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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2011**Open to Public

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning JUL I, ZUII and	enaing i	<u>JUN 30, 2012</u>	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre			_[
	Name chang	Doing Business As		31-1	<u>459992</u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Termir ated	P.O. BOX 34	ļ	276-	523-7466
Γ	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,494,570.
Γ	Applic			H(a) Is this a group re	
_	pendir	F Name and address of principal officer:GLEN SKINNER		for affiliates?	Yes X No
		P.O. BOX 366, DUFFIELD, VA 24244		H(b) Are all affiliates inc	
$\overline{}$	Tayey	empt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1)	or 52	- ' '	list. (see instructions)
_		te: N/A	01 32	H(c) Group exemption	The state of the s
K	Form of	organization: X Corporation Trust Association Other	I Ves		State of legal domicile: VA
	art I	Summary		Oriormanon. 1990 W	Otate of legal dofficie. V21
•	1	Bnefly describe the organization's mission or most significant activities: TO E	XPEDI'	TE WATER DEV	ELOPMENT BY
Activities & Governance		PROVIDING GAP FINANCING, ENCOURAGE REGIO	NAL W	ATER SYSTEM	DEVELOPMENT
Ë	2	Check this box > if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
S.	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0
Ę	6	Total number of volunteers (estimate if necessary)			0
£	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	Ь	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1b)		223,325.	257,404.
Revenue	9	Program service revenue (Part VIII) [Ind(29)-11/E]		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 148		336,190.	90,860.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and 11e)		6,250.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		565,765.	348,264.
_		Grants and similar amounts bald (Part IX, column (A), lines 7:3)		400,000.	429,000.
		Benefits paid to or for members (Part IX, column (A) line 4)	Γ-	0.	0.
s		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
죓	Ь	Total fundraising expenses (Part IX, column (D), line 25)			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		109,151.	112,913.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		509,151.	541,913.
	1	Revenue less expenses. Subtract line 18 from line 12		56,614.	<193,649.>
58	<u> </u>			eginning of Current Year	End of Year
8	20	Total assets (Part X, line 16)	-	14,845,487.	16,002,032.
MASSEIS OF	21	Total liabilities (Part X, line 26)		10,650,323.	10,443,325.
	22	Net assets or fund balances. Subtract line 21 from line 20		4,195,164.	5,558,707.
	art II	Signature Block			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my	knowledge and belief, it is
ĕ₹U tŗu€	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	,
3		We have		1///	3/12
Sig	jn	Signature of officer		Date	
He	re	GLEN SKINNER, PRESIDENT			
Z		Type or print name and title			
Pai		Print/Type preparer's name Preparer's signature-	Jan !	Date Check	PTIN
Pai	d .	RICHARD L. LINNEN RICHARD L. LIN	NEN	L1/12/12 self-employe	P01310498
Pre	parer	Firm's name BROWN, EDWARDS & COMPANY, L.L.P		Firm's EIN	54-0504608
	Only	Firm's address 1969 LEE HIGHWAY			
	•	BRISTOL, VA 24201		Phone no. 2°	76.466.5248
Ma	y the li	3S discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 01-2		ons.	6-16	

	990 (2011) COALFIELD WATER DEVELOPMENT FUND 31-1459992 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO EXPEDITE WATER DEVELOPMENT BY PROVIDING GAP FINANCING, ENCOURAGE
	REGIONAL WATER SYSTEM DEVELOPMENT AND LOCAL INVESTMENTS IN WATER, AND
	ADDRESS PUBLIC HEALTH PROBLEMS RELATED TO THE QUANTITY AND QUALITY OF
	WATER.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 429,000. Including grants of \$ 429,000.) (Revenue \$)
	TO FUND WATER PROJECTS IN SOUTHWEST VIRGINIA, FOCUSING ON AREAS WITHOUT
	ADEQUATE WATER SYSTEMS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	10-4
40	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 429,000.

