

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Department of the Treasury Internal Revenue Service

7

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a conv of this return to satisfy state reporting requirements.

The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-1150

Open to Public Inspection

A	Fort	he 2008 ca	lendar	year,	or tax	year b	eginning	Jul	1 1	, 20	008, and en	nding	Jun 30)		, 2009	
В	Check	ıf applıcable		C	Name of c	organiza	tion							D Em	oloyer	identification nu	mber
	Addre	ddress change Please Pocahontas County Tourism Commission						55	55-0678800								
_	1								E Tele	phone	number						
\vdash	Initial return type. P.O. Box 275							(3	304)	799-46	36						
\vdash	Termi		Specific				or country, a	and ZiP + 4						,			
H	1	ded return	instruc- tions.	1			•				WV 24	954			oup E mber	xemption	-
Ш		ation pending			rlint								ccounting			Cash X	Accrual
		• Section 5	501(c)(3	3) org	anizatio	ons ar	nd 4947(a) Schedule A	(1) none. \	xempt ch	aritable trus	sts		ther (speci		ı.] Casii [A]	Accidai
			ust atte	acii a	compi		Cricadic 7	1 (1 01111)	<u> </u>	, <u>/.</u>	_		heck > X		he or	ganization is	not
1	Web	site: ► w	ww.pc	ocal	nonta	s.o	rq					re	equired to	attach	Sche	dule B (Form	
J	J Organization type (check only one) — X 501(c) (6) ◀ (Insert no) 4947(a)(1) or 527 990-EZ, or 990-PF).																
ĸ	K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than																
										ile a return,					•		
	Add	lınes 5b. 6t	o, and 7		line 9 t	to dete	rmine gro	ss receir	ots, if \$1,	000,000 or n	nore, file Fo	orm 9	90				
	ınste	ad of Form	990-EZ	Z .	•										▶\$		<u>6,756.</u>
Pa	art I	Reve	enue, l	Exp	enses	, and	Change	es in N	et Asse	ts or Fun	d Balanc	ces (See the	ınstru	ctio	ns for Part	: I.)
	1	Contributi	_												1		
	2	Program :	service	rever	nue incl	ludıng	governme	nt fees a	and contra	acts				-	2	71	6,146.
	3	Membersh			assess	sments	6							1	3		
	4	Investmer									1 = 1			-	4		610.
	1	Gross am							У		5a				.		
_		Less cos					•				5 b						
E		Gain or (loss	-								1		_	\neg	5c	 	
Ě	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$								\cup	ŝ							
N	а	Gross rev	enue (n	not in	cluding	\$ <u> </u>			of con	tributions	1 - 1						
Ē		reported of	on line 1	1)							6a				, -		
	l t	Less: dire	ct expe	enses	other th	han fu	ndraising	expense:	S	•	6b			-			
	_ c	: Net income (or (loss) 1	trom s	pecial eve	ents and	l activities (S	Subtract lin	e 60 from II	ne 6a)	11			-	6 c		
	/a	Gross sal	es of in	vento	ry, less	returi	ns and all	owances			7 a				.		
		Less: cos	t or goo	oas sc)IO	lan af		(Subject of	Ama 74 (from line 70'	<u> 7 B </u>				7 c		
	,	Gross pro	ייי ללייייי	USS) 1	TOIII Sai	162 01	niventory	(Subtrate		TOTT THE 7a	,			、	8		
	8	Other revent	ie (descri	ibe -				1.00	~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		-			-' . ├	9	71	6 756
	9	l otal reve	enue (a	iaa iir	ies 1, 2	, 3, 4,	50, 60, 70	;, and 8)	-	A.	T	10	<u> </u>				6,756.
	10	Grants an	id simila	ar am	iounts p	oaid (a	ittach sche	edule)		The Au	See L-	-rn	Stmt.	}	10		4,843.
E	11	Benefits p	aid to c	or tor	membe	ers .		h 6.1 -			8			}	11 12	10	7,209.
P	12	Salaries,	otner co	ompe	nsation	, and	employee	benefits	Sy		186×			}	13	10	1,250.
N	13	Profession	Conta	s and	other p	ayrne	tononco	pendent	COINIAGIC		() "YV1	`		}			
S E	14 Occupants RNA juniques and maintenance Society 2010 15 Printing 36 in a group of a life suppose a gradual form of the expenses (describe See Other Expenses Statement Arms) 16 Other expenses (describe See Other Expenses Statement Arms) 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (subtract line 17 from line by 100) 18 106,894								.5, 505.								
s	15 Printing 36 Manuage postage and smitching 15 16 Other expenses (describe - See Other Expenses Statement 24 16 340,575.								0 575								
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N S E E T E	19	Net assets	s of typ	id bal	ances a	at begi a ro tur	nning of y	ear (fron	n line 27,	column (A)) (must agr	ee wii	in ena-or-y	ear	19	41	6,915.
ŦĘ	20	Other cha	nCOV	TNA	Trants .	or pinc	''' I halances	(attach	explanati	on)				İ	20		0/0-01
Ś	21	Net assets	s or fun	nd bal	ances a	CY at end	of vear C	Combine	lines 18 t	hrough 20				▶	21	52	23,809.
Pa	art II										000 or more	e. file	Form 990	ınstea		orm 990-EZ	
!	41 C II	Daia	1100 0				uctions fo			αις <u>ψ</u> Σ,σσσ,	000 01 11101		Beginning			(B) End o	f vear
22) Ca	sh, savings	and in		•		2000110		,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,144.			8,637.
23		and built	-			• •			••		•			0			4,108.
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25		tal assets	(22001111		220	<u> </u>	~~~			,				209	_		20,760.
		tal liabilitie	s (desc	ribe '	► Se	e L-	26 Stm	ıt)				294			3,049.
		t assets or					_		agree wil	h line 21)				915			23,809.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008) 65 /6rd

