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# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010

∠⊎∎∪ Open to Public

Form 990 (2010)

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

Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning . 20 10 January 1 2010, and ending December 31 C Name of organization West Virginia Rivers Coalition, Inc D Employer identification number Check if applicable Doing Business As Address change 52-1736621 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change 329 Davis Avenue 304-637-7201 Initial return City or town, state or country, and ZIP + 4 Terminated Amended return Elkins. WV 26241 G Gross receipts \$ F Name and address of principal officer William Turner Application pending H(a) Is this a group return for affiliates? Yes No 206 W. Randolph Street, Lewis burg, WV H(b) Are all affiliates included? Yes No √ 501(c) ( 3 ) 
√ (insert no ) 
√ 4947(a)(1) or 
√ 527 If "No." attach a list, (see instructions) Tax-exempt status. Website: ▶ wvrivers.org H(c) Group exemption number ▶ Form of organization 

✓ Corporation 

Trust 

Association 

Other 1991 M State of legal domicile L Year of formation: Summary Part I Briefly describe the organization's mission or most significant activities: Conservation/Restoration rivers in addition to the people of WV, WVRC serves a member base of approximately 2800 people and 48 afflicate organization, issue a quarterly news-Governance letter provides capacity development and training for over 90 watershed organizations. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 12 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) . . . . . . 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . . . 155743 161088 9 Program service revenue (Part VIII, line 2g) O 1147 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 81 87 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11174 5913 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 166998 168235 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 24762 8192 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 90538 87916 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 41452 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . 48120 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 156752 144228 19 Revenue less expenses. Subtract line 18 from line 12 . 10246 24007 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 115213 137663 21 Total liabilities (Part X, line 26) . . 38688 40055 Net assets or fund balances. Subtract line 21 from line 20 22 97608 Part II Signature Block 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. Sign Signature of office Date Here vner Type or print name and title Print/Type preparer's name Preparer's signature Paid Check | if self-employed **Preparer** Firm's name Firm's EiN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 Part I		nest of Drogram Cardas	Accomplishment			Page
Part	Staten Check	ment of Program Service if Schedule O contains a	response to any question in this Part			. г
1	Briefly desci Seek the cor	ribe the organization's miss nversation and restoration of		nt to that mission include preser		
			·	······	·	
	pnor Form 9	990 or 990-EZ?	nificant program services during the ye		e 🗌 Yes	☑ No
3	Did the org services? .		ng, or make significant changes in h	ow it conducts, any progran	n 🗌 Yes	☑ No
4	Describe the 501(c)(3) and	d 501(c)(4) organizations an	hedule O. nents for each of the organization's thre d section 4947(a)(1) trusts are required e, if any, for each program service repor	to report the amount of grants	expenses. and alloca	Sections to
	(Code:	) (Expenses \$	145772 including grants of \$	10000 ) (Revenue \$	169780	_)
	In addition to	o the people of West Virginia	, WVRC serves a member base of approx	imatley 2800 people and 48 afflio	ate organiz	ations
	issue a quar	terly newsietter, provides ca	pacity development and training for over			
				••••		
		*				
		***************************************				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	-	1
		······································		, ( , , , , , , , , , , , , , , , , , ,		- '
	•••••					
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$		_)
	••••					
				*****		
			•••••••••••••••••••••••••••••••••••••••			·

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 99878

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<i>y</i>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	<b>✓</b>	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a		1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 99	90 (2010)			Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<b>;</b> <b>;</b>	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		1
38	Part VI	37	1	
			- 00/	(2010)

Part				<del></del>
	Check if Schedule O contains a response to any question in this Part V	· ·		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	]		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	L		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			

<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1						
þ	, , p									
4a	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)?	4a		/						
b	If "Yes," enter the name of the foreign country: ► See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1						
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible?	6a		1						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť						
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a		1						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		✓						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓						
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		ļ						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring									
	organization, have excess business holdings at any time during the year?	8		1						
9	Sponsoring organizations maintaining donor advised funds.			<b>,</b>						
а	Did the organization make any taxable distributions under section 4966?	9a		1						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b									
11	Section 501(c)(12) organizations. Enter:			ł						
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
C	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u> </u>						
		Form	n <b>99</b> 0	(2010						

