

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



Short Form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except 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

Open to Public Inspection

A For the 2009 celeridar year, or tax year beginning 3v1 2, 2009, and ending 3vn 30 , 20.10 B Cheek replacative Course of Section 3vn 2009, and ending 3vn 30 , 20.10 Course design and section of the		-		<u> </u>	The organization may have to use a copy of this return to colorly state reper			
Address change Install return Install certurn Install cert		_						
Temperature Section Stricky Section Strick			• •		C Name of organization	[1	D Employer	identification number
Tennant content course Tennant and section (1) at a final size country, such 20 Tennant and section (1) at a country (1) and (1) at a country (1) a		—	-	use IRS	WEST VIRGINIA STATE SOCIETY NSDAR		55-60	19517
Termatoto Annable design 1933 DECATUR AVENUE Copy of from, 1907			-		Number and street (or P O box, if mail is not delivered to street address)	n/suite	E Telephone	number
### Section 501(x/3) organizations and 4947(x/1) nonexempt charitable trusts ### Website: * N/A Website: * N/A Ta-exempt status (feek: only one) X 591(c) (3) * (insert no) 4947(x/1) organizations and 4947(x/1) organizations and 4947(x/1) organization is not required to state of schedule A (Form 990 or 390-E2). Website: * N/A Ta-exempt status (feek: only one) X 591(c) (3) * (insert no) 4947(x/1) or 527 K Check * if the organization is not a section 509(x/3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not required. Dut if the organization organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not required. Dut if the organization organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not required. Dut if the organization organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not required. Dut if the organization organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not required. Dut if the organization organization and its gross receipts are normally not more than \$25,000 A Form 990 certain, between the organization and its gross receipts are normally not more than \$25,000 A Form 990 certain, between the organization and its gross receipts are normally not more than \$25,000 A Form 990 certain, between the organization and its gross receipts are normally not more than \$25,000 A Form 990 certain is not received and Form 990 certain is not received and Form 990 certain and formally not not received and Form 990 certain and formally not not received and form 990 certain and formally subject to form 1 in the 20 certain and formally subject to fo		=			1933 DECATUR AVENUE		(304)	242-8281
*Section 571c(X) organizations and 4947(s(X)) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 399-E2). Website: * M/A				Specific				
**Section 501(cX3) organizations and 4947(xX1) nonexempt charitable trusts Website: * M/A				tions.	with the same of t			xemption
Website N/A Website N/A Website N/A Website N/A Website N/A		'ـــــــــــــــــــــــــــــــــــــ	······································					
Website: N/A Tax-exempt status (check only one)			 Section 	501(c)(, or garried notice and it is to the target of the conditional in a condition of the condit	_	·	.] Cash [Accrual
Website: > N/A Tax-exempt status (back only one) X 501(c) (3) * (neset no) 4947(a)(1) or 527 990-EZ, or 990-PF)				nust atta				
Tax-exempt status (check only one)		. ,	Wahaita b X	T / D				
Takebeings states (context) representations (seed to 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 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 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 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 and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990-					-t	990-EZ, or 9	90-PF)	dule B (FOITH 990,
S25,000 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								mat may than
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990			\$25,000 A For	tne org	anization is not a section 509(a)(5) supporting organization and its g	gross receipts an s to file a return	e normany he sure to	not more man stile a complete return
Part I							, be suit to	- The a complete return
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1						rm 990	►ŝ	86.545.
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 A 249.						es (See the i	nstructio	
2 Program service revenue including government fees and contracts 3 3 86,296.		1 4				es (occ aic i	1	113 101 1 41 (1.)
3 Membership dues and assessments 3 86,296.				_			2	
4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c 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 (t) If any amount is from gaming, check here a Gross revenue (not including \$			-					86 296
Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) from sale of assets other than inventory (Subtract line 5b) 5 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe + 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance OGDEN UT 15 Printing, publications, postage, and shipping 16 Other expenses (describe + STATE CONF/ACHIEVEMENT AWARDS, ETC.) 18 Det 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 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 Net assets or fund balances at hoth of year Combine lines 18 through 20 10 Net revenue (describe + STATE CONF/ACHIEVEMENT (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 (B) End of year (B) End of year (B) End of year (B) End of year (B) End of year (B) End of year (B) End of year (C) Els in advances and and busindings (A) Beginning of year (B) End of year (B) End of year (B) End of year (B) End of year (B) End of year				•				
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6b from line 7a) 8 Other revenue (describe * 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe * STATE COMP/ACHIEVEMENT AWARDS, ETC.) 16 6 61,235. 17 Total expenses. Add lines 10 through 16 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 (See the instructions for Part II) (A) Beginning of year					1 1		-	
C Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule 9) If any amount is from gaming, check here a Gross revenue (not including \$					· · · · · · · · · · · · · · · · · · ·			
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$		ь					——————————————————————————————————————	
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 9 Total revenue (describe 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Expenses, and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 G1, 235. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 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 Less or fund balances at end of year Combine lines 18 through 20 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 20, 23		Ë				uk hara		
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 61, 235. 17 Total expenses. Add lines 10 through 16 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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) 19 125, 967. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Cash, savings, and investments 25 Land and buildings 26 Cash, savings, and investments 27 Land and buildings 28 Land and buildings		Ě				K liele - [│	
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 61, 235. 17 Total expenses. Add lines 10 through 16 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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) 19 125, 967. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Cash, savings, and investments 25 Land and buildings 26 Cash, savings, and investments 27 Land and buildings 28 Land and buildings		Ŭ		-				
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Pose of the revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC. 16 Other expenses, Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Cash, savings, and investments 25 Cash, savings, and investments 26 Cash, savings, and investments 27 Land and buildings 28 Cash, savings, and investments 29 Cash, savings, and investments 30 Cash (A) Beginning of year 31 (B) End of year 32 Cash, savings, and investments 32 Land and buildings		Ε	•		· —————			
7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED O > 9 86, 545. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 61, 235. 17 Total expenses. Add lines 10 through 16				•				
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED O > 9 86, 545. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 61,235. 17 Total expenses. Add lines 10 through 16 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year (from lines 18 through 20 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 (B) End of year (Cash, savings, and investments (A) (B) End of year (B) End				• •			60	
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED O > 9 86, 545. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 61,235. 17 Total expenses. Add lines 10 through 16 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year (from lines 18 through 20 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 (B) End of year (Cash, savings, and investments (A) (B) End of year (B) End	5							
8 Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED				_	<u></u>			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 6 61,235. 17 Total expenses. Add lines 10 through 16 17 form line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 21 Land and buildings	0				_			
11 Benefits paid to or for members 2 Salaries, other compensation, and employee benefits 12 13 13 14 15 15 15 15 15 15 15		İ		-	(5	_) 8	
