

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



Constituted of the I weighty William Reserves Secretary

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

Do not enter social security numbers on this form as a way be made public,
hitermation about Form \$50 and its Instructions is at www.irs.gov/form990.

0943 No. 1346 0347 2014

Open to Public Inspection

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Check if Statement of Program Service Accomplishments Check if Stateduck of Contains a response or note to any line in this Part III	orm	<b>990</b> (2014) West Virginia E	Rivers Coalition, Inc.	5	2-1736621	Page 2
18 Beidy describe the organization's mission To condexize and restore West. Virginia's rivers and streams, primarily through public education and direct programming.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 1990 or 900-EZ?  10 If Yes, 'describe these news services on Schedule O 3 Did the organization cesses conducting, or make significant changes in how it conducts, any program services?  10 If Yes, 'describe these changes on Schedule O 3 Did the organization cesses conducting, or make significant changes in how it conducts, any program services?  10 If Yes, 'describe these changes on Schedule O 3 Did the organization services according to the services of the three largest program services, as measured by expenses and revenue, if any, for each program services appeared to report the amount of grains and allocations to others, the total expenses, and (Code ) (Expenses \$ 2.65,051, including grants of \$ 2.30,596.) (Revenue \$ 319,058.) (Conducted treseauch and public education on water quality issues.  10 Coordinated a voluntiest stream monitoring program. Provided support and communications to one and accordinate to approximately 2,500 supporters. Partnered with government agencies to educate the public on safe disposal of unwanted medicines.  10 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  11 (Revenue \$ ) (Revenue \$ )  12 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  13 (Revenue \$ ) (Revenue \$ )  14 (Code ) (Expenses \$ (Revenue \$ ) (Revenue \$ ) (Revenue \$ )	Par		•			
To conserve and restore West Virginia's rivers and streams, primarily through public education and direct programming.    Dot the organization undertake any significant program services during the year which were not listed on the prior Form 980 ur 90-627.   Yes   No If Yes, describe these new services on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services?				<u> </u>	<u> </u>	
Streams, primarily through public education and direct programming.  2 Dd the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  10 TYes: (describe these new services on Schedule O If Yes: (describe these changes on Schedule O If Yes: (describe the Schedule O) If Yes: (describe the Schedule O If Yes: (descr	1	-				
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-EZ?  If Yes, 'describe these new services on Schedule 0 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?						
Form 990 or 990-E27						
If Yes, describe these new services on Schedule 0 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2				□ Yes	√ No
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?						<u> </u>
### A 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 are required to report the amount of grants and allocations to others, the total expenses.  ### As (Code	3	·		nducts, any program services?	Yes	X No
4 Code (Code		-		, , , , , , , , , , , , , , , , , , , ,		
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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . X 3 Х 4 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 Х 5 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, Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b Х 11 c 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 X 11 d Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b Х Х Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. . . . 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a Х 14h Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes, complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х Х 20 a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H . . . . 20 20 b 

Form 990 (2014) West Virginia Rivers Coalition, Inc.
Part IV | Checklist of Required Schedules (continued)

	To the state of th		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		163	
	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and			
	complete Schedule K. If 'No, 'go to line 25a	24a 24b		<u> </u>
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a 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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If Yes', complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		х
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		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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		х
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		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, 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		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form 990 (2014) West Virginia Rivers Coalition, Inc. 52-1736621 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . 12 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . 1 c Х 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b 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 Х 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . . 7 h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g Х h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Х 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring Х R Sponsoring organizations maintaining donor advised funds. X a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . 9 a Х 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.... 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 11 Section 501(c)(12) organizations. Enter-b Gross income from other sources (Do not net amounts due or paid to other sources 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. a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . 13 a 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 . . . . . . . . . . . . . . . . . 13b Х 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . . 14a

b If Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O...