Form	990	(201	m

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Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang			
	O. See instructions.	es in	ЭСПЕ	eaule
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management	<del></del>		<u></u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   12			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12	]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 .		
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	1
6	Does the organization have members or stockholders?	6	ļ	✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			١,
<b>h</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a	<del></del> -	<b>/</b>
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	<b></b>	<b>V</b>
·	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l '	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	ŀ
<b>L</b>	form?	11a	<b>V</b>	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>/</b>	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	/	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	·
•	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	<u> </u>	1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			Ť
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>	
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لے۔ ۔ ا
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			ll
G A1	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed   none  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	)c opl		ulabla
	for public inspection. Indicate how you make these available. Check all that apply.	(۱۱۱۱) دم	,, ava	aDit
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	ıf inter	rest n	olicy
	and financial statements available to the public.		20. P	y,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Corporation, 329 Davis Ave.,Ste.7, Elkins, WV 26241			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	Ī
	and Independent Contractors	
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Check if Schedule O contains a response to any question in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A)	(B)				C)			(0)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	al Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) see attached statement										
(2)										
(3)										
(4)										
(5)										· · · · · · · · · · · · · · · · · · ·
(6)										
(7)										
(8)										
(9)										
(10)										·
(11)										
(12)	,									
(13)		ļ — —								
(14)										
(15)										<del></del>
(16)										

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	уе	es, a	and	Highe	st	Compensated	Employees	(continu	ıed)		
	(A)	(B) (C)							(D)	(E)		(F)		
	Name and title	Average hours per week (describe hours for related organizations in Schedule	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensation related organizatio (W-2/1099-M	from ins	ame comp fro orga and	mated bunt of ther ensation in the nization related ization:	<b>1</b>
(17)		O)		8			atted							
														<del></del>
(18)														
(19)														
(20)												·		
(21)										<u> </u>				
(22)										<del></del>				
(23)														
(24)											<del> </del>			
(25)						-							<del></del>	<del></del>
(26)												-	<del></del>	
(27)														
(28)														
1b c d	Sub-total	-			•			<b>&gt;</b>						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$10	00,000	ın		
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> 3	ficer, direc								est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg	portal an \$1	ole (  50,	com 000	ipei	nsatio	na s,"	nd other comp complete Sch			4		
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompei	nsat ete	tion Sch	froi ed:	n any ile J f	un or s	related organiz	ation or ind	ividual	5		
Section	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization.	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	d more that	n \$100,	000 of		
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens	ation	
2	Total number of independent contractor								ose listed abo	ove) who				
	received more than \$100,000 in compens	ation from	tne or	gar	ıızat	ion	<b>P</b> 0						- 990	

Part	VIII	Statement of Revenue						
				:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
रु छ	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	54341				
<u>ت</u> ق	C	Fundraising events	1c	1500				,
a a a	d	Related organizations	1d	7,555				
$^{\circ}$	e	Government grants (contributions)	1e	5000				
8 8	f	All other contributions, gifts, grants,	16	3000				
흥희	'	and similar amounts not included above		400047				
문항		L. C.	1f	100247				
2 9	g	Noncash contributions included in lines 1a-						
	h	Total. Add lines 1a-1f	• • •	<u> ▶</u>	161088			
Program Service Revenue				Business Code				
Š	2a	Outreach events				· · · · · · · · · · · · · · · · · · ·	···	
æ	b							
١٥	С	<u> </u>				_		
- E	d		1					
E	е							
8	f	All other program service revenu-	e.					
2	g	Total. Add lines 2a-2f		🕨	1147			
	3	Investment income (including	dıvıde	ends, interest.				
		and other similar amounts)			87	87	0	0
	4	Income from investment of tax-exen						
	5	Royalties		,				
	"	(i) Real		(ii) Personal			-	
	6-	` <u>``</u>		(ii) t Giddinai				1
	6a	Gross Rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	l					
	_ d	Net rental income or (loss)	· ·	<u></u> . <b>&gt;</b>				
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				
	b	Less. cost or other basis and sales expenses .						
	C	Gain or (loss)						!
	ď			•				
e	8a	Gross income from fundraising				,		
Revenue	"	events (not including \$ 188	_					
9		of contributions reported on line 10						
-	:	One Deat N/ Page 40	1					
Other	١.		· a					+
ರ	b	Less: direct expenses		500				
	C	Net income or (loss) from fundral		events . 🕨	1385	· ·	0	0
	9a	Gross income from garning activit						
		See Part IV, line 19	· a	5542				
	b	Less: direct expenses		743				
	C	Net income or (loss) from gaming	g activ	vities ▶	4799	4799	0	0
	10a	Gross sales of inventory, I	ess					
		returns and allowances	. а	30				Į.
	ь	Less: cost of goods sold	. ы	301				
	c	Net income or (loss) from sales of	· L		-271	-271	0	
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a		-					'
	b		· }	···-··				
	-							
	C	All other revenue	· }	·				
	d	All other revenue	. [			<del></del>		
	_ e	Total Add lines 11a-11d		🏲				
	12	Total revenue. See instructions.		🟲	168235	5913	0	0