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			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	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		_X_
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		_X_
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
^	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8_		X
9	• • • • • • • • • • • • • • • • • • • •			v
10	credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	10/4/19/2019 20 14 10 10 14	40	x	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
''	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		х
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	x	
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		X
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		_ X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
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		<u> X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14h		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-10		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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		_X
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		<u>X</u> _
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) COALFIELD WATER DEVELOPMENT FUND

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	~		v
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schodulo I			.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23_		X
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No" go to line 25	04-		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
d	any tax-exempt bonds?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	_25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OEL		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		^
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		_	
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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," complete Schedule R, Part V, line 2	35b		X
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		X
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) COALFIELD WATER DEVELOPMENT FUND
Part V Statements Regarding Other IRS Filings and Tax Compliance

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and 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,			İ
	filed for the calendar year ending with or within the year covered by this return			ı
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)			l
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
	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	\dashv	_X
D	If "Yes," enter the name of the foreign country:			İ
E	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u>		X
	15 10 4 1 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5b		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_5c		
Va	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
-	were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).		-	
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.			
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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a			
14	If there are material differences in voting rights among members of the governing body, or if the governing			
	hady delegated broad authority to an executive committee or cimilar committee explain in Schedule 0			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2	officer, director, trustee, or key employee?	2		х
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	х	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	21	X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders?		-	
7a		7a		х
	more members of the governing body?	7.0		
D		7b		х
_	persons other than the governing body?	70		
8		8a	X	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	Λ	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1_3		
<u> </u>	tion b. Folicies (This Section B requests information about policies not required by the internal revenue code.)		Yes	No
400	Did the organization have local chapters, branches, or affiliates?	10a	163	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7.10		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
_	Other officers or key employees of the organization	15b		X
	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 with a			
	taxable entity duning the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	•	
	CLARA J. HARRIS - 276-523-2400			
	3441 MOUNTAIN EMPIRE ROAD, BIG STONE GAP, VA 24219			

	•		
Form	ggn	(2011)	

COALFIELD WATER DEVELOPMENT FUND

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average	(do	not c	Pos heck	more	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director			Irecto	Highest compensated comployee	stee)	from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MR. RANDY ALBERT	0.00	X						0.	0.	0
BOARD MEMBER (2) MS. BARBARA ALTIZER BOARD MEMBER	0.00	X						0.	0.	0.
(3) MR. JAMES A. BALDWIN VICE PRESIDENT	0.00	х		х				0.	0.	0.
(4) MR. HARRY CHILDRESS BOARD MEMBER	0.00	x						0.	0.	0.
(5) MR. SIM EWING TREASURER	0.00	х		X			_	0.	0.	0.
(6) MR, BRADLEY LAMBERT BOARD MEMBER	0.00	х				·		0.	0.	0.
(7) MR, ROBERT HILT BOARD MEMBER (8) MR, JAMES KEEN	0.00	х						0.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(9) MR. ROBERT E. PERKINSON, JR. BOARD MEMBER	0.00	X				_		0.	0.	0.
(10) MR, RICHARD PUCKETT SECRETARY	0.00	х		X				0.	0.	0.
(11) MR, DONNIE RATLIFF BOARD MEMBER	0.00	х						0.	0.	0.
(12) MS, CATHY ST, CLAIR BOARD MEMBER	0.00	х						0.	0.	0.
(13) MR. DENNIS SUTHERLAND BOARD MEMBER	0.00	X						0.	0.	0.
(14) MR. GLEN SKINNER PRESIDENT	0.00	X		X				0.	0.	0.
(15) MR, MIKE HYMES BOARD MEMBER	0.00	x						0.	0.	0.
(16) MR. MIKE THOMAS BOARD MEMBER	0.00	х						0.	0.	0.
(17) MR. MARK WOOTEN BOARD MEMBER	0.00	х			•			0.	0.	0.
132007 01-23-12										Form 990 (2011)

