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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

## **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)

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 (see instructions)
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 OMB No 1545-1150

2011

**Open to Public** Inspection

Α	For th	For the 2011 calendar year, or tax year beginning , and ending					
В	I	f applicable	C Name of organization D	D Employer identification number			
	Address	s change		26-0033540			
	Name o	change	UPPER MONONGAHELA RIVER ASSOCIATION INC  Number and street (or P O box, if mail is not delivered to street address)  Room/suite E	elephone			
	Initial re	eturn					
	Termina	ated	PO BOX 519	(3	04) 599-7585		
	Amend	ed return	City or town state or country ZIP + 4	Froup Ex	emption		
	Applica	tion pending	GRANVILLE WV 26534	lumber	•		
	Accour	nting Method		ck ▶	If the organization is		
ĭ		_			to attach Schedule B		
`.					90-EZ, or 990-PF)		
	Tax-exe		eck only one) —				
K	Check		organization is not a section 509(a)(3) supporting organization or a section 527 organization and				
			000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	require	d (see instructions) But		
_			pooses to file a return, be sure to file a complete return				
L			d 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
			ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ	<b>►</b> \$	13,695		
Р	art l		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions 1	or Part I)		
		Check II	f the organization used Schedule O to respond to any question in this Part I				
	1	Contribution	ons, gifts, grants, and similar amounts received	1	13,695		
	2	Program s	ervice revenue including government fees and contracts .	2			
~	3	Membersh	ip dues and assessments	3			
2017	4	Investmen	•	4			
	5a		ount from sale of assets other than inventory		Ž		
4	b		or other basis and sales expenses				
	C	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
PR	6		nd fundraising events				
4	а		me from gaming (attach Schedule Gilf, greater than: _)	T.			
SCARENETE APR		\$15,000)		_			
***	b		me from fundraising events (not including \$1 10 10 10 10 10 10 10 10 10 10 10 10 10				
28			aising events reported on line 1) (attach Schedule G if the				
4			ch gross income and contributions exceeds \$15,000)				
$\tilde{S}$	C.		et expenses from gaming and fundraising events.	<b>—</b> \$ 7			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	د مالانشا ام	f		
		line 6c)	as of inventory loss returns and allowaness	6d			
	7a		es of inventory, less returns and allowances				
	b		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	<i>Ω≀₁≳##</i> ## 7c	<b>3</b>		
	C		nue (describe in Schedule O)	8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		13,695		
	10		d similar amounts paid (list in Schedule O)	10			
	11		aid to or for members	11			
Ø			ther compensation, and employee benefits	12			
ıse	13		al fees and other payments to independent contractors	13	350		
Expenses	14		y, rent, utilities, and maintenance	14			
X	15		ublications, postage, and shipping	15	900		
_	16	0.1	enses (describe in Schedule O)	16	8,118		
	17	•	enses. Add lines 10 through 16	17	9,368		
Net Assets	40		(deficit) for the year (Subtract line 17 from line 9)	18	4,327		
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with				
ASS		end-of-yea	r figure reported on prior year's return)	19	1,680		
et /	20		nges in net assets or fund balances (explain in Schedule O)	20			
ž	21		or fund balances at end of year Combine lines 18 through 20	21	6,007		

