

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 20 25

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

**HISTORICAL SOCIETY OF WESTERN
VIRGINIA**

EIN or SSN

54-0718794

Name and title of officer or person subject to tax

**WILLIAM HOPKINS, JR
PRESIDENT****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

☒ 1a Form 990 check here	☐ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>281,044</u>
☐ 2a Form 990-EZ check here	☐ b Total revenue, if any (Form 990-EZ, line 9)	2b _____
☐ 3a Form 1120-POL check here	☐ b Total tax (Form 1120-POL, line 22)	3b _____
☐ 4a Form 990-PF check here	☐ b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
☐ 5a Form 8868 check here	☐ b Balance due (Form 8868, line 3c)	5b _____
☐ 6a Form 990-T check here	☐ b Total tax (Form 990-T, Part III, line 4)	6b _____
☐ 7a Form 4720 check here	☐ b Total tax (Form 4720, Part III, line 1)	7b _____
☐ 8a Form 5227 check here	☐ b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
☐ 9a Form 5330 check here	☐ b Tax due (Form 5330, Part II, line 19)	9b _____
☐ 10a Form 8038-CP check here	☐ b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ANDERSON & REED, LLP to enter my PIN 24008 as my signature
ERO firm name Do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/06/25**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54664724016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/06/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2024)

Form 990

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable:

Address change

Name change

Initial return

Final return/
terminated

Amended return

Application pending

C Name of organization

HISTORICAL SOCIETY OF WESTERN
VIRGINIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 1904

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ROANOKE

VA 24008

D Employer identification number

54-0718794

E Telephone number

540-982-5465

G Gross receipts \$ 330,137

F Name and address of principal officer:

WILLIAM HOPKINS, JR

PO BOX 1904

ROANOKE

VA 24008

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ROANOKEHISTORY.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1957

M State of legal domicile: VA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SOCIETY IS TO PROMOTE AN INTEREST IN THE BROAD SPECTRUM OF HISTORY WITH EMPHASIS ON THAT OF WESTERN VIRGINIA.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	166,441	219,514
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,771	36,393
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,138	7,944
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,412	17,193
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	216,762	281,044
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	86,112	85,623
	b	Total fundraising expenses (Part IX, column (D), line 25)		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,780	114,506
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		88,575
	19	Revenue less expenses. Subtract line 18 from line 12	200,618	174,198
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,144	106,846
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	2,801,063	2,942,142
			3,017	6,454
		2,798,046	2,935,688	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

WILLIAM HOPKINS, JR

PRESIDENT

Type or print name and title

Paid

Preparer
Use Only

Preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

J. DAVID WRIGHT

11/06/25

self-employed

P00352105

Firm's name

ANDERSON & REED, LLP

Firm's EIN

54-0617257

Firm's address

1515 FRANKLIN RD SW

ROANOKE, VA 24016-5206

Phone no

540-344-4333

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

DAA

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ **X****1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ **X** No

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **132,079** including grants of \$) (Revenue \$ **36,393**)
TO PROMOTE AN INTEREST IN THE BROAD SPECTRUM OF HISTORY WITH EMPHASIS ON THAT OF WESTERN VIRGINIA; TO COLLECT, PRESERVE, INTERPRET AND MAKE AVAILABLE MATERIALS RELATING TO THAT HISTORY; TO SPONSOR RESEARCH AND PUBLICATION IN THE FIELD OF REGIONAL HISTORY AND TO PROVIDE EDUCATION SERVICES TO PEOPLE AND INSTITUTIONS THROUGHOUT WESTERN VIRGINIA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **132,079**