Pai	t VII Section A. Officers, Directors, Tro	ustees, Key Ei	mple	oyee	s, a	nd F	High	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	tee or director (po og og)	not c	Pos check ss pend a d	ition more rson irecto	l than	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor or ar	(F) Estimat Imount other other mpensa from th ganiza nd rela ganizat	of ation ne tion ted
/10	Board Member	0.00	,,						0.	0.			0.
(18	B) Mr. David Deel	0.00	X						0.	0.			
													•
1b	Sub-total				 			<u> </u>	0.	0.	 		0
	Total from continuation sheets to Part V						•		0.	0.			0
d 2	Total (add lines 1b and 1c)					oove	e) wh	no re	0. eceived more than \$100	,000 of reportable	<u></u> _		0
	compensation from the organization	, <u>-</u>						_		· · · · · · · · · · · · · · · · · · ·		T	(
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	Yes	No X
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	-		_						_	١.		v
5	Did any person listed on line 1a receive or										4	 	X
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch j	oers	on .				5		X
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith (or w	ıthın		/ear.			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices (C) ensatio	n
				_									·
		•						+				 -	
		-						4					
													
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot III	mıte	d to		se lis	sted	above) who received m	ore than			

Pa	rt V I				ZERENI FUN.	D	31-1459	992 Page 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512.
- A I						Teveride	10401100	sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	1 1		ļ			1
윤일		Membership dues	1 1					
ફ્ર₹		Fundraising events						
5		Related organizations		220,904.				
Sign		Government grants (contribut		220,304.				
ĘÞ	T	All other contributions, gifts, gran similar amounts not included abo	1 1	36,500.				1:
器		Noncash contributions included in lines						
돗	_	Total. Add lines 1a-1f	3 1a- II		257,404.			
<u> </u>		Total. 7 dd iirtos Ta Ti		Business Code	23774041			
	2 a	1		Basiness Code				
용	b	· <u>-</u>						
용필	-							
<u>د</u> ع								
Program Service Revenue	e							
4	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			14,788.		· · · · · · · · · · · · · · · · · · ·	14,788.
	4	Income from investment of ta						
i	5	Royalties						
ļ			(i) Real	(ıı) Personal				
1		Gross rents						
ı		Less: rental expenses						
i		Rental income or (loss)						
İ		Net rental income or (loss) ,						
	7 8	Gross amount from sales of	(i) Securities	(II) Other				
	_	assets other than inventory	1,222,378.					
İ		Less' cost or other basis	1 145 205					
Ì		and sales expenses	$\frac{1.146.306}{76,072}$					
		Net gain or (loss)			76,072.			76,072.
		Gross income from fundraising		<u> </u>	70,072.			70,072.
Other Revenue	0.6	including \$						
S		contributions reported on line		1				
بيّ			a			:		
- ∰	Þ	Less: direct expenses						
١		Net income or (loss) from fund						
	9 a	Gross income from gaming a	ctivities. See]]		
		Part IV, line 19						
		Less. direct expenses		L				
		Net income or (loss) from gan	-	<u></u>				
}	10 8	a Gross sales of inventory, less		\		l		
		and allowances						
		Less: cost of goods sold						
ł		Net income or (loss) from sale						
}		Miscellaneous Revenu		Business Code				
	11 8			 				
	t		· 					
		All other revenue					 	
	4	Total. Add lines 11a-11d						-
	12	Total revenue. See instructions.			348,264.	0.	0.	90,860.
13200 01-23								Form 990 (2011)

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 (D).

	Check it Schedule O contains a respon		SPart IX		····
	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 United States. See Part IV, line 21	429,000.	429,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			İ	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			·	·-·
10					
11	Payroll taxes				
	· · · · · · · · · · · · · · · · · · ·	63,546.		63,546.	
_	Management	03,340.		03,340.	
b	Legal			-	
C	Accounting	••			
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	49,367.		49,367.	
-	Other	43,307.		_ 43,30/•	
_ g			-		
12	Advertising and promotion	-			
13	Office expenses			-	
14	Information technology			· · · · · · · · · · · · · · · · · · ·	
15	Royalties			<u> </u>	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		-	-	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expanses Itemize expanses not covered				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d			·	···	
	All other expenses			• • • •	
25	Total functional expenses. Add lines 1 through 24e	541,913.	429,000.	112,913.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				
	- - -				