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B). (C), and

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8192	8192		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0132	6132		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	40000	30800	2000	7200
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	37403	13412	2891	21100
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1200	924	60	216
9	Other employee benefits	2685	2068	134	483
10	Payroll taxes	6628	5104	331	1193
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	2000	2000		
d	Lobbying	3000	3000	0	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				,
g	Other	1966	850	91	1025
12	Advertising and promotion	6721	6721	0	1023
13	Office expenses	1309	289	0	1020
14	Information technology				
15	Royalties				····································
16	Occupancy	8300	6391	415	1494
17	Travel	5679	4134	0	1545
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1958	1958	0	0
20	Interest	133	133	0	0
21	Payments to affiliates	100	100	0	0
22	Depreciation, depletion, and amortization .	1018	784	51	183
23	Insurance	1484	0	1484	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
_	· · · · · · · · · · · · · · · · · · ·	2400	0450	400	
a	Telephone	3196	2459	160	577
b	Printing Postage	6098 3310	5914 3047	41	184 222
C d	Supplies	1087	837	55	195
e	Events Expense	2761	2761	0	
f	All other expenses		2.01		· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	144228	99878	7713	36637
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X	Balance Sheet	(A)		(B)
<del></del>	Cook non-interest besides	Beginning of year		End of year
1 2	Cash – non-interest-bearing	31532	1 2	1774
3	Savings and temporary cash investments	77838		11442
4	Pledges and grants receivable, net	4200	3 4	
5	Accounts receivable, net	1300	4	366
1	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	650	9	65
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5539			
Ь	Less: accumulated depreciation 10b 4357	3893	10c	118
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	<del> </del>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	115213	16	13766
17	Accounts payable and accrued expenses	0	17	231
18	Grants payable		18	
19	Deferred revenue	36822	19	3562
20	Tax-exempt bond liabilities		20	
ຂ 21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
ž	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	1866	25	212
26	Total liabilities. Add lines 17 through 25	38688	26	4005
ces	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			_
<u> </u>	Unrestricted net assets [	76525	27	9760
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			•
g 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
∯   33	Total net assets or fund balances	76525	33	9760
34	Total liabilities and net assets/fund balances	115213	34	13766

Form 9	, 30 (2010)			Pi	age 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			
Part					
1	Accounting method used to prepare the Form 990:	plain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		7
b	Were the organization's financial statements audited by an independent accountant?		2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	oplain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3а

3b

Form 990 (2010)