	990-EZ (2011) UPPER MONONGAHELA R		;	26-00	33540	Page <b>2</b>
Par	Balance Sheets. (see the instructions for	Part II)				
	Check if the organization used Schedule O to	respond to any question i	n this Part II			·
			()	A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,68		6,007
23	Land and buildings		· · ·		23	ļ
24	Other assets (describe in Schedule O)				24	
25	Total assets		·	1,68	_	6,007
26	Total liabilities (describe in Schedule O)				26	ļ
27	Net assets or fund balances (line 27 of column			1,68	27	6,007
_ Pa	rt III Statement of Program Service Accompli				(Boo	Expenses uired for section
	Check if the organization used Schedule O			·		c)(3) and 501(c)(4)
	at is the organization's primary exempt purpose? _I				orga	nizations and section
	cribe the organization's program service accomplish					(a)(1) trusts, optional thers )
	neasured by expenses In a clear and concise manr		provided, the number	per of	1010	uieis j
	ons benefited, and other relevant information for ea			<del></del>		
28	DEVELOPMENT OF UPPER MONONGALIA RIVE	RBASIN				
		t includes foreign grants,			28a	9,368
29						
	(Grants \$ ) If this amoun	t includes foreign grants,	check here .	· · <b>P</b> [	29a	
30						
		t includes foreign grants,		· • <u></u>	30a	
31	Other program services (describe in Schedule O) .			· · · ·	١	
		t includes foreign grants,	··	· • <u> </u>	31a	**
	Total program service expenses. (add lines 28a				32	9,368
Pa	rt IV List of Officers, Directors, Trustees, and				instruc	tions for Part IV)
	Check if the organization used Schedule O	to respond to any questio			<u>.</u>	<u> </u>
		(b) Title and average (c) Reportable compensation		(a) House bonom		(e) Estimated amount of
	(a) Name and address	hours per week	(Forms W-2/1099-MISC			other compensation
		devoted to position	(if not paid, enter -0-	and deferred compe	nsation	
	OOKS JAVINS	Title PRES				
PO	BOX 491 MORGANTOWN WV 26507-0491	Hr/WK				
	RRY PALLAY	Title V PRES				
124	DIAMOND COURT MORGANTOWN WV 26505	Hr/WK				
	NALD C STRIMBECK	Title SEC/TREAS			l	
<u>PO</u>	BOX 519 GRANVILLE WV 26534-0519	Hr/WK				
	BRA JAVINS	Title BD MEMBER			1	
<u>P0</u>	BOX 491 MORGANTOWN WV 26507-0491	Hr/WK				
	TY L WILEY	Title BD MEMBER				
373	DUNKARD AVENUE WESTOVER WV 26501	Hr/WK				
	HOMAS BARTLETT	Title BD MDMBER			ŀ	
302	MCGRAW AVENUE GRAFTON WV 26354	Hr/WK				
	/ID L WEAVER	Title BD MEMBER				
150	CLAY ST, SUITE 100 MORGANTOWN WV 26501	Hr/WK				
	JL F ZIEMKIEWICZ	Title BD MEMBER				
PO	BOX 6064 MORGANTOWN WV 26506-6064	Hr/WK				
		Title				
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		Hr/WK				
		Title				
		11-04/16		1		

Form **990-EZ** (2011)

Form 990-EZ (2011) UPPER MONONGAHELA RIVER ASSOCIATION INC 26-0033540 Page 3 Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a 33 detailed description of each activity in Schedule O. . . . Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N . . 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b **b** Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II and enter the total amount involved . . . 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 . . . **b** Gross receipts, included on line 9, for public use of club facilities . 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed 42 a The organization's books are in care of ► DONALD C STRIMBECK Telephone no ► (304) 599-7585 Located at ► 190 BROAD STREET City GRANVILLE ST WV 26534 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ . . 44c c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . 45a 45 b 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," Form 990 and Schedule R may need to be completed instead of 