14b

Form 990 (2014) West Virginia Rivers Coalition, Inc. 52-1736621 Page 6 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . 9 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Х 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 13 Did the organization have a written whistleblower policy? . . . . . 13 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . . 14 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? 15a Х X 15b 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 16a Х 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed West Virginia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

BAA

Angela Rosser

3501 MacCorkle Ave SE #129 Charleston

₩ 25304

(304) 637-7201

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Form 990 (2014) West Virginia Rivers Co							52-173	
Part VII   Compensation of Officers, Director Independent Contractors	rs, Trus	stee	es, K	ey E	mploy	ees, Highest	Compensated	I Employees, and
Check if Schedule O contains a response or no Section A. Officers, Directors, Trustees, Ke								<u></u>
a Complete this table for all persons required to be listed. organization's tax year.     List all of the organization's current officers, directors.	Report o	omp	ensati nether	on fo	the cale	endar year endin	g with or within the	
<ul> <li>compensation Enter -0- in columns (D), (E), and (F) if no columns (D), (E), and (F) if no columns (D), (E), and (F) if no columns (E), and (E),</li></ul>	f any Se ited empl and/or B	e ins oyed ox 7 nd h	structions es (oth of Fo	ons for er tha rm 10 comp	an an off 199-MIS	icer, director, true C) of more than \$	stee, or key employe \$100,000 from the	,
<ul> <li>List all of the organization's former directors or trus organization, more than \$10,000 of reportable compensation.</li> <li>List persons in the following order individual trustees or direction or the complexity of the complexity</li></ul>	n from th	e or	ganiza	ition a	and any	related organizat	ions.	
Check this box if neither the organization nor any relate	d organiz	atio			ated any	current officer, d	lirector, or trustee	
(A) Name and Title	(B) Average hours per week (list any tours for related organizations below dotted line)	than	ition (do one bo both ar direct	k, unles office or/trust	ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	related organization	s compensation

	hours per	ł		ectori	truste	ee)		compensation from	compensation from	amount of other
	week (list any nours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Krissy Kasserman	1.00									
Chairperson		<u> </u>	<u> </u>	X	<u> </u>		_	0.	0.	0.
(2) Chrissy Zeltner	þ.00		İ	x		ŀ	ľ		_	
Vice-Chair		<del> </del>	<u> </u>	^	<u> </u>			0.	0.	0.
(3) Ricky Rodriguez	上。00			Х				_	_	
Treasurer			_	^	<u> </u>	$\vdash$	_	0.	0.	0.
_(4) Ed Gertler	_ի.00		ļ	x				_		
Secretary		├	_	^	⊢	<u> </u>		0.	0.	0.
(5) Turner Sharp	_1.00	x							_	_
Board Member		1^			┝	<b> </b>	<b> </b>	0.	0.	0.
_(6) Mike Moore	_1.00	x			ł			_	_	
Board Member	1	<b>├</b> ^	ļ		<u> </u>	1		0.	0.	0.
(7) William Turner	_h.00	x					ŀ		_	
Board Member		^	<u> </u>	_	⊢	ļ	<b> </b>	0.	0.	0.
(8) Don Garvin	_h.oo	x	1				Ì	_	_	_
Board Member	+	<b>├</b> ^	_	<u> </u>	<del> </del>	_	_	0.	0.	0.
_(9) Angela Rosser	40.00		l		,,		ľ			
Executive Director		├	┡	┡	Х	$\vdash$	<u> </u>	48,467.	0.	1,939.
(10) Nori Onishi	_h.oo	,,	l							
Board Member		X	L.		<u> </u>	$\vdash$	_	0.	0.	0.
(11)	_									
(12)	-					<b>†</b>				
(13)										
(14)		$\vdash$	-	$\vdash$	$\vdash$	$\vdash$				

