Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2020 calenda	ar year, or tax year beginning 01/01 , 2020, and ending		12/31	, 20 20		
B Check if applicable:			C Name of organization	_		entification number		
v /	Address c	change	WEST VIRGINIA STATE PARKS FOUNDATION INC		55-0761816			
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone nu	umber		
$\overline{}$	nitial retu			304	4-982-2008			
=	Final retur Amended	rn/terminated	F Gro	F Group Exemption				
=		n pending	Cross Lanes, WV, 25313		nber ▶	•		
		ting Method:		- Check	▶ V if	f the organization is not		
	/ebsite		wyspf.org			ach Schedule B		
			ck only one) — ✓ 501(c)(3)	•)-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other			· · · · · · · · · · · · · · · · · · ·		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets				
(Par	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	36,292		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ctions			
			the organization used Schedule O to respond to any question in this Parl			•		
	1		ons, gifts, grants, and similar amounts received		1	32,629		
	2		ervice revenue including government fees and contracts		2	0		
	3	-	ip dues and assessments		3	0		
	4	Investment			4	3,663		
	5a		unt from sale of assets other than inventory 5a	0	-	5/555		
	b		or other basis and sales expenses	0				
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a) .		5c	0		
	6		d fundraising events:					
	a	•	ome from gaming (attach Schedule G if greater than					
ne	_			0				
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribut		-			
ě			aising events reported on line 1) (attach Schedule G if the					
ш.			h gross income and contributions exceeds \$15,000) 6b	0				
	С	Less: direc	t expenses from gaming and fundraising events 6c	0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract				
		line 6c) .			6d	0		
	7a	Gross sale	s of inventory, less returns and allowances	0		<u> </u>		
	b		of goods sold	0				
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0		
	8		nue (describe in Schedule O)		8	0		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	36,292		
	10		similar amounts paid (list in Schedule O)		10	10,812		
	11		aid to or for members		11	0		
Ş	12	Salaries, of	ther compensation, and employee benefits		12	0		
Expenses	13		al fees and other payments to independent contractors		13	0		
be	14		/, rent, utilities, and maintenance		14	0		
Ж	15		ublications, postage, and shipping		15	0		
	16		enses (describe in Schedule O) .See Schedule O, Statement 2		16	8,971		
	17		enses. Add lines 10 through 16		17	19,783		
(0	18		(deficit) for the year (subtract line 17 from line 9)		18	16,509		
šets	19		or fund balances at beginning of year (from line 27, column (A)) (must agr			-,		
ASS			r figure reported on prior year's return)		19	267,351		
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20	0		
Ź	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶	21	283,860		

Form 990-EZ (2020) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 267,351 22 22 Cash, savings, and investments 283,860 23 0 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 267,351 **25** 25 283.860 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 267.351 27 283,860 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. CONSTRUCTION AND MAINTENANCE OF PARK FACILITIES: Projects in 2020 included purchasing bath house blowers and grounds maintenance tools and equipment for one state park, and a memorial bench for (Continued on Schedule O, Statement 4) 28a (Grants \$ 0) If this amount includes foreign grants, check here . . . 8,647 GRANTS TO LOCAL PARK FOUNDATIONS: The WV State Park System has a program where park guests can make small donations to support the state's parks. The state gathers the donations and forwards them (Continued on Schedule O, Statement 5) (Grants \$ 10,812) If this amount includes foreign grants, check here 29a 0 30 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here . . . 31a 0 8,647 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Greg Bray 3.00 0 0 0 President Vacant 2.00 0 0 0 Vice President 0 Samantha B Norris 1.00 0 0 Secretary **Kimberly McCluskey** 10.00 0 0 **Treasurer**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		•
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		/
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b		~
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► wv			
42a	The organization's books are in care of ► Kimberly McCluskey Telephone no. ► 3	304-98	2-200	8
L	Located at ► 5036 Bennington Dr, Cross Lanes, WV 25313 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	25	313	
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	> [
4.6	Dill		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions	45h		•/

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-	EZ (20	J2U)								Page -
									Yes	No
		ne organization engage, directly or in								
Part V		ndidates for public office? If "Yes," co Section 501(c)(3) Organizations		Parti		• •		. 46	<u> </u>	'
rait V		All section 501(c)(3) organizations		stions 47–49b ar	nd 52 ar	nd con	nplete th	e tables	for lir	nes
		50 and 51.	o made anowor quo	onono ni lob ul	14 02, ai	10 0011	iipioto tii	o tabloo	101 111	100
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	rt VI				. 🗆
				<u> </u>					Yes	No
		ne organization engage in lobbying in fif "Yes," complete Schedule C, Part		section 501(h) elec				tax . 47	,	
48 Is	s the	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," comple	te Sched	ule E		. 48	3	1
		ne organization make any transfers to							а	V
		s," was the related organization a se								<u> </u>
		plete this table for the organization's								
	mpic	byees) who each received more than	\$100,000 of comper			Health b		e, enter	none.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib	outions to	employee nd deferred	(e) Estima	ated amo	
None							ation			
None										
51 C	Comp 3100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independent	s five highest compenization. If there is no	ensated independe		actors		receive		e thar
Nama						-+				
None										
						-+				
d T	otal	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52	Did t	he organization complete Scheduleted Schedule A	=		-	ns mu	ıst attacl	n a ▶ ☑ Ye	es 🗆	No
		of perjury, I declare that I have examined this re						nowledge a	nd belief	f, it is
true, corre	ct, and	d complete. Declaration of preparer (other than	oπicer) is based on all info	rmation of which prepa	rer has any	knowled(ge.			
Sian		Signature of officer				Doto				
Sign Here						Date				
11016		Kimberly McCluskey, Treasurer Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Palu Prepal	rer	Third Type proparer of harrie				self-employed				
Use O		Firm's name ▶				Firm's	s EIN ▶			
		Firm's address ▶				Phon	e no.			
May the	IKS	discuss this return with the preparer	snown above? See i	nstructions				Ye	es	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Internal Revenue Service So to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Emp

