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Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning 2009, and ending

Form 990 header section containing fields B through M, including organization name (West Virginia Roundtable, Inc.), EIN (55-0638436), address (1624 Kanawha Blvd East, Charleston, WV 25311), and principal officer (Paul E Arbogast Jr).

Part I Summary

Part I Summary section containing lines 1 through 7b, including mission statement (Economic Development, General education of the public regarding economic development in WV) and organizational statistics.

Table with 3 columns: Line number, Description, and Revenue/Expense amounts for Prior Year and Current Year. Includes lines 8 through 22 covering revenue, expenses, and net assets.

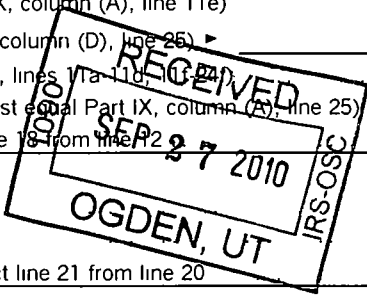
Part II Signature Block

Signature Block section containing the declaration of the preparer, the signature of Paul E Arbogast, Jr., and the date 9/20/10.

Preparer's information section containing the signature of Billy J Cline, CPA, firm name (CLINE & ASSOCIATES, PLLC), address (801 Indiana Ave, Charleston, WV 25302-3313), and EIN (20-3856781).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

SCANNED OCT 26 2010 ENVELOPE POSTMARK DATE SEP 22 2010



Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Economic Development

General education of the public regarding economic development in WV.

See Form 990, Page 2, Part III, Line 1 (continued)

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 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 No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 302,856. including grants of \$ 0.) (Revenue \$ 274,087.)

Service Output: General education of the public regarding economic development in West Virginia. Population served: 2,000,000

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ **302,856.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		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? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12 A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>		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? <i>If 'Yes,' complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 b	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 Foreign Bank and Financial Accounts		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8 a	a The governing body?		X
8 b	b Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 b	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12 b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12 c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official		X
15 b	b Other officers of key employees of the organization		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ► West Virginia
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► Cline & Associates, PLLC 801 Indiana Avenue, Charleston, WV 25302-3313 (304) 345-5608