Ves   No   Ves   Ves   No   Ves   Ves   No   Ves   Ves   No   Ves   Ves   Ves   No   Ves	Form 990-EZ (2011) UPPER MONONGAHELA RIVER ASSOCIATION INC						26-0033540 Page <b>4</b>				
to candidates for public office? If "Yes," complete Schedule C. Part I.    Value			-			•				Yes	No
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule C for sepond to any question in this Part VI  47 Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  48 Is the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 a Did the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization in School and 270 organization?  60 If the and exemptions of the interest in the organization in	46			•			or in opp	osition			2 1
So1(c)(3) organizations and section 4947(a)(1) nonexempt chanitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 50. Theock if the organization used Schedule O to respond to any question in this Part VI  7 Did the organization engage in lobbying activities or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  84 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  85 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  86 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  87 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  88 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  89 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  80 Complete this table for the organization? Sive highest compensated employees of their than officers, directors, trustees and key employees yether exceeds one than \$10,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each ereplayee plants of the properties of the pr							<u> </u>	· · · · ·			X
and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  47 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 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 a D dit en organization as ection as exciton 501(h) election in effect during the tax year? If "Yes," complete Schedule E 49 a D dit en organization was ry transfers to an exempt non-chantable related organization?  50 Complete this table for the organization is the highest compensation from the organization. If there is none, enter "None"  (a) Name and addess of seath embryes which each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (b) 17 each and everage house and everage house except paid more than \$100,000 of compensation from the organization. If there is none, enter "None"  (c) 18 T 2P HAWK  Name ST 2P HA	Part										
Check if the organization used Schedule O to respond to any question in this Part VI  7 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  8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  43 a Did the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  45 b If "Yes," was the related organization on section 52? organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and actives of each analyses  (b) Title and sweage hours for enveex devoted by position  (c) Title and sweage hours for enveex devoted by position  (d) Name and actives of each analyses (e) Reportable forms W-31099-865() exercises and exercises and offered organization.  Name None.  (a) Name and actives of each analyses (b) Reportable forms W-31099-865() exercises and exercises and offered organization.  Name None.  (b) Title and sweage hours for enveex devoted by position.  Name None.  (c) Title and sweage hours for enveex devoted by position.  Name None.  (c) Title and sweage hours for enveex devoted by position.  If the City ST ZP  None.  (e) Competes the stable for the organization of the None.  (f) Competes this table for the organization of the None.  (g) Name None.  (g) Competes this table for the organization of the rise is none, enter "None.  (g) Name Addition of the employees paid over \$100,000.  Name None.  (g) Competes this table for the organization of the rise is none, enter "None.  (g) Name Addition of the employees paid over \$100,000.  Name None.  (g) Title and addition of other employees paid over \$100,000.  Name None.  (g) Title and addition of other employees polymetry of the organization of the rise is none, enter "						charitable trusts mu	ist answ	er questions	47–49b	)	
Total 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   47		ar	nd 52, and complete the table	es for lines 6	50 and 51.		1 / I				
47    Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "year," complete Schedule C, Part II   48    Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E   48    X    49    X    X    49    X    X			neck if the organization used	Schedule C	to respond to an	y question in this P	ап и				
Section   Sect										Yes	No
## sith erroganization a school as described in section 170(b)(1)(a)(ii) (ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(i	47		• • • • • •		have a section 501(	(h) election in effect d	luring the	tax			ł
49 a   Did the organization make any transfers to an exempt non-chartable related organization?   49 a   X   Y   Y   Y   Y   Y   Y   Y   Y   Y		•	•								L