11 Benefits paid to or for members 2 Salaries, other compensation, and employee benefits 12 13 13 14 15 15 15 15 15 15 15	್ಷ		9 Total rev	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	-JU	▶ 9	86,545.
11 Benefits paid to or for members 2 Salaries, other compensation, and employee benefits 12 13 13 14 15 15 15 15 15 15 15	₹		10 Grants a	nd sımıl	ar amounts paid (attach schedule)		10	
13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 5,858. 15 Printing, publications, postage, and shipping 15 5,858. 16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC.) 16 61,235. 17 Total expenses. Add lines 10 through 16 17 67,093. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19,452. 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) 19 125,967. 10 10 10 10 10 10 10 1	_	ا ۔	11 Benefits	paid to	or for members		11	
16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 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 125,967. 22 103,903. 23 Land and buildings		ž	12 Salaries,	other c	ompensation, and employee benefits		12	
16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 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 125,967. 22 103,903. 23 Land and buildings	7	E	13 Profession	onal fee	and other payments to independent contractors		13	
16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 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 125,967. 22 103,903. 23 Land and buildings	Z	N	14 Occupan	cy, rent	utilities, and maintenance]]	14	
16 Other expenses (describe > STATE CONF/ACHIEVEMENT AWARDS, ETC. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 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 Land and buildings 0. 23 0.			15 Printing,	publica	ions, postage, and shipping		15	5,858.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 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 (B) End of year (Cash, savings, and investments Land and buildings 0. 23 0.	\circ	Ĭ	16 Other exper	nses (desc	ribe ► STATE CONF/ACHIEVEMENT AWARDS, ETC.)	16	61,235.
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) Other changes in net assets or fund balances (attach explanation) 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) Cash, savings, and investments Land and buildings Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 125,967. Part II Balance Sheets. If Total assets or fund balances (attach explanation) CHANGE IN ASSETS 20 -41,516. 21 103,903. (A) Beginning of year (B) End of year 125,967. 22 103,903. 23 0.	(C)		17 Total ex	penses.	Add lines 10 through 16		▶ 17	67,093.
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) Other changes in net assets or fund balances (attach explanation) 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) Cash, savings, and investments Land and buildings Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 125,967. Part II Balance Sheets. If Total assets or fund balances (attach explanation) CHANGE IN ASSETS 20 -41,516. 21 103,903. (A) Beginning of year (B) End of year 125,967. 22 103,903. 23 0.			18 Excess of	or (defic	t) for the year (Subtract line 17 from line 9)		18	19,452.
figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 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) Cash, savings, and investments Land and buildings 19 125,967. 20 -41,516. 21 103,903. (A) Beginning of year (B) End of year (B) End of year 125,967. 22 103,903.		Ą		-		aree with end-of-	vear	
Change in net assets or fund balances (attach explanation) Change in Assets 20 -41,516. Net assets or fund balances at end of year Combine lines 18 through 20 21 103,903. 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		E S				gice with cha-or-		125,967.
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 (Cash, savings, and investments Land and buildings (A) Beginning of year (B) End of year (Cash, savings, and investments (Cash, savings, and investments)		ΤĘ		-		IN ASSETS	20	
Part IIBalance 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 year22 Cash, savings, and investments125,967. 22103,903.23 Land and buildings0. 230.		S					▶ 21	
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings (A) Beginning of year (B) End of year 125,967. 22 103,903. 0. 23 0.		Pa		instead of				
22 Cash, savings, and investments 125,967. 22 103,903. 23 Land and buildings 0. 23 0.		<u> </u>	1					
23 Land and buildings 0. 23 0.		22	Cash, savino	ıs, andı	•			
· · · · · · · · · · · · · · · · · · ·							 	
24 Other assets (describe ►) 0 . 24 0.		24		•	ne ▶ }		0. 24	0.
25 Total assets (125, 967. 25 103, 903.				•		125.		
26 Total liabilities (describe ►) 0. 26 0.					ribe >			
· · · · · · · · · · · · · · · · · ·						125.		
		27	Net assets o	r fund b	alances (line 27 of column (B) must agree with line 21)	125,	967. 27	103,903.