Employer identification number WEST VIRGINIA STATE PARKS FOUNDATION INC 55-0761816 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2017 (a) 2016 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 24,197 37,292 116,493 36,211 32,629 246,822 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 24,197 37.292 116,493 36,211 32,629 246,822 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 246.822 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 24,197 37.292 116,493 36,211 32,629 246,822 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 589 555 4,378 2,154 3,663 11,339 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 775 567 779 0 0 2,121 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 178,093 178,093 0 0 0 **Total support.** Add lines 7 through 10 11 438,375 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 56.3 % Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to quality	under the te	sts listed bei	ow, piease co	implete Fart	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		 				
ı a	received from disqualified persons .						
	•		-				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8							
0 1:	line 6.)						
	on B. Total Support		# N 0047	() 0040	(1) 00 (0	() 0000	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	•			-		` ' ; '
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch		•			16	%
	on D. Computation of Investment Inc					1	
17	Investment income percentage for 2020 (I			by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019			-		18	%
19a	331/3% support tests—2020. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2019. If the organize	_	_	-		-	
~	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_	=	*	-		_

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on 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.)

ecu	on A. All Supporting Organizations		Yes	No
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		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а		3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	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.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u>'</u>		
Oootii	71 217 III 1 ypo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization'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			
	organization'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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
' a	The organization satisfied the Activities Test. Complete line 2 below.	nou a	CHOIL	3).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ir	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OI-		
9	•	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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				
	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				
<u>u</u>	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors	٠.~				
е	(explain in detail in Part VI):	1e				
	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				
	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				
	ion C—Distributable Amount	0		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				
_	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť				
	emergency temporary reduction (see instructions).	6				
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization					

Secti		Current Year			
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide 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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
	, Part II, Line 10 - Unusual Grant: In 2017 the Foundation received an unusual one-time \$178,093 grant from the West Virginia to f Environmental Protection to improve lighting efficiency and facilitate recycling in the Pipestem State Park.							
Department	Department of Environmental reflection to improve lighting enfectively did tacimate recycling in the repeated of disk.							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WEST VIRGINIA STATE PARKS FOUNDATION INC 55-0761816 Form 990-EZ, Part I, Line 10 - Form 990-EZ, Part 1, Line 10; Grants were made to several 501(c)(3) foundations that are the "Foundation of Record" supporting a West Virginia state park or forest. The grants are made to assist the local foundations in enhancing and maintaining the infrastructure in the "their" park, and to enhance visitor support and serves in their park.

WEST VIRGINIA STATE PARKS FOUNDATION INC

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Header Section

Reasonable Cause Explanations

nable Cause Evalenations

Explanation

Filed for an extension. IRS # 32101820211300000057

WEST VIRGINIA STATE PARKS FOUNDATION INC

Form: **Form 990-EZ (2020)** EIN: **55-0761816**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Misc admin expenses	26
Annual meeting expenses	78
Website domain expenses	172
PayPal fees	49
tools	1,577
Memorial Bench	1,251
Chief Logan Lighting Upgrade return excess to DEP	5,818
Total:	8,971

WEST VIRGINIA STATE PARKS FOUNDATION INC

Form: **Form 990-EZ (2020)** EIN: **55-0761816**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Preserve, protect, and enhance West Virginia State Parks by providing leadership in communication, funding, and advocacy in partnership with individual Park Foundations.

Description

WEST VIRGINIA STATE PARKS FOUNDATION INC

Form: Form 990-EZ (2020) EIN: 55-0761816 Page: 2 Part III, Line 28

First Program Service Accomplishments Description

a different park. Excess funding for a major lighting upgrade project in the Chief Logan Park was returned to the granting agency, the WV Department of Environmental Protection.

WEST VIRGINIA STATE PARKS FOUNDATION INC

Form: Form 990-EZ (2020) EIN: 55-0761816
Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

Description

to the Foundation. Some parks have local 501(c)(3) foundation that supports that park. If donations are received from a park with a foundation the money is transferred to that foundation as a grant. The amount shown is the total grants made during the year.