(A) Name and title	Average hours per week (list any	e se individu	not ci unle	Positieck ss pe	tion more rson s	Highest compensated	ie an e)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	Es amou com fr org	(F) stimated int of other or the anization of related anization	ner on
(15)					i				-			
(16)												
(17)												
(18)											<del></del>	_
(19)												
(20)					_	$\dashv$	$\dashv$			-		
(21)		-					-					
(22)												
(23)		-								<u> </u>		
(24)			Н			_						
(25)				-			_		<del></del>			<del></del>
	<u> </u>											
1 b Sub-total							-	48,467.	0.		1,9	939.
d Total (add lines 1b and 1c)						• •	•	48,467.	0.			939.
2 Total number of individuals (including but not limited from the organization ► 0	to those	listed	abo	ve)	who	recei	vec	I more than \$100,0	000 of reportable con	mpensat	ion	
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc										. 3	-	х
4 For any individual listed on line 1a, is the sum of representation and related organizations greater the	an \$150.	000?	If Y	'es' a	comu	olete S	Sch	edule J for				
such individual	mpensat	ion fr	om a	anv i	unre	lated	ora	anization or individ	lual			X
for services rendered to the organization? If Yes, 'co Section B. Independent Contractors										.  5	<u> </u>	<u> </u>
<ol> <li>Complete this table for your five highest compensation from the organization. Report compensation.</li> </ol>	sation fo	nden r the	t cor cale	ntrac	ctors r yea	that r	ece	with or within the	00,000 of organization's tax ye	ar		
(A) Name and business addre	ss							(B) Description o		Compe	C) nsatio	n
<del></del>							4					
100-100							_		<u> </u>			
2 Total number of independent contractors (including b	out not lin	nited	to th	ose	liste	d abo	ve)	) who received mor	re than			
\$100,000 of compensation from the organization	0	TEEAC	400	05.00						Form	000 (	2044

	Check if Schedule O contains a response or note to any lir	ne in this Part VIII	<u> </u>	<u> </u>	<u></u> LJ
'		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e 12,089.  f All other contributions, gifts, grants, and similar amounts not included above 1 1 301,318.				
ntri d O	g Noncash contributions included in lines 1a-1f: \$				
a C	h Total. Add lines 1a-1f	313,407.			
anne	Business Code				
eve	2a Outreach Events 900099	4,593.	4,593.	0.	0.
Program Service Revenue	b Medicine disposal 900099	960.	960.	0.	0.
ervi	d				
S	e				
gra	f All other program service revenue				
Pr	g Total. Add lines 2a-2f	5,553.			
	3 Investment income (including dividends, interest and other similar amounts)	98.	98.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents b Less rental expenses				
	c Rental income or (loss).				
	d Net rental income or (loss)	-			-
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)				
ŭ,	See Part IV, line 18 a				
E E	b Less direct expenses b				
δ	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less: direct expenses b			!	
	c Net income or (loss) from gaming activities				<u> </u>
	10 a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code			<del></del>	
	11a	]			Ì
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	319,058.	5,651.	0.	<u> </u>

#### 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)

Check if Schedule O contains a response or note to any line in this Part IX.