b If "Ves," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee hours per veek, devoted to position from the organization. If there is none, enter "None" (a) Health baseds, may devote the position from the organization. If there is none, enter "None" (b) Title and average hours per veek, devoted to position from the organization. If there is none, enter "None" (d) Health baseds, may define the organization of the overage hours per veek. The organization of the overage hours per veek. The organization of the overage hours with a state of the organization of the overage hours with a state of the organization of organization organization organization organization organization organization organization organiza	48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						<u> </u>		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is mone, enter "None "  (9) Name and address of each employee board more than \$100,000 of compensation from the organization are physically paid more than \$100,000 of compensation from the organization of the first paid to the paid of the form W 2/1094-MSC) of the paid werder broad to profit the paid of the form W 2/1094-MSC of of			•	-		_					
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"    (a) Name and address of each employee paid more than \$100,000 of compensation from the organization.   (b) Estimated amount of other compensation paid more than \$100,000 of the compensation of the compensa	b										
(a) Name and address of each employee paid more than \$100,000  Name None.  Name None.  St. Title  City ST ZiP HAWK  Name.  St. Title  City ST ZiP HAWK  (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service  (c) Compensation  City ST ZiP  Name.  St. ZiP  Name.  City ST ZiP  Name.  St. ZiP  Name.  St. ZiP  Name.  City ST ZiP  Name.  St. ZiP  Name.  St. ZiP  Name.  City ST ZiP  Name.  St. ZiP  N	50										
(a) Name and address of each emptypee paid more than \$100,000 devoted to position (Forms W-2/1094MISC) convinctances empty empty paid more than \$100,000 devoted to position (Forms W-2/1094MISC) convinctances empty empty empty and empty		employe	es) who each received more the	an \$100,000	of compensation fro	om the organization. I	If there is	none, enter '	'None "		
Name None.  Name None.  St.  Title  City  ST ZIP  HWWK  Name  St.  Title  City  ST ZIP  HWWK  Title  City  ST ZIP  HWWK  Name  St.  Title  City  ST ZIP  HWWK  Intel  City  ST ZIP  HWWR  Intel  City  ST ZIP  Name  (a) Name and address of each independent contractor pad more than \$100,000  (b) Type of service  (c) Compensation  (c) Compensation  (c) Compensation  Intel  City  ST ZIP  Name  St.  City  ST ZIP  Name  City  ST ZIP  Nam		(a) N	ame and address of each employee	(1		(c) Reportable			(e) Estima	ated am	ount of
Name Note		(4) 11		1			benefit pl	ans, and deferred			
Name   St   ZIP   Hr/WK   Hr/WK   Hr/WK   Hr/WK   Hr/WK   ST   ZIP   Hr/WK			•			(FOITIS VV-2/1099-IVIISC)	co	mpensation			
Name   Str.   Title	Name	None	<u>Ştr</u>	Title	•						
City ST ZIP Hr/WK  Name St ZIP Hr/WK  I Total number of other employees paid over \$100,000 . ►  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Name None St ZIP  Name St ZIP  No Dhady ZDIZ  Safinative of officer than officer) is based on all information of which preparer has any 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 Phono51954  Firm's and Donato of Other Independent Contractors each received more and the Phono1270 is self-employeed Phono51954  Firm's and St ZIP St ZIP  Name St Z	Cıty			Hr/WK			<u> </u>				
Name	Name		<u>Ştr</u>	Title	•						
City ST ZIP Hr/WK Name St ZIP Hr/WK Name St ZIP Hr/WK Name St ZIP Hr/WK Name St ZIP Hr/WK  f Total number of other employees paid over \$100,000 .  51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Name None St ZIP Name	City			1			<u> </u>				
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Total number of other employees paid over \$100,000 .  Total number of other employees paid over \$100,000 .  Str.	City									-	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  Name None  Str.  City  ST ZIP  Name  Str.  City  ST ZIP  Name  City  ST ZIP  No  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 prepair (other than officer) is based on all information of which prepairer has any knowledge  Preparer  Sign  Here  Proparer  Sign  Preparer's signature  Carol Curry Rushford MBA CPA  Carol Curry Rushford MBA CPA  Carol Curry Rushford MBA CPA  Firm's amme  Carol Curry Rushford MBA CPA  Firm's address  Forest Rush Poble 49344  May the IRS discuss this return with the preparer shown above? See instructions							L				
\$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Name None Str.  City ST ZIP  Name Str.  City ST ZIP  None Str.  City Str.  Str.  City ST ZiP  None Str.  City ST ZiP  None Str.  City Str.  City Str.  City Str.  City Str.  City Str.  City Str.  C	-							h			
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Name None City ST ZIP  Name Str City ST ZIP  Very ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP   Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent contractors each receiving over \$100,000 .  Total number of other independent co	51	•	<del></del>	_		·	wno eac	n receivea mo	ore than		
Name None Str ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Name Str City ST ZIP  Othy ST ZIP  d Total number of other independent contractors each receiving over \$100,000 .  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.		\$100,000	of compensation from the org	anization it	there is none, enter	i None "			<del> </del>		
