOR LOW INCOME CITIZENS, PUBLIC EDUCATION,
	CHILD ABUSE PREVENTION AND LEGAL EDUCATION.
4b	(Code:) (Expenses \$
4c	(Code:)(Expenses \$
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 87,630.
	Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		x
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		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			X
_	Schedule D, Part III	8_		
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?			₩
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in 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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		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		<u> </u>
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		X
f	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		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		x
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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'' -		
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢°°	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	<u> </u>

Form 990 (2022) WEST VIRGINIA BAR FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
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			
	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			.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
-	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the Hamber of Forms W Za moladed of time 1a. Enter of in the applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Х	
	(gambling) winnings to prize winners?	1c	000	<u> </u>

022) WEST VIRGINIA BAR FOUNDATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		37					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
D	If "Yes," enter the name of the foreign country Continue to the first ward for Fig. (FDAD)								
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c							
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
oa	any contributions that were not tax deductible as charitable contributions?								
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X					
	were not tax deductible?								
7									
	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?	7a		х					
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
_	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	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	-							
11	Section 501(c)(12) organizations. Enter:								
_	Gross income from members or shareholders 11a	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.	104							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15									
	excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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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 on Schedule O. See instructions.

0						X				
Sec	tion A. Governing Body and Management									
		ı	l		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15							
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other							
_	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the									
3	of officers disables to the state of the sta			,		Х				
			- 41-40	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	<u>4</u> 5		X				
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6	_X_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or							
	persons other than the governing body?			7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
а	The governing body?	-	-	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
3				9		х				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		21				
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Coae.)		V	NI.				
40-	Did the averagination have lead about on hypershap or affiliates 0			40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10a		- 22				
р	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	· · · · · · · · · · · · · · · · · · ·			10b 11a	Х					
	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe							
	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	vith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร							
	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 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.			• • •						
	X Own website X Another's website X Upon request Other (explain	on S	chedule (1)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial					
	statements available to the public during the tax year.			a.	ui					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records							
20	TESSA WHITE - (304) 394-4751	no all	a records							
	PO BOX 11010, CHARLESTON, WV 25339									
	IO DOV IIOIO, CHANDEDION, MA 7000									

Part VII 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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					Jac	(D)	(E)	(F)		
Name and title	Average	(do		Pos	ition	l than d	one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of		
	week (list any							from the	from related organizations	other compensation		
	hours for	direc.				р В		organization	(W-2/1099-MISC/	from the		
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) TESSA WHITE	15.00	=	느	0	~	Ξ =	Œ					
EXECUTIVE DIRECTOR		Х						35,000.	0.	0.		
(2) LUCIEN G. LEWIN	1.00							,				
PRESIDENT		Х		Х				0.	0.	0.		
(3) TERESA DUMIRE	1.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(4) JUDGE PATRICK FLATLEY	1.00											
SECRETARY/TREASURER		Х		Х				0.	0.	0.		
(5) SANDRA CHAPMAN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(6) ANN HAIGHT	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(7) TERESA MCCUNE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) JILL MCINTYRE	1.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(9) DAVID MORRISON	1.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(10) JUDGE JOYCE CARPENTER	1.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(11) BARRY TAYLOR	1.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(12) TOM TINDER	1.00											
BOARD MEMBER	1 00	Х						0.	0.	0.		
(13) JACK ALSOP	1.00									•		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(14) DEBRA KILGORE	1.00								•	•		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(15) WILBERT PAYNE	1.00	٠,							_	•		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(16) JOHN TAYLOR	1.00	37							_	0		
BOARD MEMBER		Х						0.	0.	0.		
		ł										
				<u> </u>				<u> </u>		000		

Form **990** (2022)

-*<u>0434</u>

Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)		I		
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	l	(F) stimate nount o other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	ns SC/	fi org an	npensa rom the ganizati d relate anizatio	e ion ed
		line)	pul	lns	#0	Key	Hig	Ē						
			•											
									25.000					
С	Subtotal Total from continuation sheets to Part VI	I, Section A							35,000.		0.		0.	
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								35,000. eceived more than \$100,	000 of reportable	_			0.
3	Did the organization list any former officer,	director, trusto	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth		ne organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		4		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e <i>J f</i>	or su	ıch ı	oers	on					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										pensa	tion fro	om	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С		C) nsatio	า
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		ot lir	nited	d to		se lis	ted	above) who received mo	ore than				