#### 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.

2010

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	Virginia Rivers Co								52-173			
Pai			rity Status (All orga						nstructio	ns.		
The o			ation because it is: (Fo									
1			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2			170(b)(1)(A)(ii). (Attac				470(-)/4)	(A)(::D				
4	A medical res	a cooperative no earch organization	spital service organiza on operated in conjun	ation desi	cuped iu	section	1 /U(D)(1)( bed in ee	(A)(III). :etion 17	D/I-1/(A)/	iil Enta	or the	
7		ne, city, and stat		Cuon witi	i a nospii	ai uesciii	Dea III Se	Cuon 170	יונאוני זנטוט	my. Erne	# UIE	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
8			)(A)(vi). (Complete Pai n section 170(b)(1)(A	•	malete De							
9			receives: (1) more that					·		·- •		
•	receints from	activities relate	d to its exempt funct	100eeui	o OI IIS SI hiect to A	upport ire	oni conti veentions	Dulions,	membersi	nip rees	, and ;	gross of its
	support from	gross investme	ent income and unre	lated bus	siness ta	xable ind	come (les	s, and (2) ss sectio	n 511 tax	tilan S	busin	esses
			ifter June 30, 1975. Se							,		
10	☐ An organization	on organized and	doperated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(	4).			
11			nd operated exclusive							or to ca	irry ol	it the
	purposes of o	one or more put	olicly supported organized	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 509	(a)(2). S	ee <b>se</b>	ction
	a  Type			☐ Typ			•		d [	_	🔾	hor
A			that the organization				-		_			
Ŭ	other than for	indation manage	ers and other than one	e or more	nublick	support	ed organ	y by one izations c	tescribed	ın secti	on 509	15011S 1/2\/1\
	or section 509			0 01 111010	э равногу	ооррого	ou organ	2000115	2COONDCG	3000	JII 000	/( <del>L</del> )( ' )
f			a written determination	on from	the IRS	that it is	a Type	I. Type I	I. or Type	e III sur	oportir	מס
		check this box							.,			.a 
g	Since August following pers		he organization acce	pted any	gift or c	ontributio	n from a	ny of the	•			
	(i) A person	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (iı) an	d	Yes	No
	(iii) below,	the governing be	ody of the supported	organizat	ion?					11g(i)	,	
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii		
			a person described in							11g(iii		
h	Provide the fo	llowing informati	ion about the support	ed organi	izatıon(s).							
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) I	s the	(vii) A	Amount o	of
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		zon in col.	SL	upport	
			(see instructions))			ļ	port?	Ü	S 7			
				Yes	No	Yes	No	Yes	No	<del> </del>		
A)								Ì				
								<del> </del>	<del>  </del>			
B)												
(C)												
D)												
E)	· · · · · · · · · · · · · · · · · · ·					<u> </u>						
<del>-,</del>												
			i	1	}				1			

Part							
	(Complete only if you checked th						alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(8) 2001	(6) 2000	(4) 2003	(6) 2010	(i) Total
•	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						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					<del> </del>	
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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the						
<del></del>	organization, check this box and stop her		<u> </u>		· · · · ·	<u> </u>	<i>.</i> . ▶ □
	on C. Computation of Public Suppor					<del> </del>	<del></del>
14 15	Public support percentage for 2010 (line 6		-	• • • •		14	<u>%</u>
16a	Public support percentage from 2009 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2010. If the organiz					15 more c	%
	box and <b>stop here.</b> The organization qual						
ь	331/3% support test-2009. If the organ			_			_
	check this box and stop here. The organi						. ▶ □
17a	10%-facts-and-circumstances test – 2010. 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						
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	, and line <b>op here</b> .
18	Private foundation. If the organization dispartments	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see . ▶ □

### 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.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	160669	148672	199789	158453	161088	828671	
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	18225	15031	17371	11174	8604	70405	
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	Total. Add lines 1 through 5	178894	163703	217160	169627	169692	899076	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	7536	16493	2870	2710	3500	33109	
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	0	0	0	0	G	
C	Add lines 7a and 7b	7536	16493	2870	2710	3500	33109	
	Public support (Subtract line 7c from line 6.)						865967	
	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
9	Amounts from line 6	178894	163703	217160	169627	169692	899076	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	415	125	282	81	87	990	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	o	o	0	0	0	
С	Add lines 10a and 10b	415	125	282	81	87	990	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	o	0	o	O	0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	o	0	0	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	179309	163828	217442	169708	169779	900066	
14	First five years. If the Form 990 is for the organization, check this box and stop her				_	ear as a section		
Section	on C. Computation of Public Suppor							
15	Public support percentage for 2010 (line 8	B, column (f) div	vided by line 1	3, column (f))		15	96.21 %	
16	Public support percentage from 2009 Sch					16	96.10 %	
Secti	on D. Computation of Investment Inc	come Percer	ntage					
17	Investment income percentage for 2010 (I					17	.10 %	
18	Investment income percentage from 2009	•	•			18	.11 %	
19a	331/3% support tests—2010. If the organi							
	17 is not more than 33½%, check this box		=			_	_	
b	331/s% support tests—2009. If the organiz							
20	line 18 is not more than 331/8%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		·
		<b></b>
		••••
	······································	
	······································	
		·
		·

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-B.

		," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35a (Proxy T	ax), then
	ction 501(c)(4), (5), or (6) orga of organization	inizations. Complete Part III		Employer ider	itification number
	/irginia Rivers Coalition, Inc	•		, ,	52-1736621
Part		e organization is exempt unde	er section 501/		
1		the organization's direct and indire			n gamzation.
2					<b>,</b>
3	Volunteer hours				
_	,				
Part	I-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	,
		ed a section 4955 tax, did it file For			Yes 🔲 No
					Yes No
b	If "Yes," describe in Part				
Part	-C Complete if the	e organization is exempt und	er section 501(c	c), except section 501	(c)(3).
		expended by the filing organization			
		· · · · · · · · · · · · · · ·		•	
		iling organization's funds contribu	•		
	27 exempt function activi			•	
		penditures. Add lines 1 and 2.			
				· ·	<del></del>
		ile Form 1120-POL for this year?			L Yes L No
5 E	nter the names, addresse	es and employer identification num	ber (EIN) of all se	ction 527 political organia	zations to which the filing
0	rganization made paymer	nts. For each organization listed, eathrough	nter the amount p	oald from the filing organia	zation's funds. Also enter
		fund or a political action committee			
	s a separate segregated	and or a political action committee	(1 AO). Il addition	a space is fleeded, provid	de imormation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				·	delivered to a separate political organization. If
					none, enter -0
443					
(1)					
(0)	<del></del>				
(2)					
(2)					
(3)					
(4)					
(+)					
(5)					
(5) 					
(6)					
<b>,-</b> /		I		1	

Schodula	C /Earm	990 or 990-	E7\ 2010

Page 2

3011	160016 C (FORTH 350 OF 350-EZ) 2010					Page ≱
Pa	crt II-A Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and file	d Form 5768 (elec	
	Check ▶ ☐ If the filing organization below					
В	Check ▶ ☐ if the filing organization che			trol" provisions a	apply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.	)	organization's totals	group totals
1	1a Total lobbying expenditures to influence					
	<b>b</b> Total lobbying expenditures to influence a	a legislative bo	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a	,				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter the columns.	table in both		·		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000.	1	
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 259					
	h Subtract line 1g from line 1a. If zero or les	h Subtract line 1g from line 1a. If zero or less, enter -0				
		Subtract line 1f from line 1c. If zero or less, enter -0				
	j If there is an amount other than zero on either line 1h or line 1i, did the organizat				file Form 4720	
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that mad columns below. S	le a section 5 ee the instru	ctions for lines 2a	not have to com through 2f on pa		
	Lobbying	Expenditures	During 4-Year A	veraging Period	<del> </del>	
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part II-B

	(election under section 501(h)).	(6	<u>)</u>	(b)
			-	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			1
	referendum, through the use of:	L	-	1
а	Volunteers?		<b>√</b>	1
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<b>✓</b>	
C	Media advertisements?		<b>√</b>	
d	Mailings to members, legislators, or the public?		<b>√</b>	<del> </del>
e f	Publications, or published or broadcast statements?	-	1	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1	-	3000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_	1	
i	Other activities? If "Yes," describe in Part IV	<b>—</b>	1	
i	Total. Add lines 1c through 1i	<b>—</b>	· ·	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	_ :		
d	9 9		✓	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), d	or se	ction
	501(c)(6).			Yes No
	Many out stantially all (200), as many disconnected mandady stable by as all and			<del></del>
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			<del></del>
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, l			
	"Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of		
_	Current year		20	
a b	Carryover from last year		2a 2b	
C	Total	•	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3	<del></del>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		-	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb			
	and political expenditure next year?	•	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	
Par	t IV Supplemental Information			
-	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and P	art II-	B, line 1 <sub>1</sub> . Also,
comp	lete this part for any additional information.			

