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**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

WEST VIRGINIA SECTION  
AMERICAN WATER WORKS ASSOCIATION

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

P. O. BOX 1355

D Employer identification number

31-0988950

City or town, state or country, and ZIP + 4

ST. ALBANS, WV 25177

E Room/suite

304-353-6365

F Group Exemption  
Number ►G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [WWW.WVAWWA.ORG](http://WWW.WVAWWA.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,763.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,083.
	2 Program service revenue including government fees and contracts	2	33,492.
	3 Membership dues and assessments	3	15,870.
	4 Investment income	4	1,318.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5b)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) <i>FEB 22 2011</i>	6b	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
Expenses	c Less: direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	53,763.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		
	10 Grants and similar amounts paid (list in Schedule O)	10	4,215.
	11 Benefits paid to or for members	11	3,355.
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	1,004.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	5,112.
	16 Other expenses (describe in Schedule O)	16	26,634.
	17 Total expenses. Add lines 10 through 16 ►	17	40,320.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,443.
	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	162,151.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	175,594.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

WEST VIRGINIA SECTION  
AMERICAN WATER WORKS ASSOCIATION

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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	162,151.	22 175,594.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	162,151.	25 175,594.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	162,151.	27 175,594.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

**28 MEETINGS, CONFERENCES & SEMINARS**

(Grants \$ ) If this amount includes foreign grants, check here ►  28a 26,339.

**29 GRANTS, DONATIONS & SCHOLARSHIPS**

(Grants \$ ) If this amount includes foreign grants, check here ►  29a 7,570.

30

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

32 Total program service expenses (add lines 28a through 31a) ► 32 33,909.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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
GARY FACEMYER, 405 CAPITOL STREET, SUITE 601, CHARLESTON, WV 25301	CHAIRMAN 2.00	0.	0.	0.
WAYNE MORGAN, 1600 PENNSYLVANIA AVENUE, CHARLESTON, WV 25302	VICE CHAIR 2.00	0.	0.	0.
MATT STANLEY P.O. BOX 2400, BECKLEY, WV 25802	FIRST TRUSTEE 2.00	0.	0.	0.
BOB HART, 1 DAVIS SQUARE SUITE 200, CHARLESTON, WV 25301	SECOND TRUSTEE 2.00	0.	0.	0.
DONALD GIANNI JR. 4156 FREEDOM WAY, WEIRTON, WV 26062	THIRD TRUSTEE 2.00	0.	0.	0.
ED MORRISON, 4034 ALTIZER AVENUE, HUNTINGTON, WV 26507	NATIONAL DIRECTOR 2.00	0.	0.	0.
JEFF EKSTROM 200 6TH AVENUE, ST. ALBANS, WV 25177	SECRETARY/TREASURER 5.00	0.	0.	0.
LAURA JORDAN, 1600 PENNSYLVANIA AVENUE, CHARLESTON, WV 25302	ASSISTANT SECRETARY/TREASU 5.00	0.	0.	0.
DANNY LUSK P.O. BOX 7144, CHARLESTON, WV 25356	PAST CHAIR 2.00	0.	0.	0.

**WEST VIRGINIA SECTION**  
**AMERICAN WATER WORKS ASSOCIATION**

Form 990-EZ (2010)

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

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X
34		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		
35a		X

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, explain in Schedule O why the organization did not report the income on Form 990-T.

35a		X
35b	N/A	

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35b	N/A	
36		X

b If "Yes," has it filed a tax return on Form 990-T for this year?

36		X
37b		X

36 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

37b		X
38a		X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

38a		X
39a	N/A	

39a	N/A	
39b	N/A	

38a 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 tax year covered by this return?

39b	N/A	
40b		X

40b		X
40e		X

40e	X	
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40e		X
41	WV	

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

41	WV	
42a	JEFFERY D. EKSTROM	Telephone no. 304-727-5501

42a	Located at 200 SIXTH AVENUE, ST. ALBANS, WV	ZIP + 4 25177
42b		X

42b		X
42c		X

42c		X
43	►	□

43	43	N/A
44a		Yes

44a		Yes
44b		X

44b		X
44c		X

44c		X
44d		

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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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Department of the Treasury  
Internal Revenue Service

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

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

WEST VIRGINIA SECTION  
AMERICAN WATER WORKS ASSOCIATION

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state. _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
9	<input checked="" type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h.
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> .
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii)	A family member of a person described in (i) above?
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11q(iii)		

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2010**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> 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 ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> 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 ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

## WEST VIRGINIA SECTION

Schedule A (Form 990 or 990-EZ) 2010 AMERICAN WATER WORKS ASSOCIATION

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,958.	15,757.	15,834.	15,843.	18,953.	82,345.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,044.	21,651.	23,517.	25,220.	33,492.	141,924.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	54,002.	37,408.	39,351.	41,063.	52,445.	224,269.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 <b>Public support</b> (Subtract line 7c from line 6)						224,269.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	54,002.	37,408.	39,351.	41,063.	52,445.	224,269.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,301.	3,755.	4,733.	2,525.	1,318.	15,632.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,301.	3,755.	4,733.	2,525.	1,318.	15,632.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12)	57,303.	41,163.	44,084.	43,588.	53,763.	239,901.

14 **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 2010 (line 8, column (f) divided by line 13, column (f))	15	93.48	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92.66	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	6.52	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	7.34	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 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 ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	WEST VIRGINIA SECTION AMERICAN WATER WORKS ASSOCIATION	Employer identification number 31-0988950
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**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
INTEREST	1,318.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION: PROVIDE SUSTAINABLE DRINKING WATER**

**GRANTEE NAME: WATER FOR PEOPLE**

**GRANTEE ADDRESS: 6666 W. QUINCY AVENUE DENVER, CO 80235**

<b>AMOUNT GIVEN:</b>	<b>4,215.</b>
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**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
WEBSITE	136.
QUICKBOOKS PROGRAM	159.
MEETINGS AND CONFERENCES	26,339.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>26,634.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE TRAINING,**

**PROFESSIONAL DEVELOPMENT & INTERACTION FOR MEMBERS.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**