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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
9 5		Fundraising events 1c					
fts,		Related organizations 1d					
ija Bij							
ons,		ÿ \ , - 					
utio	T	All other contributions, gifts, grants, and	522 270				
ë		similar amounts not included above 1f	523,379.				
o d		Noncash contributions included in lines 1a-1f		523,379.			
Oa	n	Total. Add lines 1a-1f	Business Code	323,313.			
	•		Business Code				
ice	2 a						
erv ue	b						
n S	С						
jrar Re	d						
Program Service Revenue	е	·					
а	f	All other program service revenue					
	g						
	3	Investment income (including dividends, inter	est, and	25 001			25 001
		other similar amounts)		35,021.			35,021.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		` '[
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 213,566.					
	b	Less: cost or other basis					
ne		and sales expenses 76 165,910.					
Revenue		Gain or (loss) 7c 47,656.			1 - 1 - 1		
	d	Net gain or (loss)		47,656.	47,656.		
her	8 a	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
			88,258.				
		Less: direct expenses 8t	39,392.				
		Net income or (loss) from fundraising events		48,866.			48,866.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	1				
		Less: direct expenses 9t)				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10	a				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory					
က္အ			Business Code				
e e	11 a	·					
Miscellaneous Revenue	b	·					
cel ev	С						
Mis	d	All other revenue					
\perp	е	Total. Add lines 11a-11d		654 655	4= ===		00 00=
	12	Total revenue. See instructions		654,922.	47,656.	0.	83,887.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 46,668. 46,668. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 36,492. 29,194. 7,298. Management Legal 7,850. 6,280. 1,570. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,506. 2,005. 501. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 697. 558. 139. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 2,121. 1,697. 424. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 277. 1,385. 1,108. DUES AND FEES **MISCELLANEOUS** 150. 120. 30. С d All other expenses 97,869. 87,630. 10,239. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any line in this Part X			
		oneskii conedule o containe a response oi ne		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		36,713.	1	60,477.
	2	Savings and temporary cash investments		36,551.	2	261,160.
	3	Pledges and grants receivable, net		•	3	•
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current o				
	_	trustee, key employee, creator or founder, subs	· ·			
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disquali				
	_	under section 4958(f)(1)), and persons described	. ,		6	
w	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9				9	
	l	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		942,613.	11	1,212,836.
	12	Investments - other securities. See Part IV, line	•	12	, ,	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		1,015,877.	16	1,534,473.
	17	Accounts payable and accrued expenses		, ,	17	, ,
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
"	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
ig		controlled entity or family member of any of the	T I		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line				
		of Schedule D		1,060.	25	0.
	26	Total liabilities. Add lines 17 through 25		1,060.	26	0.
		Organizations that follow FASB ASC 958, che	eck here X			
Ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		1,014,817.	27	733,224.
Bal	28	Net assets with donor restrictions			28	801,249.
п		Organizations that do not follow FASB ASC 9	958, check here			
F		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome, or other funds		31	
Net	32	Total net assets or fund balances		1,014,817.	32	1,534,473.
	33	Total liabilities and net assets/fund balances .		1,015,877.	33	1,534,473.

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			<u>4,9</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,8				
3	Revenue less expenses. Subtract line 2 from line 1	3		55	7,0	53.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,014,817.				
5	5 Net unrealized gains (losses) on investments 5							
6								
7	Investment expenses	7		-13,745				
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	1	1,534,473					
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	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							
b	Were the organization's financial statements audited by an independent accountant?			2 b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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 on Sche	edule (o.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public

Inspection

Name of the organization

WEST VIRGINIA BAR FOUNDATION, INC.

Employer identification number

-0434

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1	\bigcap	A church, convention of ch					I)(A)(i).				
2	一	A school described in sect					N NI				
3	П	A hospital or a cooperative		•		(b)(1)(A)(ii	ii).				
4		A medical research organiz					=	the hospital's name			
7	ш	city, and state:	anon operated in con	ijanotion with a noophar	GCCCTIDGG	000110	170(b)(1)(A)(iii). Einoi	the hoopital o hamo,			
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	wernmental unit describe	ad in			
3	ш			nege of university owned	or operati	ed by a go	Werninental unit describe	5 u II I			
_		section 170(b)(1)(A)(iv). (C		and the second s	4-	70(1-)(4)(4)	6.3				
6	H	A federal, state, or local gov	•				• •	1.0 1 9 1			
7	Ш	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). (C									
8	Н	A community trust describe			•						
9		An agricultural research org				-	-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or			
		university:									
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)								
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.				
á	ı 🗀	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
k	, [Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
(; [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
(ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organiz	zation(s)			
		that is not functionally int	= ::				• • • • •	* *			
		requirement (see instructi	-		•		•				
•	, [Check this box if the orga	,	•	•						
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	Ent	er the number of supported of	* *	nan, magaras sapporm	.9 0.94=						
,		vide the following information		d organization(s)				-			
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
_											
Tot	al						l				