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Adams, Richard Director	1.00	X						0.	0.	0.
Arndt, Ken Director	1.00	X						0.	0.	0.
Arneault, E R Director	1.00	X						0.	0.	0.
Arnold, Phyllis Director	1.00	X						0.	0.	0.
Basile, Michael Director	1.00	X						0.	0.	0.
Baxter, Ralph Director	1.00	X						0.	0.	0.
Bean Jr, Ralph Director	1.00	X						0.	0.	0.
Becker, W M Director	1.00	X						0.	0.	0.
Bright, William Director	1.00	X						0.	0.	0.
Burton, Gregory Director	1.00	X						0.	0.	0.
Caperton, Gaston Director	1.00	X						0.	0.	0.
Carter, Dr Hazo Director	1.00	X						0.	0.	0.
Cary, A Bray Director	1.00	X						0.	0.	0.
Clements, Dr J P Director	1.00	X						0.	0.	0.
Colebank, R A Director	1.00	X						0.	0.	0.
Coury, Robert J Director	1.00	X						0.	0.	0.
Dexter, S P Director	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Richard Colebank</u> Director	1.00	X					0.	0.	0.	
<u>Robert Coury</u> Director	1.00	X					0.	0.	0.	
<u>Stephen Dexter</u> Director	1.00	X					0.	0.	0.	
<u>Timothy Duke</u> Director	1.00	X					0.	0.	0.	
<u>Fred Earley</u> Director	1.00	X					0.	0.	0.	
<u>Harry Esbenshade III</u> Director	1.00	X					0.	0.	0.	
<u>James Estep</u> Director	1.00	X					0.	0.	0.	
<u>Michael Foster</u> Director	1.00	X					0.	0.	0.	
<u>B Keith Fulton</u> Director	1.00	X					0.	0.	0.	
<u>Patrick Gallagher</u> Director	1.00	X					0.	0.	0.	
<u>Kent George</u> Director	1.00	X					0.	0.	0.	
<u>John Gianola</u> Director	1.00	X					0.	0.	0.	
<u>Thomas Gilpin</u> Director	1.00	X					0.	0.	0.	
1b Total							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 0.				
	b Membership dues	1b 203,776.				
	c Fundraising events	1c 0.				
	d Related organizations	1d 0.				
	e Government grants (contributions)	1e 0.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0.				
	g Noncash contribns included in lns 1a-1f	\$ 0.				
	h Total. Add lines 1a-1f		203,776.			
	PROGRAM SERVICE REVENUE	Business Code				
2a <u>Leadership WV</u>		519190	64,345.	64,345.	0.	0.
b						
c						
d						
e						
f All other program service revenue			0.	0.	0.	0.
g Total. Add lines 2a-2f		64,345.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,938.	0.	0.	2,938.
	4 Income from investment of tax-exempt bond proceeds		0.	0.	0.	0.
	5 Royalties		0.	0.	0.	0.
	6a Gross Rents	(i) Real	0.	0.		
		(ii) Personal	0.	0.		
		b Less rental expenses	0.	0.		
		c Rental income or (loss)	0.	0.		
	d Net rental income or (loss)		0.	0.	0.	0.
	7a Gross amount from sales of assets other than inventory	(i) Securities	0.	0.		
		(ii) Other	0.	0.		
		b Less cost or other basis and sales expenses	0.	0.		
		c Gain or (loss)	0.	0.		
	d Net gain or (loss)		0.	0.	0.	0.
	8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c) See Part IV, line 18	a	0.			
		b Less direct expenses	0.			
		c Net income or (loss) from fundraising events		0.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19	a	0.			
		b Less direct expenses	0.			
		c Net income or (loss) from gaming activities		0.	0.	0.
	10a Gross sales of inventory, less returns and allowances	a	0.			
b Less cost of goods sold		0.				
c Net income or (loss) from sales of inventory			0.	0.	0.	0.
Miscellaneous Revenue		Business Code				
11a <u>Miscellaneous</u>	519190	3,028.	3,028.	0.	0.	
b						
c						
d All other revenue		0.	0.	0.	0.	
e Total. Add lines 11a-11d		3,028.				
12 Total revenue. See instructions		274,087.	67,373.	0.	2,938.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,565.	2,565.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,600.	3,600.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	75,000.	75,000.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.		
7 Other salaries and wages	55,256.	55,256.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,417.	5,417.		
9 Other employee benefits	4,294.	4,294.		
10 Payroll taxes	10,473.	10,473.		
11 Fees for services (non-employees)				
a Management	0.	0.		
b Legal	0.	0.		
c Accounting	11,715.	11,715.		
d Lobbying	0.	0.		
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	0.	0.		
g Other	0.	0.		
12 Advertising and promotion	0.	0.		
13 Office expenses	2,483.	2,483.		
14 Information technology	1,794.	1,794.		
15 Royalties	0.	0.		
16 Occupancy	12,082.	12,082.		
17 Travel	6,881.	6,881.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.		
19 Conferences, conventions, and meetings	24,872.	24,872.		
20 Interest	0.	0.		
21 Payments to affiliates	0.	0.		
22 Depreciation, depletion, and amortization	91.	91.		
23 Insurance	712.	712.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Leadership WV	80,754.	80,754.		
b -----				
c -----				
d -----				
e -----				
f All other expenses	4,867.	4,867.		
25 Total functional expenses. Add lines 1 through 24f	302,856.	302,856.		
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing		748.	1	398.	
	2	Savings and temporary cash investments		304,355.	2	245,284.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		103.	9	669.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	52,043.			
	b	Less accumulated depreciation	10b	50,767.	0.	10c	1,276.
	11	Investments – publicly-traded securities			11		
	12	Investments – other securities See Part IV, line 11			12		
	13	Investments – program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
16	Total assets Add lines 1 through 15 (must equal line 34)		305,206.	16	247,627.		
LIABILITIES	17	Accounts payable and accrued expenses		11,974.	17	7,989.	
	18	Grants payable		25,000.	18		
	19	Deferred revenue		55,820.	19	56,344.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D		598.	25	248.	
	26	Total liabilities. Add lines 17 through 25		93,392.	26	64,581.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.						
	27	Unrestricted net assets		211,814.	27	183,046.	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, and equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		211,814.	33	183,046.	
34	Total liabilities and net assets/fund balances		305,206.	34	247,627.		

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c		X
3a		X
3b		

BAA

Form 990 (2009)

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See instructions for Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer Identification number

West Virginia Roundtable, Inc.