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

Form 990-EZ (2009)

	330-LZ (2003) WEST VIRGINIA S	TAIR SOCIRIT HEDAK		<u> </u>	<u> </u>	- JJII raye a
Par	t III 📗 Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
	s the organization's primary exempt purpose?		· · · · · · · · · · · · · · · · · · ·		(Reg	uired for section
					_ 501(uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
desci	ribe what was achieved in carrying out the ribe the services provided, the number of	f nersons benefited or other	relevant information for	ncise manner, each	1919a	(a)(1) trusts ontional
progr	am title	r persons benefited, or other	retevant information for	Cucii	for o	thers)
28						
20					-	
					_	
	(Grants \$) If the	nis amount includes foreign gi	rants check here	`	∏ 28a	
	(Circinis 🗸) ir ti	iis amount includes foreign gi	rants, check here		1 200	
29				. 	_	
					_i	
	(Out at . A			· 	ء مماآ	
	(Grants \$) If the	nis amount includes foreign gi	rants, check here		29 a	
30						
					_{	
					-	
					مد ال	
		nis amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedule	e)			_	
	(Grants \$) If the	nis amount includes foreign gi	rants, check here	▶	31 a	
32	Total program service expenses (add li		•	1	> 32	
Par			ployoos List cosh or			atad (Caa tha mater)
raf	t IV List of Officers, Directors					
	And Markey and address.	(b) Title and average hours	(c) Compensation (If	(d) Contribution	ns to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit p deferred compen	ians and	and other allowances
		to position		deferred compen	Salluli	
GIN	GER_NALLY	j		ł		
		REGENT				
~	RLESTON WV					
			-			
CHA	RLA_NUTTER	_				
		VICE-REGENT	İ			
MAR	IETTA OH					
ηÕΨ	N MCCLELLAND					
WHE	ELING WV					
		_				i
				•		1
		· · · · · · · · · · · · · · · · · · ·	· ··· ·			
		-				
		}				
		-				
]				
		-		1		
		-		1		
	·	1		1		
	·	-		1		
				L		
						
		1				İ
	·	-				
		1				
	·	-				
		_		<u> </u>	_	
		1				
	·	1				
						ļ <u></u>
		J	-			1
		1		1		
		-				
		<u>L</u>	1	l		I

<u> </u>	Territorial in Charlet in Charlet in Charlet in the management of the Charlet		Yes	No
22	Did the arganization angage in any activity not argueously reported to the IPS2 If 'Vos.' attach a datailed description of		res	NO
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	a 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?	35 a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37b		 Х
	b Did the organization file Form 1120-POL for this year?	3/6		
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		,	
	Section 501(c)(7) organizations Enter		, . l	,
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a 39b	-	-	Ċ
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	- 1	, ,	
70	section 4911 , section 4912 , section 4955			
	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	40 b		Х
	c 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.			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	*	*	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ►	40 e		×
42	a The organization's books are in care of ► JOAN MCCLELLAND Located at ► 1933 DECATUR AVENUE DECATUR Telephone no ► (304) WV ZIP + 4 ► 26003		- 828	1
	Location 1999 Packet of Avanca Dionion NV _ Li			
	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country.►	*	3 ° . Š	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country	42 c	-	x
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► <u></u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	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	45		x
BA		orm 99	0-EZ	(2009

orm 990-E	Z (2009)	WEST	VIRGINIA	STATE	SOCIETY	NSDAR	55-6019517	Pa
Part VI	Section	on 501	(c)(3) organ	izations	and secti	on 4947(a	(1) nonexempt charitable trusts only. All s	ection
	E01(a)	1/21 05	annizations	and can	tion 1017/	1/11 none	vampt abaritable truste must answer guesti	000

	46-49b and complete the tables	ction 4947(a)(1) nor s for lines 50 and 5	nexempt charitab 1.	ie trusts must answer d	uestion	S			
46 Did t	the organization engage in direct or indire	ct political campaign ac C, Part I	tivities on behalf of o	r in opposition to candidates	46	Yes N	_		
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 'Ye	es,' was the related organization a section	1 527 organization?			49b				
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated ei	mployees (other than from the organization	officers, directors, trustees and If there is none, enter 'Non	and key e '				
(a	n) 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 and deferred compensation	(e) Expe account other allow	and	_		
						_			
					- 10-14-1		_		
							_		
							_		
com	plete this table for the organization's five pensation from the organization. If there i (a) Name and address of each independent contributions	s none, enter 'None '		(b) Type of service	(c) Compe				
							_		
d Tota	I number of other independent contractors	s each receiving over \$1	00,000				_		
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title	nined this return, including accor other than officer) is based on a	npanying schedules and sta il information of which prepa	tements, and to the best of my knowled arer has any knowledge \$/9/io Date	dge and belie	ef, it is			
Paid	Preparer's signature	u	Date 08/04/1		rer's Identifyi nstructions)	ing Numbe	r		
Pre- parer's	Firm's name (or JEFF SCHROEDER	ACCOUNTANTS				-	_		
Use	yours if self- employed), 1108 SANDHURST	LANE		EIN ►					
Only	address, and ZIP + 4 CAROL STREAM		TT 60100	Phone no ► (630)		007			
<u> </u>	IZII T T CIMOD DINDINI		IL 60188	Phone no ► (630)	<u>837-0</u>	007			
	RS discuss this return with the preparer sh	nown above? See instru		Prione no P (630)	837-0 Yes	∏ No	_		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