Form 990-EZ (2008) Pocahontas Cour Part III Statement of Program Se				·0678800 E x	Page 2		
What is the organization's primary exempt purpose? Promote Tourism for Pocahonts County Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each (Required for and (4) organization's exempt purposes. In a clear and concise manner, 4947(a)(1) true.							
program title.		for others.)	·				
28 Mini-grant program partn particpating organization promote Pocahontas Count	n and business to	. <u>h</u>					
(Grants \$ 54,843.) if the	is amount includes foreign gr	ants, check here	▶ 📗	28 a	54,843.		
29 Direct advertising progr	<u>am</u>						
Operate visitor center							
Coordinate cooperative a	dvertising						
(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here		29 a	486,354.		
30			•				
(Grants \$) If th	is amount includes foreign gra	ants, check here		30 a			
31 Other program services (attach schedule)	•					
	is amount includes foreign gra	ants, check here	▶ 🗍	31 a			
32 Total program service expenses (add lir			P	32	541,197.		
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. (List each oi	ne even if not comp	pensated S	ee the instrs)		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans deferred compensate	o (e) E:	xpense account ther allowances		
Mary Snyder	to position		deletted compensati	011			
P.O. Box 134	President						
	5.00	0.		0.	0.		
	3.00	0.		<u> </u>	<u>.</u>		
Martha Giddings	xx:						
HC 69, Box 24	Vice-pres	0			0		
Slatyfork WV 26291	5.00	0.		0.	0.		
Frank Proud	G						
P.O. Box 76	Secretary	_			•		
Durbin WV 26264	5.00	0.		0.	0.		
Leslie Cain							
Rt. 1, Box 194	Director				_		
Marlinton WV 24954	2.00	0.		0.	0.		
Martin Saffer							
820 10th Avenue	Director						
Marlinton WV 24954	2.00	0.		0.	0.		
John Hess							
P.O. Box 82	Director						
Slatyfork WV 26291	2.00	0.		0.	0.		
John Mutscheller							
1202 10th avenue	Director						
Marlinton WV 24954	2.00	0.		0.	0.		
Brenda Cochran							
Rt. 1, Box 146	Director						
Dunmore WV 24934	2.00	0.		0.	0.		
Patrick McCurdy							
HC 82, Box 217 B	Director						
	2.00	0.		0.	0.		
Blair Campbell							
HC 64, Box	Director						
	2.00	0.		0.	0.		
Connie Carr				<u> </u>	<u>~·</u>		
	Director						
HC 82, Box		0.		0.	0.		
Marlinton WV 24954	2.00	U .		<u> </u>	<u> </u>		
See List of Officers, Directors, Trustees, & Key Employees Stmt							
	<u> </u>	1					

1 0	Other information (Note the statement requirement in deficial instruction v.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	The second secon	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	, ,		-
;	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		х
ı	proxy tax requirements?	35b		^-
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	36		х
37	If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions	30		
	Did the organization file Form 1120-POL for this year?	37b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	د	х
i	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities		قب _	
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	(7. 7. J	
	section 4911 ►, section 4912 ►, section 4955 ►	<u> </u>	·	
l	5501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		
	Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization			
	e 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 List the states with which a copy of this return is filed ►	40 e		Х
ı	Telephone no (304) Located at 708 Second Avenue Marlinton WV ZIP + 4 24954 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	42b	-463 Yes	No X
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42 c		Х
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		<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990 EZ	44		х
45	Form 990 must be completed instead of Form 990-EZ	45		Х
BAA		rm 990)-EZ	(2008