Do r 6b, 7	not include amounts reported on lines 7b, 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 domestic organizations and domestic governments See Part IV, line 21	0.	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,466.	36,350.	9,693.	2,423.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0 -	0.	0.
7	Other salanes and wages	32,430.	22,745.	3,329.	6,356.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,101.	2,248.	465.	388.
9	Other employee benefits	9,106.	6,602.	1,366.	1,138.
10	Payroll taxes	6,056.	4,391.	908.	757.
11	Fees for services (non-employees)	0,030.	4,331.	506.	/3/.
	Management	•			
	Legal	·			*
	Accounting	5,591.	4,473.	671.	447.
	Lobbying	3,000.	3,000.	0.	0.
	Professional fundraising services. See Part IV, line 17	3,000.	3,000.	<u>-</u>	
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
9	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	107,869.	107,869.	0.	0.
12	Advertising and promotion	100.	0.	100.	0.
13	Office expenses	7,688.	5,590.	1,539.	559.
14	Information technology	310.	248.	37.	25.
15	Royalties			·	
16	Occupancy	1,694.	1,355.	203.	136.
17	Travel	13,649.	13,649.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,240.	7,240.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23 24	Insurance 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 O.)				ı
а	Fundraising and Events	4.866	0.	0.	4,866.
	Membership and Dues	835.	0.	835	0.
	Miscellaneous	30.	0.	30.	. 0.
	Printing and Public Awareness	13,020.	10.416.	1.562.	1.042.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	265,051.	226,176.	20,738.	18,137.
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 ► ☐ if following  SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	8,125.	1	62,868.
	2	Savings and temporary cash investments	148,944.	2	237,975.
1	3	Pledges and grants receivable, net		3	7,961.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	<del></del>
As	9	Prepaid expenses and deferred charges	65.	9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
		Less accumulated depreciation		10c	
Į	11	Investments – publicly traded securities		11	0.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	
		Other assets See Part IV, line 11	<del></del>	+	-
	15			15	
$\dashv$	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		16	308,804.
	18	Grants payable		17	7,538.
	19	Deferred revenue		19	153,971.
	20	Tax-exempt bond liabilities	03,040.	20	153,971.
ဟ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
:	22	Loans and other payables to current and former officers, directors, trustees,	· ·	21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D .	59.	25	3,151.
	26	Total liabilities. Add lines 17 through 25	65,981.	26	164,660.
		Organizations that follow SFAS 117 (ASC 958), check here > X and complete			
ž		lines 27 through 29, and lines 33 and 34.		l [	
Ĕ	27	Unrestricted net assets	91,493.	27	144,144.
3a	28	Temporarily restricted net assets		28	0.
d E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ွ	30	Capital stock or trust principal, or current funds		30	
9	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
38	32	Retained earnings, endowment, accumulated income, or other funds		32	
et/	33	Total net assets or fund balances		33	144,144.
Ž	34	Total liabilities and net assets/fund balances		34	
	<u> </u>	The state of the contract of the state of th	·· 157,474.	_ <del></del>	308,804.

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Form 990 (2014)

		1736621		Pa	ge 12					
Pai	rt XI Reconciliation of Net Assets	-								
	Check if Schedule O contains a response or note to any line in this Part XI		• • •		<u>. []</u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	19,0	58.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	65,0	51.					
3	Revenue less expenses. Subtract line 2 from line 1	3		54,0	07.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		91,4						
5	5 Net unrealized gains (losses) on investments									
6	6 Donated services and use of facilities									
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9								
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	1	<u>45,5</u>	00.					
Pai	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				. ]					
				Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	1	х					
	, , , ,		<u> </u>		<del></del>					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	l	]							
	Separate basis Consolidated basis Both consolidated and separate basis		1							
Ł	Were the organization's financial statements audited by an independent accountant?		2 b		х					
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate									
	basis, consolidated basis, or both.									
	Separate basis Consolidated basis Both consolidated and separate basis		]							
(	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditoreview, or compilation of its financial statements and selection of an independent accountant?		2 c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		1							
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х					
t	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u>	3 b							
BAA			Form	990 (2	2014)					

Form 990 (2014)

#### · SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)										
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital	ıl's									
name, city, and state										
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)	on									
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)										
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)										
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
	or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in									
Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.										
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C.										
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its suporting organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.	ported									
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that if functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.										
e Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization										
f Enter the number of supported organizations										
g Provide the following information about the supported organization(s)										
	mount of other (see instructions)									
Yes No										
(A)										
(B)										
(C)										
(D)										
(E)										
Total  BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule A (Form 990 or 990 or 990-EZ).	200-EZ) 2014									