Form 990 (2011)
Part X Balance Sheet

	T. X	Balance Sneet	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	291,102.	1	419,180.
	2	Savings and temporary cash investments	· · ·	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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	
क्ष	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities	13,414,010.	11	14,422,452.
	12	Investments - other securities. See Part IV, line 11	1,140,375.	12	1,160,400.
	13	Investments - program-related. See Part IV, line 11		13	2/200/2001
	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)	14,845,487.	16	16,002,032.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	650,323.	18	443,325.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	10,000,000.	23	10,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,650,323.	26	10,443,325.
		Organizations that follow SFAS 117, check here X and complete			
83		lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets		27	
<u> </u>	28	Temporanly restricted net assets	3,901,164.	28	5,264,707.
ğ	29	Permanently restricted net assets	294,000.	29	294,000.
Ē		Organizations that do not follow SFAS 117, check here and		ŀ	
5		complete lines 30 through 34.			
क्ष	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,195,164.		5,558,707.
	34	Total liabilities and net assets/fund balances	<u>14,845,487.</u>	34	<u>16,002,032.</u>

Form **990** (2011)

Form	990 (2011) COALFIELD WATER DEVELOPMENT FUND	31-	1459	992	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34	8,2	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>54</u>	1,9	<u>13.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<19	<u>3,6</u>	<u>49.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,19	<u>5,1</u>	<u>64.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1	<u>,55</u>	<u>7,1</u>	92.
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	5	,55	8,7	07.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	··· <u>··</u>			
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X_
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					İ
	Separate basis Consolidated basis Both consolidated and separate basis					Í
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	rt			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b_	===	<u></u>
				Form	990 ((2011)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number COALFIELD WATER DEVELOPMENT FUND 31-1459992 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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.) 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II a L Type I c Type III - Functionally integrated d ___ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col.
(i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes **Total**

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 COALFIELD WATER DEVELOPMENT FUND 31-1459992 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and					•	
	membership fees received. (Do not						
	include any "unusual grants.")	295,681.	268,052.	242,751.	223,325.	257,404.	1,287,213.
2	Tax revenues levied for the organ-						1,207,213,
	ization'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	295,681.	268,052.	242,751.	223,325.	257,404.	1,287,213,
	The portion of total contributions	233,0020	20070321	212/7310	223,323	231,404.	1,207,213,
Ŭ	by each person (other than a					i	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4 tion B. Total Support	,, 1					1,287,213.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	295,681.	268,052.	242,751.	223,325.	257,404.	
-	Gross income from interest,	233,001.	200,052.	242,131.	443,343.	231,404.	1,287,213.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	24,318.	12,706.	10,076.	13,246.	14,788.	75,134.
_	Net income from unrelated business	24,310.	12,700.	10,070.	13,440.	14,/00.	75,134.
9							
	activities, whether or not the						
40	business is regularly carried on .						
10	Other income. Do not include gain						
	or loss from the sale of capital				6 250		C 250
	assets (Explain in Part IV.)	<u> </u>			6,250.		6,250.
	Total support. Add lines 7 through 10					40	1,368,597.
	Gross receipts from related activities,	•	, ,, ,,,			12	
13	First five years. If the Form 990 is for organization, check this box and stop	=	ilirst, second, thire		•	1 50 1 (c)(3)	. —
Sec	tion C. Computation of Publi		rcentage				
	Public support percentage for 2011 (I		_	olumo (fi)		14	94.05 %
	Public support percentage from 2010					15	94.05 % 86.37 %
	33 1/3% support test - 2011. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the o	roanization did no	t check a hox on li	ne 13 or 16a and	Ine 15 is 33 1/3%	or more check the	LAL
_	and stop here. The organization quali						
1 7a	10% -facts-and-circumstances test	- 2011 If the ora	anization did not c	heck a hov on line		and line 14 is 10%	
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	Lation
h	10% -facts-and-circumstances test					70. and line 15 is 1	-
D	more, and if the organization meets th						1076 Of
	organization meets the "facts-and-circ						▶□
19	Private foundation. If the organization						
10	THE TOURIGE TOUR ALL THE OTGETHEAUTO	n did not check a l	50A OII IIIIB 13, 108	a, tou, ira, or 1/0		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 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 gualify-under the tests-listed-below-please-complete Part II.).

Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		-				
-	ızatıon'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					-	
	Amounts included on lines 1, 2, and						-
•	3 received from disqualified persons						•
	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						
	Add lines 7a and 7b						·
	Public support (Subtract line 7c from line 6)					+	
	ction B. Total Support				·	,,l.	<u></u>
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(a) ZOO1	(b) 2000	(0) 2003	(4) 2010	(6) 2011	(I) TOTAL
-	Gross income from interest,			-		1	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources . Unrelated business taxable income						
١	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				 	 	<u> </u>
• •	activities not included in line 10b,	İ					
	whether or not the business is						
10	regularly carned on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)				-		
	Total support (Add lines 9, 10c, 11, and 12)		final comment is			504/ \/0\	
14	First five years. If the Form 990 is for				-	on 501(c)(3) organiz	ation,
20	check this box and stop here ction C. Computation of Publi		rcentage	···	····		🟲 🔛
	Public support percentage for 2011 (I			noluma (fi)	 	45	
	Public support percentage from 2010					15	<u>%</u>
	ction D. Computation of Inves					16	%
				ne 13 column (fl)		47	
	Investment income percentage for 20 Investment income percentage from 2	•				17	<u>%</u>
						18	<u>%</u>
19	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box at			· · · · · · · · · · · · · · · · · · ·	- · ·		
	33 1/3% support tests - 2010. If the						
~	line 18 is not more than 33 1/3%, che						
<u> 20</u>	Private foundation. If the organization	n ala not check a	<u>00x on line 14, 19</u>	<u>a, or 19b, check t</u>	<u>nis box and see in</u>	structions	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COALFIELD WATER DEVELOPMENT FUND

Employer identification number

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the	72
	organization answered "Yes" to Form 990, Part IV, line 6.	10
	(a) Donor advised funds (b) Funds and other account	nte
_		1110
1	1 Total number at end of year	
2		
3		
4		
5		—
_	are the organization's property, subject to the organization's exclusive legal control?	∟ No
6		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
Do	rmpermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	No.
1		
	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area	
	Protection of natural habitat	
_	Preservation of open space	
2		he last
	day of the tax year.	
	Held at the End of the	e Tax Year
a	a Total number of conservation easements	
b		
C	c Number of conservation easements on a certified historic structure included in (a)	
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
_	listed in the National Register	
3	,, ,	
	year ▶	
4		
5	, , , , , , , , , , , , , , , , , , , ,	
	violations, and enforcement of the conservation easements it holds?	└─ No
6		
7		
8		<u> </u>
_	and section 170(h)(4)(B)(ii)?Yes	∐ No
9	, , , , , , , , , , , , , , , , , , , ,	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for	•
Da	conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
		
ıa	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of	•
	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.	
D	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,	
	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	
•	(ii) Assets included in Form 990, Part X	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
2	(ii) Assets included in Form 990, Part X	

Par		Collections of Ar				ar Asse			
3	Using the organization's acquisition, accessi								
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	e		go programo					
c	Preservation for future generations	J							
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization's exe	empt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit of			-					
-	to be sold to raise funds rather than to be ma					\square	Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa						·		
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contribution	s or other assets no	t included				
	E 000 B-43/0		-				Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:						
							Amoun	t	
C	Beginning balance				. 1c				
d	Additions during the year				1d				
е	Distributions during the year								
f	Ending balance	•••••			1f				
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?			🗀	Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three	ears back	(e) Four	years	<u>back</u>
1a	Beginning of year balance	4,195,164.	3,052,426.	1,675,371.	3,7	12,002.			
b	Contributions	36,500.	27,500.	30,200,		10,000.			
C	Net investment earnings, gains, and losses	1,868,956,	1,618,139.	1,462,782.	<1,5	39,511.	<u> </u>		
d	Grants or scholarships	429,000.	393,750.	5,000.	3	89,283,			
е	Other expenditures for facilities								
	and programs	0.	0.	0.		0.			
f	Administrative expenses	112,913.	109,151,	110,927.	1	17,837.			
g	End of year balance	5,558,707.	4,195,164.		1,6	75,371,	<u></u> .		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 7.70	 %							
С	Temporarily restricted endowment ▶ 9								
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for t	the organi	zation	Г		
	by.							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations		- 0-1 - 1 1- 50				3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations						3b		
Da.	t VI Land, Buildings, and Equipm			-					
Fai			·				4 B D I		
	Description of property	(a) Cost or of basis (investing	' '	1	ccumulate preciation	I	(d) Bool	k value	Э
1a	Land								
b	Buildings								
	Leasehold improvements								
	Equipment								
<u>e</u>	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)					<u>0.</u>