55-0638436

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Duke, Timothy Director	1.00	X					0.	0.	0.	
Earley, Fred Director	1.00	X					0.	0.	0.	
Eshenshade, H H Director	1.00	X					0.	0.	0.	
Estep, James Director	1.00	X					0.	0.	0.	
Foster, Michael Director	1.00	X					0.	0.	0.	
Fulton, B Keith Director	1.00	X					0.	0.	0.	
Gallagher, P Director	1.00	X					0.	0.	0.	
George, Kent J Director	1.00	X					0.	0.	0.	
Gianola, John B Director	1.00	X					0.	0.	0.	
Gilpin, Thomas H Director	1.00	X					0.	0.	0.	
Gordon, Michael Director	1.00	X					0.	0.	0.	
Graney III, P C Director	1.00	X					0.	0.	0.	
Jim Guidarini Director	1.00	X					0.	0.	0.	
Hageboeck, C Director	1.00	X					0.	0.	0.	
Hardesty, B A Director	1.00	X					0.	0.	0.	
Harless, J H Director	1.00	X					0.	0.	0.	
Heywood, T A Director	1.00	X					0.	0.	0.	
Hurst, Dr S Director	1.00	X					0.	0.	0.	
Igaacs, R L Director	1.00	X					0.	0.	0.	
John, Michael Director	1.00	X					0.	0.	0.	
Jones, J T Director	1.00	X					0.	0.	0.	

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See instructions for Form 990.

Department of the Treasury
Internal Revenue Service



Name of the Organization

Employer Identification number

West Virginia Roundtable, Inc.

55-0638436

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Gordon Director	1.00	X						0.	0.	0.
Patrick Graney III Director	1.00	X						0.	0.	0.
Jim Guidarini Director	1.00	X						0.	0.	0.
Charles Hageboeck Director	1.00	X						0.	0.	0.
Benjamin Hardesty Director	1.00	X						0.	0.	0.
James Harless Director	1.00	X						0.	0.	0.
Thomas Heywood Director	1.00	X						0.	0.	0.
Dr Scott Hurst Director	1.00	X						0.	0.	0.
Russell Isaacs Director	1.00	X						0.	0.	0.
Michael John Director	1.00	X						0.	0.	0.
J Thomas Jones Director	1.00	X						0.	0.	0.
Michael Keener Director	1.00	X						0.	0.	0.
Kopp, Stephen Director	1.00	X						0.	0.	0.
Krepel, Dr T L Director	1.00	X						0.	0.	0.
Lane II, G R Director	1.00	X						0.	0.	0.
Marsteller, B A Director	1.00	X						0.	0.	0.
McCabe, B F Director	1.00	X						0.	0.	0.
Morgan, Wayne Director	1.00	X						0.	0.	0.
Morris, Doug Director	1.00	X						0.	0.	0.
Noland, Dr B Director	1.00	X						0.	0.	0.
Park, Raymond P Director	1.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See instructions for Form 990.

Department of the Treasury
Internal Revenue Service



Name of the Organization

Employer Identification number

West Virginia Roundtable, Inc.

55-0638436

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Radakovich, P Director	1.00	X						0.	0.	0.
Rader, D L Director	1.00	X						0.	0.	0.
Ramsey, David Director	1.00	X						0.	0.	0.
Reynolds, M Director	1.00	X						0.	0.	0.
Rice, Clayton Director	1.00	X						0.	0.	0.
Rice, Lacy I Director	1.00	X						0.	0.	0.
Sellard, M Director	1.00	X						0.	0.	0.
Slater, R L Director	1.00	X						0.	0.	0.
Thrasher, H W Director	1.00	X						0.	0.	0.
Weisberg, Art Director	1.00	X						0.	0.	0.
Welch, Dr. E H Director	1.00	X						0.	0.	0.
Weser, P L Director	1.00	X						0.	0.	0.
Wilkinson, R W Director	1.00	X						0.	0.	0.
Arbogast, Paul E President	50.00			X				75,000.	0.	1,348.
Dana Waldo Chairman	4.00			X				0.	0.	0.
Robert Simpson Im Past Chair	1.00			X				0.	0.	0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

West Virginia Roundtable, Inc.

55-0638436

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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??

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not 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 furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		31,268.	31,268.	0.
e Other		20,775.	19,499.	1,276.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,276.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization

Employer identification number

West Virginia Roundtable, Inc.

55-0638436

Pt VI-B, Line 11A This Form 990 was prepared by a contracted CPA and

was reviewed by the organization's President.

Pt VI-C, Line 19 This organization has always made any and all parts

of their financial statements and Forms 990 available

to the public or any of the members upon request.

Pt XI, Line 3b The organization has never received any federal

monies for any reason and is not subject to A-133

rules.

