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## Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  TOP OF WV CONVENTION AND VISITORS BUREAU Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 98 City or town, state or country, and ZIP + 4 WEIRTON, WV 26062	D Employer identification number 55-0744322
		E Telephone number 304-387-2400
		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) \_\_\_\_\_

I Website: WWW.TOPOFWV.COM

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 416,406.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	134,021.
	2	Program service revenue including government fees and contracts	2	274,595.
	3	Membership dues and assessments	3	2,150.
	4	Investment income	4	2,054.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis, and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$11 of contributions reported on line 1)	6a	3,520.
	6b	Less: direct expenses other than fundraising expenses	6b	3,222.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	298.
	7a	Gross sales of inventory, less returns and allowances STMT 4	7a	66.
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	66.
	8	Other revenue (describe _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	413,184.
	Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	89,975.
13		Professional fees and other payments to independent contractors	13	2,996.
14		Occupancy, rent, utilities, and maintenance SEE STATEMENT 2	14	8,005.
15		Printing, publications, postage, and shipping	15	44.
16		Other expenses (describe _____) SEE STATEMENT 1	16	357,380.
17		Total expenses. Add lines 10 through 16	17	463,425.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<50,241.>
Net Assets		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	210,276.

## Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	253,077.	203,941.
23 Land and buildings	7,389.	7,135.
24 Other assets (describe OTHER DEPRECIABLE ASSETS)	51.	0.
25 Total assets	260,517.	211,076.
26 Total liabilities (describe DEFERRED REVENUE)	0.	800.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	260,517.	210,276.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

**Part III** Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 6**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

**28 SPONSORED A PERFORMANCE BY THE WEST VIRGINIA UNIVERSITY BAND.**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a****29 CONTRIBUTION TO LOCAL UNITED WAY TO BE USED TOP SUPPORT OTHER LOCAL CHARITABLE ACTIVITIES.**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****30 SPONSORED A HOLIDAY CONCERT AT THE WEIRTON COMMUNITY CENTER.**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31 Other program services (attach schedule)**(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses (add lines 28a through 31a)****32****Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(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 compensation	(e) Expense account and other allowances
SAM LOVE, 267 SWEARINGEN ROAD, WEIRTON, WV 26062	CHAIRMAN 5.00	0.	0.	0.
MIKE SWARTZMILLER PO BOX 181, MEW CUMBERLAND, WV 26062	VICE CHAIRMAN 1.00	0.	0.	0.
ED POWELL 69 BRAXTON RAOD, WEIRTON, WV 26062	SECRETARY 2.00	0.	0.	0.
NAOMI BALT PO BOX 358, CHESTER, WV 26062	TREASURER 4.00	0.	0.	0.
DAN GREATHOUSE, 150 LAFAYETTE CIRCLE, WEIRTON, WV 26062	EXECUTIVE DIRECTOR 40.00	56,596.	0.	0.
LORI GALIANO, 1287 WALKER ROAD, FOLLANSBEE, WV 26034	DIRECTOR 1.00	0.	0.	0.
BILL KONKEL 161 22ND STREET, WELLSBURG, WV 26070	DIRECTOR 1.00	0.	0.	0.
JOANNA BABELLA, 4506 FAIRWAY DRIVE, STEUBENVILLE, OH 43953	DIRECTOR 1.00	0.	0.	0.
BRENDA MULL, 128 SANTA RITA DRIVE, WEIRTON, WV 26062	DIRECTOR 1.00	0.	0.	0.
PAT SHREEVE 185 OAK STREET, CHESTER, WV 26034	DIRECTOR 1.00	0.	0.	0.
JIM HARVEY PO BOX 97, NEW MANCHESTER, WV 26056	DIRECTOR 1.00	0.	0.	0.
WILLIAM D'ALESIO 156 JOSEPH BLVD, WEIRTON, WV 26062	DIRECTOR 1.00	0.	0.	0.
BERNIE KAZIENKO 632 MAIN STREET, WELLSBURG, WV 26070	DIRECTOR 1.00	0.	0.	0.
GUS MONEZIS 268 KINGSVIEW ROAD, WEIRTON, WV 26062	DIRECTOR 1.00	0.	0.	0.
TAMARA PETTIT PO BOX 426, CHESTER, WV 26034	DIRECTOR 1.00	0.	0.	0.
JOHN SORRENTI 3804 LINDBERG WAY, WEIRTON, WV 26062	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>35</b> 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 why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>N/A</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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 outstanding at the end of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>N/A</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>N/A</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>N/A</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		<b>N/A</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;"><b>N/A</b></span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;"><b>N/A</b></span>		
<b>e</b> 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		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>DAN GREATHOUSE</b> Telephone no. <b>304-387-2400</b>		
Located at <b>P.O. BOX 98, WEIRTON, WV</b> ZIP + 4 <b>26062</b>		
<b>b</b> 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)?		<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float: right;"><b>N/A</b></span>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float: right;"><b>N/A</b></span>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;"><input type="checkbox"/></span>		
and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;"><b>N/A</b></span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.			Date
	Signature of officer <i>[Signature]</i>			2-14-11
Paid Preparer's Use Only	Type or print name and title <i>Dan Greathouse Executive Director</i>			
	Preparer's signature <i>[Signature]</i>	Date <i>2/14/11</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>BODKIN WILSON &amp; KOZICKI PLLC 3600 WEST STREET, SUITE 4 WEIRTON, WV 26062</b>			EIN
				Phone no. <b>304-748-5550</b>