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, 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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	· ·				i01(c)(3)	
	organization, check this box and stop	_			-		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı			
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciew, piedoc cerrip	ictor art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	32,391.	93,014.	158,910.	14,730.	523,379.	822,424.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	76,720.	56,802.	69,551.	79,286.	96 522	378,881.
2	• • • • • • • • • • • • • • • • • • • •	70,720.	30,002.	05,551.	13,200	50,522.	370,001.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	109,111.	149,816.	228,461.	94,016.	619,901.	1201305.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1201305.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	109,111.	149,816.	228,461.	94,016.	619,901.	1201305.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,388.	22,120.	22,760.	66,503.	35,021.	168,792.
ŀ	Unrelated business taxable income					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	22,388.	22,120.	22,760.	66,503.	35,021.	168,792.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	131,499.	171,936.	251,221.	160,519.	654,922.	1370097.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	olumn (f))		15	87.68 %
	Public support percentage from 2021					16	81.63 %
	ction D. Computation of Inves					Г. <u>.</u> Т	10 20
	Investment income percentage for 20					17	12.32 %
	Investment income percentage from					18	18.37 %
198	33 1/3% support tests - 2022. If the						v
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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 line 10b below.
 - **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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
مارر	A /Ears	n aan)	2022

Pai	t IV	Supporting Organizations (continued)			
	•			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II 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			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted 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 year (see instructions).			
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 governmental entity (see ins	truction	<u>s).</u>	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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		

Sche	dule A (Form 990) 2022 WEST VIRGINIA BAR FOUN			**-***0434 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
6	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

4 Enter greater of line 2 or line 3.

instructions).

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

		BAR FOUNDATION		*	*-***0434 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
•	Prookdown of line 7:				

Schedule A (Form 990) 2022

a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

WEST VIRGINIA BAR FOUNDATION, INC. **Employer identification number** **-***0434

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that goodhood the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	Learm 000 Part V colum	an (P) line 10e)		0

Schedule D (Form 990) 2022

	(1 01111 990) 2022	***
Dart VIII	Invoctmente	Othor

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
		(b) Book value	(c) meaned of valuation, each of one	toryour market value
(3) Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	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.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	F 000 D+ N/ I'	44 d. O. a. Farras 2000, Part V. Part 45	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Pook volue
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	2 15)		
Part X	Other Liabilities.	7 10.,		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.)		
	for uncertain tax positions. In Part XIII, provide			nat reports the

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

David VI	D :		D	A al: 4 a al		I Otatamaanta 1	Mills Davisions in	
<u>ichedule D</u>	(Form 990) 2	2022	MEST.	VIRGINIA	BAR FO	OUNDATION,	INC.	

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Tatal ways a saint and atheur are not transport and a state of the saint and a state of the sain			1	656,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	030/31/1
a	Net unrealized gains (losses) on investments	2a	-23,652.		
b	Donated services and use of facilities		23,0321		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		25,647.		
e				2e	1,995.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	654,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				031/3221
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	654,922.
	t XII Reconciliation of Expenses per Audited Financial Statement	ents With E	xpenses per F		034,322.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		жроносо рон .		
				1	137,261.
1	Total expenses and losses per audited financial statements			-	137,201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities				
b	Prior year adjustments	_			
C	Other losses		39,392.		
d	Other (Describe in Part XIII.)		-	20	39,392.
e	Add lines 2a through 2d			2e 3	97,869.
3	Subtract line 2e from line 1			3	51,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b			4c 5	97,869.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	91,009.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part X, lii	ne 2; Part XI,
		illional illionna			
	RT X, LINE 2:		ICM MO TVA	MTNAM	TON
	OF JUNE 30, 2023, THE TAX YEARS THAT REMAI		CT TO EXA	MINAT	ION
AS	·	IN SUBJE			
AS BEC	OF JUNE 30, 2023, THE TAX YEARS THAT REMAI	IN SUBJE	REMAIN O	PEN T	0
AS BEC	OF JUNE 30, 2023, THE TAX YEARS THAT REMAI	IN SUBJE AND 2023	REMAIN O	PEN T	0
AS BEC	OF JUNE 30, 2023, THE TAX YEARS THAT REMAINS FOR 2021, 2022	IN SUBJE AND 2023	REMAIN O	PEN T	0
AS BEC	OF JUNE 30, 2023, THE TAX YEARS THAT REMAINS FOR 2021, 2022 AMINATION BY TAXING AUTHORITIES. MANAGEMENT OF THE SECOND SEC	IN SUBJE AND 2023	REMAIN O	PEN T	0
AS BEC	OF JUNE 30, 2023, THE TAX YEARS THAT REMAINS FOR 2021, 2022 AMINATION BY TAXING AUTHORITIES. MANAGEMENT OF THE SECOND SEC	IN SUBJE AND 2023	REMAIN O	PEN T	0
AS BEC EXA TAB	OF JUNE 30, 2023, THE TAX YEARS THAT REMAINS FOR 2021, 2022 AMINATION BY TAXING AUTHORITIES. MANAGEMENT SEN IN THOSE RETURNS WOULD BE SUSTAINED IF THORITIES.	IN SUBJE AND 2023 F BELIEV EXAMINE	REMAIN O	PEN T	0
AS BEC EXA TAB AUT PAB	OF JUNE 30, 2023, THE TAX YEARS THAT REMAINS OF JUNE 30, 2023, THE TAX YEARS THAT REMAINS OF 2021, 2022 AMINATION BY TAXING AUTHORITIES. MANAGEMENT OF THOSE RETURNS WOULD BE SUSTAINED IF THORITIES.	IN SUBJE AND 2023 F BELIEV EXAMINE	REMAIN O	PEN T	0