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	m 990 or 990-EZ) 2010	Page <b>4</b>
Part IV	Supplemental Information (continued)	
•••••••		
	•••••••••••••••••••••••••••••••••••••••	
		***************************************
·••		
		•

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number West Virginia Rivers Coalition, Inc. 52-1736621 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) R ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Schedule	٠n.	Æ	COO!	2010

Page 2

Part	Organizations Maintaining	Collections of	Art, Hi	stori	cal Tre	easures,	or Ot	her Similar	Ass	ets (co	ntini	ued)
3	Using the organization's acquisition, a collection items (check all that apply):											
а	Public exhibition		d		Loan	or exchar	nge pro	grams				
b	☐ Scholarly research		е		Other							
C	☐ Preservation for future generation											
4	Provide a description of the organization	on's collections	and exp	lain h	now the	y further t	the org	janization's ex	xemp	t purpo	se ir	n Part
	XIV.											
5	During the year, did the organization s	solicit or receive	donatio	ns of	art, his	stoncal tro	easure	s, or other sir				
	assets to be sold to raise funds rather t			<u> </u>					•	☐ Ye		
Part	line 9, or reported an amount	on Form 990,	Part X,	line 2	21.					·	Part	t IV,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner inter	media	ary for	contributi	ions o	other assets	not	☐ Ye		
b	If "Yes," explain the arrangement in Pa						• •		•	_ 1 e	<b>S</b> [	7 140
-	ii ros, explain the arrangement in ra	re XIV dana oompi		OllOw	mig tab			T	Am	ount		
С	Beginning balance						10	-				
d	Additions during the year						10					
е	Distributions during the year						1e			<del></del>		
f	Ending balance						11	· <del> </del>				
2a	Did the organization include an amount									☐ Ye	s ſ	No
b	If "Yes," explain the arrangement in Pai		·								_	
Par	V Endowment Funds. Complet	te if the organiz	zation a	nswe	ered "Y	es" to F	orm 9	90, Part IV, I	ine 1	0.		
		(a) Current year	(b) P	nor yea	ar (	c) Two years	s back	(d) Three years t	oack	(e) Four	years	back
1a	Beginning of year balance [											
b	Contributions											
C	Net investment earnings, gains, and		İ		ŀ							
	losses											
d	Grants or scholarships											1
е	Other expenditures for facilities and		ļ									1
_	programs	<del></del>										
f	Administrative expenses					·····						!
g	End of year balance		L					<u></u>				
2	Provide the estimated percentage of th	ie year end balan	ice held	as:								
a	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	%									
Ь	Permanent endowment ►  Term endowment ► %	96										
с 3а	Are there endowment funds not in the	possession of th	OFGS	sizatıo	on that	nto hold o	and ad	munistered for	r tha			
Od	organization by:	possession or tr	ie orgai	nzauc	או נוופנ	are neid c	anu au	ministered ioi	uie	L.	Yes	No
	(i) unrelated organizations									3a(i)	162	140
	(ii) related organizations				• •		• •		•	3a(ii)		<del></del>
ь	If "Yes" to 3a(ii), are the related organiz		eguired	on So	 chedule	 R?			•	3b	-+	$\vdash$
4	Describe in Part XIV the intended uses						• •		•	00		L
Par										<del></del>		
	Description of investment	(a) Cost or of	ther basis	1		ther basis		Accumulated epreciation		(d) Book	value	a
1a	Land			<del> </del> -				<del></del>	+	•		
b	Buildings			+-					+			
C	Leasehold improvements			+					+-			
d	Equipment			+		5539		4357	,†			1182
e	Other			+	<del></del>			1007	+-			
	Add lines 1a through 1e. (Column (d) me	ust equal Form 9	90, Part	X, co	olumn (l	B), line 10	(c).)		+	<del></del> .		
		<del> </del>	<u>-</u> -	<del></del> -	<del></del>							