# 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: begin	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	·			•				
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carned on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □		
Sec	tion C. Computation of Pu	blic Support P	ercentage	<u> </u>	-				
14	Public support percentage for 201		-			<del></del>	<u> </u>		
15	Public support percentage from 20	ภ3 Schedule A, Pa	art II, line 14	• • • • • • • • • • • • • • • • • • • •		15	%_		
16a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the body by supported orga	ox on line 13, and t inization	he line 14 is 33-1/3	3% or more, check th	nis box		
b	33-1/3% support test — 2013. If t and stop here. The organization of	he organization dic qualifies as a public	I not check a box or dy supported orga	on line 13 or 16a, a Inization	and line 15 is 33-1/	3% or more, check t	his box		
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the facts-a	eets the 'facts-and-	-circumstances' te	st, check this box a	and stop here. Exp	plain in Part VI how	▶ 🗍		
	b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or					
BAA				·	<u> </u>	andula A /Form 000	000 57 0044		

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include	161 000	150.036	124 500	002 603	212 405	050 150
2	any 'unusual grants.')	161,088.	159,236.	134,798.	203,623.	313,407.	972,152.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	8,604.	4,558.	8,045.	5,679.	5,553.	32,439.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	169,692.	163,794.	142,843.	209,302.	318,960.	1,004,591.
b	disqualified persons	3,500.	1,870.	1,810.	2,565.	3,125.	12,870.
•	Add lines 7a and 7b	3 500	1 070	1 010	2 565	2 125	10.070
	Public support (Subtract line 7c from line 6)	3,500.	1,870.	1,810.	2,565.	3,125.	12,870. 991,721.
Sec	tion B. Total Support				<del> </del>		
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	169,692.	163,794.	142,843.	209,302.	318,960.	1,004,591.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87.	104.	55.	67.	98.	411.
С	Add lines 10a and 10b	87.	104.	55.	67.	98.	411.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12)	169,779.	163,898.	142,898.		319,058.	1,005,002.
	First five years. If the Form 990 is organization, check this box and st	top here	<del></del>	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pul					<del></del>	<del></del>
15	Public support percentage for 2014		•				98.68 %
16	Public support percentage from 20					16	98.45 %
<u>Sec</u>	tion D. Computation of Inv						
17	Investment income percentage for	•		•	- <del>-</del>		0.04 %
18	Investment income percentage fro						0.04 %
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	nis box and stop h	e <b>re.</b> The organizat	ion qualifies as a p	oublicly supported	organization	► X
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	n ▶ 📙
20	Private foundation. If the organiz	auon did not check	a box on line 14,	19a, or 19b, check	inis dox and see i	nstructions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Pal	τ V.)		
Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		-
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			_
	and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization made the determination	_ 3b		
,	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes, describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		_
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9Ь		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			

. 10b

Pa	art IV	Supporting Organizations (continued)			
4'4				Yes	No
11		the organization accepted a gift or contribution from any of the following persons?  erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gove	eming body of a supported organization?	11a		
		mily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction	B. Type I Supporting Organizations			
1	Did:	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or el	ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization's activities.			
	If the	e organization had more than one supported organization, describe how the powers to appoint and/or remove			
		ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1		
2	Did :	the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that	operaled, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
		conting organization	2		
<u>Se</u>	ction	C. Type II Supporting Organizations			
				Yes	No
1	Wer	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	Did	the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	orga	inization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			1
		; (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the inization's governing documents in effect on the date of notification, to the extent not previously provided?	1	·	1
	J				
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how		İ	
	the	organization maintained a close and continuous working relationship with the supported organization(s)	2		
3		eason of the relationship described in (2), did the organization's supported organizations have a significant			
		e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	'		}
	in th	is regard	3	<u> </u>	<u> </u>
<u>Se</u>	ction	E. Type III Functionally-Integrated Supporting Organizations			
1	i Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 🔲	The organization satisfied the Activities Test. Complete line 2 below.			
	ьП	The organization is the parent of each of its supported organizations. Complete line 3 below			
	٦٦	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ons).		
	٠ ـــا		·		,
2	2 Acti	vities Test Answer (a) and (b) below.		Yes	No
	a Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported			
	org	anizations and explain how these activities directly furthered their exempt purposes, how the organization was		l	
		onsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities	2a	1	
	<b>h</b> Did	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
	the	organization's supported organization(s) would have been engaged in? If Yes,' explain in Part VI the reasons for			
		organization's position that its supported organization(s) would have engaged in these activities but for the anization's involvement	2b	]	
•	J	ent of Supported Organizations Answer (a) and (b) below.			
	a Did	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of		}	
		h of the supported organizations? <i>Provide details in <b>Part VI</b></i>	3a	-	
	b Did sup	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3Ь		<u> </u>
_					-