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) WV Roundtable Foundation, Inc.		
(2)		
(3)		
(4)		
(5)		
(6)		

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2009

Part I – Identifying Information

Employer Identification Number 55-0638436
 Name West Virginia Roundtable, Inc.
 Address 1624 Kanawha Blvd East Room/Suite _____
 City Charleston State WV ZIP Code 25311
 Foreign Country _____
 Telephone Number (304) 357-0850 Extension _____
 Fax _____ E-Mail Address _____

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$25,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line

Part III – Type of Organization

- | | |
|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association _____ 6 (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | <input type="checkbox"/> 527 Organization |
| | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
 Fiscal year – Ending month _____
 Short year – Beginning date _____ Ending date _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2009 Estimated Taxes Paid

Check this box if the organization is a private foundation

Amount of 2008 overpayment credited to 2009 estimated tax Form 990-T _____ Form 990-PF _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/15/09</u>				
2nd Quarter Payment	<u>06/15/09</u>				
3rd Quarter Payment	<u>09/15/09</u>				
4th Quarter Payment	<u>12/15/09</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Electronic Filing Information

Electronic Filing:

File the federal return electronically

Practitioner PIN program:

Sign this return electronically using the Practitioner PIN

ERO entered PIN

Officer's PIN (enter any 5 numbers) _____

Date PIN entered _____

Electronic Filing of Extensions:

Check this box to file **Form 8868** (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name Paul E Arbogast, Jr

Electronic Filing of Amended Return:

Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of federal balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of amended return balance due (EF only)? |

If any options selected above, enter information below, **(Review transferred information for accuracy)**

Bank Information

Name of Financial Institution (optional) _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	08/16/10		

Letter Salutation Sir or Madam

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) 1

QuickZoom to Firm/Preparer Info 

QuickZoom to Form 990-EZ, Pages 1 through 4 

QuickZoom to Form 990, Page 1 

QuickZoom to Form 990-PF, Page 1 

QuickZoom to Form 990-T, Page 1 

QuickZoom to Form 990-N, e-PostCard 

QuickZoom to Client Status 

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

Most significant 2009 activity: Organization hosted the WV Leadership Conference. Population served: 2,000,000

Supporting Statement of:**Form 990 p 9/Membership Dues**

Description	Amount
Membership Dues - Regular	201,976.
Membership Dues - Senior Executive	1,800.
Total	<u>203,776.</u>

Supporting Statement of:**Form 990 p 10/Line 1 col (B)**

Description	Amount
NPV of Vision Shared Grant	2,565.
Total	<u>2,565.</u>

Supporting Statement of:**Form 990 p 10/Line 2 col (B)**

Description	Amount
Scholarships to WVU Foundation	3,600.
Total	<u>3,600.</u>

Supporting Statement of:**Form 990 p 10/Line 13 col (B)**

Description	Amount
Office Supplies	1,274.
Postage	1,209.
Total	<u>2,483.</u>

Supporting Statement of:**Form 990 p 10/Line 14 col (B)**

Description	Amount
Internet Fees	1,794.

Continued

Supporting Statement of:

Form 990 p 10/Line 14 col (B)

Description	Amount
Total	<u>1,794.</u>

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

Description	Amount
Office Rent	7,200.
Telephone	4,411.
Miscellaneous Repairs	40.
Building Insurance	431.
Total	<u>12,082.</u>

Supporting Statement of:

Form 990 p 10/Line 17 col (B)

Description	Amount
Meetings, Travel & Entertainment	1,348.
Vehicle - Repairs	771.
Vehicle - Outside Services	2,715.
Vehicle - Insurance	423.
Vehicle - Taxes	30.
Vehicle - Gas, Oil, etc.	1,594.
Total	<u>6,881.</u>

Supporting Statement of:

Form 990 p 10/Line 19 col (B)

Description	Amount
Member Meetings	3,693.
Business Summit	19,228.
Other Meeting Costs	1,951.
Total	<u>24,872.</u>

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
Petty Cash	150.
Restricted Cash - WVDO	598.
Total	<u>748.</u>

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
Petty Cash	150.
Cash in Bank - Restricted (WVDO)	248.
Total	<u>398.</u>

Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
Cash in Bank - General (BB&T)	170,681.
Cash in Bank - General (UNB)	133,674.
Total	<u>304,355.</u>

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
Cash in Bank - General (BB&T)	111,275.
Cash in Bank - General (UNB)	134,009.
Total	<u>245,284.</u>

Supporting Statement of:

Form 990 p 11/Line 9, column (A)

Description	Amount
Prepaid Expense - Dearborn Life Ins Co	103.