Part VII	Investments – Other Securities	. See Form 990, Part X, I	line 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	denvatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				· · · · · · · · · · · · · · · · · · ·
(D)				· · · · · · · · · · · · · · · · · · ·
(E) (F)	***************************************			·····
(G)				
<del>(U)</del>		<u> </u>		
<del></del> (I)				
	b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments – Program Related	See Form 990 Part X	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
,	ay becomplished investment type	(b) DOOK VAIGE	Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa	<del></del>		
	(8	a) Description		(b) Book value
_(1)		<del></del>		
(2)				
(3)				
(4)				
(5)		····		
(6)				
<u>(7)</u>	,			<del></del>
(8)				
<u>(9)</u> (10)		<del></del>		
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		<del></del>
Part X	Other Liabilities. See Form 990,			······
1.	(a) Description of liability	(b) Amount		
	income taxes		1	
(2) Payroll		2124	1	
(3)			İ	
		<del>                                     </del>	†	
(4)		l		
(4) (5)				
(5)				
(4) (5) (6) (7)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10) (11) <b>Total.</b> (Column (	(b) must equal Form 990, Part X, col. (B) line 25.) ► SC 740) Footnote. In Part XIV, provide	2124		

	le D (Form 990) 2010			Page 4
_	Reconciliation of Change In Net Assets from Form 990 to Audited Financial Statem	ente	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	tum	
1	Total revenue, gains, and other support per audited financial statements	1	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	1		
b	Donated services and use of facilities	7		
C	Recovenes of prior year grants	7		
ď	Other (Describe in Part XIV.)	1		
е	Add lines 2a through 2d	26	e	
3	Subtract line 2e from line 1	3	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)	1		
C	Add lines 4a and 4b	40	C	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er R	Return	
1	Total expenses and losses per audited financial statements	1	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	1		
С	Other losses	1		
đ	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d	2€	е	
3	Subtract line 2e from line 1	3	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)	1		
C	Add lines 4a and 4b	40	c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5	
Part	XIV Supplemental Information	<del></del>		
Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com additional information.			
<b>-</b>	······································			·
*****				
· • • • • • • • • • • • • • • • • • • •				

Schedule D (For	rm 990) 2010	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
	***************************************	
		·····
		***************************************

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2010

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service		•		► Attach to Form 990.	Form 990.			Inspection
Name of the organization					:		Emp	Employer identification number
West Virginia Rivers Coalition, Inc.	oalition, Inc.							52-1736621
Part   General	Information	General Information on Grants and Assi	Assistance					
1 Does the orgar the selection or	riteria used to	Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance?	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ce, and
2 Describe in Par	rt IV the organ	Describe in Part IV the organization's procedures for	es for monitoring	monitoring the use of grant funds in the United States.	nds in the United	States.		3
Part II Grants a	and Other As	Grants and Other Assistance to Governi	vernments and	ments and Organizations in the United States.	n the United St	ates. Complete	Complete if the organization answered "Yes" to	swered "Yes" to
Form 99 can be d	0, Part IV, lin Iuplicated if a	Form 990, Part IV, line 21, for any recipient that I can be duplicated if additional space is needed	ipient that receivis needed.	/ed more than \$5	5,000. Check thi	s box if no one re	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed .	than \$5,000. Part II
1 (a) Name and address of organization or government	of organization ant	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Kentucky Waterways 106 E.Court, Greenberg, KY	ys ,KY	61-1239766		7855	0			Gen.Support
(2) Downstream Strategies 219 Wall St., Morgantown, WV	gies vn,wv	37-1418095		337	0			Gen.Support
(6)								
(4)								
(5)								
(9)								
ω								
(8)								
(6)							:	
(10)						}-	,	
(11)								
(12)								
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations</li></ul>	ber of section ber of other or	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	ernment organiza	lions				. • • • • • • • • • • • • • • • • • • •
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instruction	s for Form 990.		Cat.	Cat. No. 50055P		Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appralsal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III N ന S φ

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

# 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.

2010

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

West Virginia Rivers Coalition, Inc.	52-1736621
West Virginia Rivers Coalition, Inc requires officers, directors or trustees, and key employees to disclo	ose interest that could give rise to
conflicts. This procedure is performed at the beginning of each board meeting. The question is asked	I if anyone has a conflict of interest.
If a board member knowledges a conflict of interest, the person is not allowed to vote or express an o	pinion on the topic.
The 990 form is prepared by the bookkeeper and sent to the treasurer for review and signature.	
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Name of the organization	Employer identification number
West Virginia Rivers Coalition, Inc.	52-1736621
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# **BOARD OF DIRECTORS**

Revised 10/27/10

Don Comin	C	[ (1)	(204) 472 971 (
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,			
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