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 40-49 and complete the tables for lines 50 and 51. 16 Did the organization engage in direct or Indirect polluteal company activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I. 17 Did the organization operating a school as described in Section 170(0)(1)(3)(0)? If Yes, complete Schedule E. 18 Is the organization operating a school as described in Section 170(0)(1)(3)(0)? If Yes, complete Schedule E. 19 Is 30 bit the organization make any transfers to an exampt non-charatistic related enganization? 10 If Yes, was the related organization(3) a section 527 organization? 10 Complete this table for the five linehast compensated employees (4) Complete shall be table to the five in linehast companisation from the degranization. If there is none, enter None. (a) Name and oddress of each irreferore paid from the organization. If there is none, enter None. (b) Name and oddress of each irreferore paid from the degranization of the responsability of the second to problem from the organization of it there is none, enter None. (b) Name and oddress of each irreferore paid from the degranization of the responsability of the second to problem from the organization of it there is none, enter None. (b) Name and oddress of each organization of the responsability of the second paid of the second to problem from the organization of it there is none, enter None. (b) Name and oddress of each organization of the responsability of the second paid of the second of the organization of the second	orm 990.F	Z (2008) Pocahontas County :	Fourism Commiss	sion	55-0678			age 4
16 Did the organization engage in direct or Indirect political company activities on behalf of or in opposition to condidates (%) No. 10 Did the organization operating a lobbying activities (%) Fart 11 Did the organization operating a school as described in Section 170(b)(1)(3)(7) "I "res, complete Schedule E 13 Is the organization operating a school as described in Section 170(b)(1)(3)(7) "I "res, complete Schedule E 147 I	artWi	Section 501(c)(3) organization	s only. All section !	501 (c)(3) organiza	tions must answer qu	uestions	46-49	9
for public office? if Yes, "complete Schedule C, Part II	46 Did the		t political campaign act	ivities on behalf of or it	n opposition to candidates	AG	Yes	No
18 Is the organization operating a school as described in section 170(b)(1)(A)(iii)* If "Yes," complete Schedulo E 49 490 490 490 490 490 490 490 490 490	for pul	blic office? If 'Yes,' complete Schedule C	, Ραπι		• • • • • • • • • • • • • • • • • • • •	170		
39 Did the organization make any transfers to an exempt non-chantable related organization? 49 49 49 49 49 49 49 4	47 Did the organization engage in lobbying activities? If Yes, complete Schedule C, Forth .							
b if Yes, 'was the related organization(s) a section \$27 organization? 10 Complete this table for the five highest compensated employees (other than efficers, directors, invatices and key employees) who each received more than \$100,000 of compensation from the gryanization. If there is note, enter None. (a) Nume and address of each employee paid (b) Titles and revergee (c) Compensation (c) Compensation (c) Present plans and over the second and expense t	18 Isthe	organization operating a school as desci	exempt over charitable t	yynytty: ir res, taxtip alatak organization?	ible deficable E	<u> </u>		
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Form 990-EZ Part II

Other Assets and Liabilities

2008

Name as Shown on Return

Pocahontas County Tourism Commission

Employer Identification No 55-0678800

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable	30,065.	78,015.
Totals to Form 990-EZ, Part II, line 24	30,065.	78,015.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts payable	1,331.	35.
Payroll liabilities	4,963.	-3,084.
Totals to Form 990-EZ, Part II, line 26	6,294.	-3,049.

TEEW1801 SCR 04/21/08

Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Direct advertising	219,852.
Postage	36,783.
Travel	21,687.
Public education	18,317.
Office expense	16,445.
Promotion	4,840.
Conferences & shows	13,686.
Dues & subscriptions	6,389.
Insurance	2,576.
Total	340,575.

Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business Person X				
Erica Engquist	Title			
Rt. 2, Box 109	Director			
Marlinton WV 24954				
Foreign city	Hours/Week			
Foreign country	2.00	0.	0.	0.
Business Person X				
Rondi Fischer	Title			
P.O. Box 210	Director			
Marlinton WV 24954				
Foreign city	Hours/Week			
Foreign country	2.00	0.	0.	0.

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Paymen	Mini Grant Program to promote area festivals					
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given			
Mini-grants	Business X Person Various Festivals in Pocahontas county Marlinton WV 24954	None	54,843.			
If property other that Description of Proper Date of Gift	n cash was given, the following additional in	nformation needs to be	provided.			
Book Value	How Book Value Determined					
FMV	How FMV Determined					

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payr	nent . Mini Grant Program to promote area festivals					
Class of Activi	Grantee's Grantee's Name and Address Relationship Amount Given					
Mini-grants	Business X Person None Various Festivals in Pocahontas county Marlinton WV 24954 54,843.					
If property other Description of P Date of Gift	than cash was given, the following additional information needs to be provided coperty					
Book Value	How Book Value Determined					
FMV	How FMV Determined					

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Hotel/Motel Tax	716,146.
Total	716,146.

Supporting Statement of:

Form 990-EZ/Line 4

	Description	Amount
Interest		610.
Total		610.

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
Total payroll	150,588.
Total benefits	24,982.
Total taxes	11,639.
Total	187,209.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Grant audit	1,250.
Total	1,250.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Total utilities	22,492.
Total occupancy	3,493.

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Form 990-EZ/Line 14

	Description	Amount
Total		25,985.

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
Computer	3,889.
Office furniture	10,219.
Less accumulated depreciation	
Total	14,108.