Continued

Supporting Statement of:

Form 990 p 11/Line 9, column (A)

Description	Amount
Total	<u>103.</u>

Supporting Statement of:

Form 990 p 11/Line 9, column (B)

Description	Amount
Prepaid Expense - Cline & Assoc PLLC	565.
Prepaid Expense - Dearborn Life Ins Co	104.
Total	<u>669.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable	5,570.
Taxes Payable - WVSIT	1,198.
Taxes Payable - City Service Fee	48.
Accrued Payroll Payable	5,158.
Total	<u>11,974.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts Payable	1,062.
Taxes Payable - FIT/FICA	-34.
Taxes Payable - WVSIT	1,048.
Taxes Payable - City Service Fee	82.
Accrued Payroll Payable	5,831.
Total	<u>7,989.</u>

Form 990 p 9: Part VIII Statement of Revenue

Line 2f - All Other Program Service Revenue Smart Worksheet				
The total of the following items carry to line 2f below:				
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
None	0.	0.	0.	0.

Form 990 p 9: Part VIII Statement of Revenue

Line 11d - All Other Revenue Smart Worksheet				
The total of the following items carry to line 11d below:				
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
None	0.	0.	0.	0.

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet				
To enter assets, QuickZoom to Asset Entry Worksheet		→		
To view a calculated report of all depreciation information for Form 990,		→		
QuickZoom to the Depreciation/Amortization Report		→		
QuickZoom to Form 4562 for Form 990		→		
The following items carry to line 22 below:				
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A Depreciation	91.	91.		
B Depletion	0.	0.		
C Amortization	0.	0.		

Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet

The total of the following items carry to line 24f below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Bank Service Charges	105.	105.		
Equipment Rental	418.	418.		
Dues & Subscriptions	144.	144.		
Other Grant/Expenses	4,200.	4,200.		

West Virginia Roundtable, Inc. 55-0638436

Frm 990 Sch J-2 (Continuation Sheet 1) Continuation Sheet for Form 990 Compensation Information

General Information Smart Worksheet

A Description for this copy of Schedule J-2

Continuation Sheet 1

Frm 990 Sch J-2 (Continuation Sheet 2): Continuation Sheet for Form 990 Compensation Information

General Information Smart Worksheet

A Description for this copy of Schedule J-2

Continuation Sheet 2

Frm 990 Sch J-2 (Continuation Sheet 3): Continuation Sheet for Form 990 Compensation Information

General Information Smart Worksheet

A Description for this copy of Schedule J-2

Continuation Sheet 3

Sch D, page 5 (Copy No. 1): Part XIV Supplemental Information

Supplemental Information Smart Worksheet

Description of this copy of Schedule D, page 5 Copy No. 1

QuickZoom here to another copy of Schedule D, page 5



Schedule R: Schedule R, Related Organizations and Unrelated Partnerships

Part II Smart Worksheet

Note: The first 7 entries on this Smart Worksheet will transfer below and rest will flow to a Schedule R-1, Part II Continuation

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile		(D) Exempt Code Section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
		State	Foreign Country			
Name <u>VW Roundtable Foundation Inc</u> EIN <u>55-0658991</u> Address <u>1624 Kanawha Blvd E</u> City <u>Charleston</u> St <u>WV</u> Zip <u>25311</u> Fore City _____ Country _____ Name _____ EIN _____ Address _____ City _____ St _____ Zip _____ Fore. City _____ Country _____	<u>General support</u>	<u>WV</u>		<u>501 (c) (3)</u>	<u>9</u>	<u>WV Roundtable</u>

Sch. R, page 3: Schedule R, Part V

Part V Smart Worksheet

Note: The first 6 entries on this Smart Worksheet will transfer below and rest will flow to a Schedule R-3, Part V Continuation

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
<u>WV Roundtable Foundation, Inc.</u>		

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization West Virginia Roundtable, Inc.	Employer identification number 55-0638436
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions 1624 Kanawha Blvd East	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Charleston WV 25311	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **Cline & Associates, PLLC** _____

Telephone No ▶ **(304) 345-5608** _____ FAX No ▶ **(304) 345-0334** _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 16** __ __, 20 **10** __ __, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 **09** __ __ or
- ▶ tax year beginning _____, 20 __ __, and ending _____, 20 __ __

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.