(8) (9) (10)(11)

га	t XI Reconciliation of Change in Net Assets from Form 990 to A			statement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				348,264.
-2-	Total expenses (Form 990, Part IX, column (A), line 25)				541,913.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-		<u><193,649.</u> :
4	Net unrealized gains (losses) on investments			<u> </u>	1,557,192.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				1 555 100
9	Total adjustments (net). Add lines 4 through 8				1,557,192.
<u>10</u>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	or Dotur	1,363,543.
	T XII Reconciliation of Revenue per Audited Financial Statemen				
1	Total revenue, gains, and other support per audited financial statements			1	298,897.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا ـه ا			
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities			 -} i	
C	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)			 	^
е	Add lines 2a through 2d			<u>2e</u>	U.
3	Subtract line 2e from line 1			3	298,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		40.3	<u> </u>	
b	Other (Describe in Part XIV.)		49,3		40 267
C	Add lines 4a and 4b				49,367.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statemen	nto Wit	h Evnoncos	. 5	348,264.
1	Total expenses and losses per audited financial statements			······ 1	492,546.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	<u>2b</u>			
C	Other losses				
d	Other (Describe in Part XIV.)	2d			0
е	Add lines 2a through 2d			····	400 546
3		•••••		3	492,546.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40. 2	<u> </u>	
	Other (Describe in Part XIV.)	4b	49,3	67.	40 265
_	Add lines 4a and 4b			4c	<u>49,367.</u>
<u>5</u>				<u></u> 5_	541,913.
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,				
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	•	•	•	
<u>'A.</u>	RT V, LINE 4: THE TERM AND PERMANENT ENDOWM	RNT I	RUNDS WI	<u>гт Вр</u>	DSED TO
. ~	THE THE MILE DEVEL OF THE THE THE OFFICE OF	DD #17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15	SIST IN THE DEVELOPMENT AND IMPROVEMENT OF	DKTNI	KING WAT	ER FOR	RESIDENTS
гът	MUD UTDOTNITA COMMITTEC OF I DE COOMM WICE	DIIC	יות דינוי	~~	ma contrat t
LN	THE VIRGINIA COUNTIES OF LEE, SCOTT, WISE,	_KUS!	PETTY DO	CHANAN	, TAZEMETT,
A AT	DICKENSON AND THE CITY OF NORTON.				
-ZTA:	DICKENSON AND THE CITT OF NORTON:				
					
	OM VIT IING AD _ OMUGD ADTHOMONMO.				
Σ Δ.	CL VII. HING AD - CLUBER ADDICATIONS :				
PA	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
	/ESTMENTS FEES NETTED WITH REVENUE ON FINAN	CIAL			
		CIAL			
IN		CIAL			49,367.

Schedule D (Form 990) 2011 COALFIELD WATER DEVELOPMENT FUND Part XIV Supplemental Information (continued)	31-1459992 Page 5
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES NETTED WITH REVENUE ON FINANCIAL STATEMENTS	49,367.
	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2011
Open to Public Inspection

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

Attach to Form 990.