Schedule D (Form 990) 2 Part XIII Supplem	.022	WEST V	IRGINIA	BAR F	OUNDAT	ION,	INC.	**-***04	.34 F	Page 5
Part XIII Supplem	ental Info	rmation (con	tinued)							
FUNDRAISING 1	EVENTS	EXPENSE	NETTED	AGAINS	ST INCO	OME				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number **-***0434 WEST VIRGINIA BAR FOUNDATION, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WEST VIRGINIA BAR FOUNDATION, INC.

		of fundraising event contributions and gro	-	-EZ, lines 1 and 6b. List e		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FELLOWS	LAWYER		(add col. (a) through
			DINNER	LEADERSHIP I	1	col. (c))
Φ			(event type)	(event type)	(total number)	Coi. (c)
Revenue	1	Gross receipts	54,308.	15,950.	18,000.	88,258.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,308.	15,950.	18,000.	88,258.
	4	Cash prizes				
Se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		10,891.	11,680.	39,302.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			39,302.
	11	Net income summary. Subtract line 10 from li				48,956.
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		,		Τ
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ggg.		(2)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu	· · · · -			
		the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states'?		Yes No
D	- 11	то, ехріан.				
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
	_					

Sch	edule G (Form 990) 2022 WEST VIRGINIA BAR FOUNDATION, INC.	**043	34 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
		13a	0/
	a The organization's facility		%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
		. —	
ı	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
•			
	of gaming revenue retained by the third party \$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	daning manager memateri.		
	Nama		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	blicoton officer Employee macpondent contractor		
4-	Manufacture of the Stanton		
	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	s LLI No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	·		

Schedule G	(Form 990)	WEST	VIRGINIA	BAR	FOUNDATION,	INC.	**-***0434	Page 4
Part IV	(Form 990) Supplemental Infor	mation ₍	(continued)		•			<u>-</u>
		,	,					

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization $\mbox{WEST VIRG}$	INIA BAR	FOUNDATION,	INC.				Employer identification number **-***0434
Part I General Information on Grants and	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				-		
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organi	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WVU COLLEGE OF LAW							
1 LAW CENTER DR MORGANTOWN, WV 26506			25,272.	0.			WVU COLLEGE OF LAW PUBLIC SERVICE SCHOLARSHIP
CLAY COUNTY HIGH SCHOOL 1 PANTHER DR CLAY, WV 25043			6,396.	0.			ASSISTANCE WITH STUDENTS
CM1, W 25045			0,330.				EDGIGIACE WITH DIGGENIC
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-	-			I	1	

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	·
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
ALL GRANT REQUESTS ARE SUBMITTED TO	AND APP	ROVED BY I	HE BOARD O	F DIRECTORS.	

Schedule I (Form 990) 2022

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WEST VIRGINIA BAR FOUNDATION,

Employer identification number **-***0434

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CITIZENS.
FORM 990, PART VI, SECTION A, LINE 2:
THE BOARD MEMBERS ARE LAWYERS THAT HAVE ONGOING CASES IN WHICH, ON
OCCASION, THEY MAY HAVE SIMILAR OR OPPOSING INTERESTS.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS OF THE NOT-FOR-PROFIT CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO PARTICIPATE IN THE
ELECTION OF THE GOVERNING BODY MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE MEMBERS HAVE THE RIGHT TO ELECT THE GOVERNING BODY MEMBERS WHO MAKE THE
NECESSARY DECISIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THEN REVIEWED AND APPROVED
BY THE BOARD OF DIRECTORS BEFORE BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION DISCUSSES ANY POTENTIAL CONFLICTS WITH ITS BOARD MEMBERS
AT ITS REGULAR MEETINGS AND REQUIRES ANY CONFLICTS TO BE DISCLOSED ON A
CONTINUING BASIS.

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization WEST VIRGINIA BAR FOUNDATION, INC. **-***0434 FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS APPROVES THE SALARY AND BENEFITS OF THE EXECUTIVE DIRECTOR BY A BOARD VOTE, AND ALSO REVIEWS COMPARABLE SALARY DATA AS WELL AS CONSULTS WITH ITS INDEPENDENT AUDITOR ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: THE WV BAR FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.