	WEST VIRGINIA STATE SOCIETY NSDAR 55-6019517 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions													
Par	t I	Reaso	on for Pu	blic Charity Statu	s (All organizations	must c	comple	te this	part.)	See <u>ı</u> ı	nstructi	ons		
The o	orga	nızatıon	is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).													
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	П	A hospi	tal or coope	erative hospital service	e organization described	ın secti	on 170(l	b)(1)(A)(iii).					
4		A medic	al research	n organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) En	iter the hos	spital's	;
			ity, and sta											
5		An orga 170(b)(1	nızatıon op XAXiv). (C	erated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	I unit des	scribed in	ectio	n
6	Ц				governmental unit descri									
7		ın secti	on 170(b)(1)(A)(vi). (Complete P		• •	J	vernme	ntal uni	t or from	i the gen	eral public	desci	ibed
8	님		-		170(b)(1)(A)(vi). (Comple									
9		from ac investm	tivities relat ent income	ted to its exempt func	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less omplete Part III)	n except	ions, an	d (2) no	more t	han 33-	1/3 % of	its suppor	t from	gross
10		An orga	nızatıon orç	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11	X	more pu	ablicly supp	orted organizations of	exclusively for the bene lescribed in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or car section	rry out th 509(a)(3)	ne purpose). Check t	s of or he box	ne or that
		a X Ty		b Type II	c 🗍 Type II		_		ed		d 🗌	Type III-	Other	
е		By check than for 509(a)(2	ındatıon ma	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in	directly zations	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	ier
f			ganızatıon	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since A	ugust 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	7		
													Yes	No
		(i) a	person who low, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii) a	family mem	nber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a	35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (i.i)		<u> </u>
h		Provide	the follows	ng information about t	he supported organization	ons		,		,	,			
(i) Name of Supported Organization Organizat							(VII) Amour	nt of Sup	port					
						Yes	No	Yes	No	Yes	No			
						 								
				ļ			1	}						
						ļ <u>.</u>	-			 _				
						ļ	-			 	ļ			
						 								
Total														

Par	t II Support Schedule for	_			(b)(1)(A)(iv) ar	id 170(b)(1)	A)(vi	i)		
Sac	(Complete only if you check tion A. Public Support	ed the box on line	5, /, or 8 of Par	t1)	·_·	 ·				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge									
4	Total. Add lines 1-through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	,	×	,,,,,	^%	2			
6	Public support. Subtract line 5 from line 4			***						
Sec	tion B. Total Support	1		<u> </u>		1				
	ndar year (or fiscal year				_		$\neg \Gamma$			
begi	nning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10				* `	d.				
12	Gross receipts from related activ	vities, etc (see in:	structions)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	2			
	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.									
	tion C. Computation of Pu				.					
	Public support percentage for 20 Public support percentage from	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)	1	-	14	<u>%</u> %		
	6a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
ŀ	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
t	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organ		=			=		ructions. ►		
BAA								or 990-EZ) 2009		

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b **86**, 7 Public support (Subtract line 1/6 11 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Inf	2009 WEST VIRGIN formation. Complete the	nis part to provide the	NSDAR 55-601 e explanations required by her additional information.	.9517 Page 4 Part II, line 10;
	Part II, line 17a o	or 17b; and Part III, line	e 12. Provide any oth	er additional information. S	See instructions.
. – –					
					
					-