Schedule I (Form 990) (2011) 2 FUNDING FOR OCCONITY LOOP Employer identification number UNDING FOR TRI-COMMUNITY 31-1459992 REGIONAL WATER PROJECT (h) Purpose of grant TUNDING FOR HURLEY or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any WATER PROJECT WATER PROJECT 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 ame and address of organization (b) EIN (c) IRC section or government (d) Method of If additional space is needed (e) Amount of If Method of If additional space is needed (g) Description of If applicable cash grant assistance other) 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 : : : : Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 199,000, 140,000 90,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table COALFIELD WATER DEVELOPMENT FUND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 54-1049475 54-1264389 04-3649461 General Information on Grants and Assistance criteria used to award the grants or assistance? AUTHORITY - P.O. BOX 58 - VANSANT, 1 (a) Name and address of organization DICKENSON COUNTY PUBLIC SERVICE BUCHANAN COUNTY PUBLIC SERVICE AUTHORITY - P.O. BOX 830 -LEE COUNTY PUBLIC SERVICE AUTHORITY - P.O. BOX 399 JONESVILLE VA 24263 Name of the organization CLINCHCO, VA 24226 VA 24656 Part II Part I

Schedule (Form 990) (2011) COALFIELD WATER DEVELOPMENT FIND	DEVELOPA	ARNT FIND			31-1459992	Page 2
r Assist	ited States. Com	plete if the organiz	ation answered "Yes"	to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	sistance .
						:
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.		
SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAKES GRANTS AND MONITORS THE	GANIZATIC	ON MAKES (SRANTS AND	MONITORS THE		
PROCEDURES IN ACCORDANCE WITH THE	STATE GU	GUIDELINES	OF THE VIRGINIA WATER	INIA WATER		
SUPPLY REVOLVING FUND.						
132102 01-27-12					Schedule I (Form 990) (2011)	990) (2011)

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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COALFIELD WATER DEVELOPMENT FUND

Employer identification number 31-1459992

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND LOCAL INVESTMENTS IN WATER, AND ADDRESS PUBLIC HEALTH PROBLEMS
RELATED TO THE QUANTITY AND QUALITY OF WATER.
FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION WILL PAY A
QUARTERLY FEE TO THE MOUNTAIN EMPIRE COMMUNITY COLLEGE FOUNDATION, WHICH
WILL SERVE AS THE ADMINISTRATIVE AGENT FOR THE ORGANIZATION. THE MECC
FOUNDATION WILL PROVIDE THE FOLLOWING TYPES OF SERVICES AMONG OTHERS:
1. MAINTAIN FINANCIAL RECORDS IN COLLABORATION WITH AUDIT FIRM
2. PROPOSE BUDGETS
3. REPORT ON STATUS OF ACCOUNTS AND GRANT PROJECTS
4. SERVE AS SPOKESPERSON BETWEEN THE ORGANIZATION AND OTHER INTERESTED
PARTIES
5. SERVE AS LIAISON WITH THE INVESTMENT MANAGER FOR THE CWDF IN
IMPLEMENTING THE INVESTMENT AND SPENDING POLICIES OF THE BOARD
OF DIRECTORS.
6. ASSIST THE PLANNING DISTRICT COMMISSION IN ANNOUNCING THE SOLICITATION
OF GRANT APPLICATIONS ON AN ANNUAL BASIS
7. COMPLETE ANNUAL REPORTS FOR FUNDING RECEIVED
8. SERVE AS LIAISON TO THE PROVIDERS OF PROFESSIONAL SERVICES
9. COMPLETE 10 GRANT APPLICATIONS TO OUTSIDE ORGANIZATIONS AND
INDIVIDUALS
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS EMAILED TO THE
BOARD MEMBERS FOR REVIEW BEFORE IT IS SUBMITTED TO THE IRS.

AND THE INVESTMENTS WILL REVERT BACK TO THE VIRGINIA WATER SUPPLY

FUND. FAILURE TO MAKE GRANTS IN ACCORDANCE WITH THE STATE GUIDELINES

WILL CAUSE THE COALFIELD WATER DEVELOPMENT FUND TO DEFAULT ON THE LOAN

	•
Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization COALFIELD WATER DEVELOPMENT FUND	Employer identification number 31–1459992
REVOLVING FUND AS PART OF THE COLLATERALIZD SECURITY AGREE	MENT. THE
INVESTMENT EARNINGS ARE DEEMED TO BE AN ANNUAL REVOLVING G	RANT FROM THE
VIRGINIA WATER SUPPLY REVOLVING FUND. THEREFORE, THESE EA	RNINGS ARE
REPORTED AS GRANT REVENUE RECEIVED FROM A GOVERNMENTAL UNI	т.