City ST ZIP  Name Str.  City ST ZIP  Very ST ZIP  Total number of other independent contractors each receiving over \$100,000 .  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  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  Here DONALD C STRIMBECK  SECRETARY/TREASURER  Preparer's signature  Carol Curry Rushford MBA CPA  Firm's name Carol Curry Rushford MBA CPA  Firm's name For Carol Curry Rushford MBA CPA  Firm's address For Lakeview Dr, Morgantown, WV 26508  May the IRS discuss this return with the preparer shown above? See instructions  Str.  ZIP  Yes X No		(a) Nam	and address of each independent contractor paid more than \$100,000			(b) Type of serv	(c) Compensation				
City ST ZIP  Name Str.  City ST ZIP  Very ST ZIP  Total number of other independent contractors each receiving over \$100,000 .  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  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  Here DONALD C STRIMBECK  SECRETARY/TREASURER  Preparer's signature  Carol Curry Rushford MBA CPA  Firm's name Carol Curry Rushford MBA CPA  Firm's name For Carol Curry Rushford MBA CPA  Firm's address For Lakeview Dr, Morgantown, WV 26508  May the IRS discuss this return with the preparer shown above? See instructions  Str.  ZIP  Yes X No		None	C	<del></del> _		<del> </del>					
Name Str. City ST ZIP  Nounder penalties of other independent contractors each receiving over \$100,000 .  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  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 officer DONALD C STRIMBECK Type or pint name and title  Preparer Use Only  Prims name Carol Curry Rushford MBA CPA Firm's name Carol Curry Rushford MBA CPA Firm's name Carol Curry Rushford MBA CPA Firm's address Carol Curry Rus					710						
City ST ZIP  Name Str.  City ST ZIP   Ad Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes X No  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 Here DONALD C STRIMBECK  Signature of officer  Date  Date  Carol Curry Rushford MBA CPA  Firm's name Carol Curry Rushford MBA CPA  Firm's address 67 Lakeview Dr, Morgantown, WV 26508  May the IRS discuss this return with the preparer shown above? See instructions . ▶ X Yes No  No			C		<u> </u>	<del>                                     </del>					
Name Str.  City ST ZIP  d Total number of other independent contractors each receiving over \$100,000 .  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A.  Under penalities 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 Here DONALD C STRIMBECK Type or print name and title  Paid Preparer Carol Curry Rushford MBA CPA Firm's name Carol Curry Rushford MBA CPA Firm's address ► 67 Lakeview Dr, Morgantown, WV 26508  May the IRS discuss this return with the preparer shown above? See instructions . ► X Yes No  No			• • • • • • • • • • • • • • • • • • • •								
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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 officer   Date			· · · · · · · · · · · · · · · · · · ·								
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true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign	Lindar.		·			as and statements, and to the	ne heet of m	v knowledge and	helief it is		<u></u>
Sign Here Signature of officer Date  DONALD C STRIMBECK SECRETARY/TREASURER  Type or print name and title  Paid Preparer Use Only Firm's name ► Carol Curry Rushford MBA CPA Carol Curry Rushford MBA CPA Carol Curry Rushford MBA CPA Firm's EIN ►55-0622682  May the IRS discuss this return with the preparer shown above? See instructions Date Check X if PTIN PO0051954  Firm's eadress ► 67 Lakeview Dr, Morgantown, WV 26508  No								ly knowledge and	bellet, it is		
Sign Here Signature of officer Date  DONALD C STRIMBECK SECRETARY/TREASURER  Type or print name and title  Paid Preparer Use Only Firm's name			1 Donned St					IO MARON	2012		
Here    DONALD C STRIMBECK   Type or print name and title	Sian								-15		
Type or print name and title  Paid Preparer  Carol Curry Rushford MBA CPA  Firm's name  Carol Curry Rushford MBA CPA  Firm's name  Carol Curry Rushford MBA CPA  Firm's name  Carol Curry Rushford MBA CPA  Firm's elin  Firm's address  Firm's elin	_	1					9	SECRETARY/	TREASU	IRFR	
Paid Preparer's name       Preparer's signature       Date Check					·					.,,	
Preparer Use Only       Carol Curry Rushford MBA CPA       Carol Curry Rushford MBA CPA       2/24/2012       self-employed       P00051954         Use Only       Firm's name       ▶ Carol Curry Rushford MBA CPA       Firm's EIN       ▶ 55-0622682         Firm's address       ▶ 67 Lakeview Dr, Morgantown, WV 26508       Phone no       (304) 594-9344         May the IRS discuss this return with the preparer shown above? See instructions       .       ▶ X       Yes       No	D				Preparer's signature	Date	•	Chart. [V]	PTIN		
Preparer         Use Only       Firm's name       ► Carol Curry Rushford MBA CPA       Firm's EIN       ► 55-0622682         May the IRS discuss this return with the preparer shown above? See instructions       Phone no       (304) 594-9344			Carol Curry Rushford MBA CP	Α	Carol Curry Rushfe	ord MBA CPA 2/	24/2012			1954	
Use Only       Firm's address       ▶ 67 Lakeview Dr, Morgantown, WV 26508       Phone no       (304) 594-9344         May the IRS discuss this return with the preparer shown above? See instructions	-										
May the IRS discuss this return with the preparer shown above? See instructions	Use	Only									
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