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

☐ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SEE STATEMENT 1			
MARKETING		324,419.	
DUES		2,024.	
INSURANCE		3,039.	
PAYROLL TAXES		10,098.	
TRAVEL, CONFERENCES & MEETINTGS		13,414.	
OFFICE EXPENSE		1,257.	
TELEPHONE & INTERNET		3,129.	
TAXES & LICENSES			
TOTAL TO FORM 990-EZ, LINE 16		357,380.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	2
DESCRIPTION		AMOUNT	
DEPRECIATION		305.	
OTHER EXPENSES		7,700.	
TOTAL TO FORM 990-EZ, LINE 14		8,005.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
COMMUNITY SUPPORT WHEELING CHAMBER OF COMMERCE 1310 MARKET STREET WHEELING, WV 26003	NONE	525.
COMMUNITY SUPPORT BROOKE PIONEER TRAIL ASSOCIATION PO BOX 401 WELLSBURG, WV 26070	NONE	2,500.
COMMUNITY SUPPORT BROOKE COUNTY COMMISSION 201 COURTHOUSE SQUARE WELLSBURG, WV 26070	NONE	2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		5,025.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 4

## INCOME

1. GROSS RECEIPTS . . . . .	66	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		66
4. COST OF GOODS SOLD (LINE 13) . . . . .		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		66

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2

STATEMENT 6

THE TOP OF WV CONVENTION AND VISITORS BUREAU EXISITS TO ENHANCE THE ECONOMIC VITALITY OF HANCOCK AND BROOKE COUNTIES, WEST VIRGINIA, BY ADVERTISING OUR LOCAL COMMUNITIES AS A DESTINATION TO THE RECREATION, BUSINESS MEETING AND CONVENTION MARKETS.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>TOP OF WV CONVENTION AND VISITORS BUREAU</b>	<b>55-0744322</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>BODKIN, WILSON &amp; KOZICKI, PLLC 3600 WEST STREET SUITE 4</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WEIRTON, WV 26062</b>	

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

- |   |   |                                    |
|---|---|------------------------------------|
| <input 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 |

**DAN GREATHOUSE**

- The books are in the care of ▶ **P.O. BOX 98 - WEIRTON, WV 26062**

Telephone No. ▶ **304-387-2400**

FAX No. ▶

- 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 **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year \_\_\_\_\_ or▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ <b>N/A</b>

**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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)