Schedule A (Form 990 or 990-EZ) 2014 West Virginia Rivers Coalition, Inc.

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52-1736621

Sche	dule A (Form 990 or 990-EZ) 2014 West Virginia Rivers Coalition,			36621	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions		
.1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	loveml tions A	ber 20, 1970 See instru Athrough E	ctions. All	
Sec	tion A Adjusted Net Income		(A) Prior Year	(B) Curre (option	
1	Net short-term capital gain	1			
2	Recoveries of pnor-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).				
а	Average monthly value of securities	1 a			
b	Average monthly cash balances	1 b			
	Fair market value of other non-exempt-use assets	1 c			
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1 d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI)				' '
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
_7_	Recovenes of prior-year distributions	7	<del></del>		
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3_	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	*		
4	Enter greater of line 2 or line 3	4			
5_	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions)	Ј Туре	III supporting organization	on	
BAA			Schedule A (For	m 990 or 990	-EZ) 2014

Schedule	Δ	(Form	990	or 990	-F7\	2014

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sect	tion D - Distributions			Current Year
<u>ì</u>	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of support			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)	<u></u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years pnor to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
<u> </u>				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	·		······································
<u> </u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3ı from 3f		<u> </u>	
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7.			
а				
b				
С				
d	Excess from 2013			
	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Schedule C (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

Open to Public Inspection

OMB No 1545-0047

f the	Section 501(c) (other than section Section 527 organizations Come organization answered 'Yes Section 501(c)(3) organizations Section 501(c)(3) organizations Part II-A organization answered 'Yes oxy Tax) (see instructions), the	,' to Form 990, Part IV, line 4, or Form 990- that have filed Form 5768 (election under sec that have NOT filed Form 5768 (election und ,' to Form 990, Part IV, line 5 (Proxy Tax) (sen	EZ, Part VI, line 47 (L ction 501(h)) Complete er section 501(h)) Cor	obbying Activities), the e Part II-A Do not comple nplete Part II-B. Do not c	ete Part II-B. omplete
	Section 501(c)(4), (5), or (6) org	anizations Complete Part III.	<del></del>		<del></del>
	e of organization			Employer identifica	tion number
<u>Nes</u>	st Virginia Rivers	Coalition, Inc.		52-173662	1
Pai		rganization is exempt under section			zation.
1	Provide a description of the or	ganization's direct and indirect political camp	aign activities in Part I	V	
2	Political expenditures				
Pai	rt I-B   Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under sect	on 4955	<b>&gt;</b> \$	
2		e tax incurred by organization managers und			
3		section 4955 tax, did it file Form 4720 for this			
4 :		· · · · · · · · · · · · · · · · · · ·	-		
	b If 'Yes,' describe in Part IV				
	=·	rganization is exempt under section	on 501/c) over	t coetion 501(a)(3)	<del></del>
1	Enter the amount directly ever	ended by the filing organization for section 52	7 oxempt function acti	vitios	
•					
2	Enter the amount of the filing of function activities	organization's funds contnbuted to other orga	nizations for section 5	27 exempt	
3	Total exempt function expendine 17b	tures Add lines 1 and 2 Enter here and on F	orm 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments amount of political contribution	and employer identification number (EIN) of all For each organization listed, enter the amount is received that were promptly and directly deaction committee (PAC). If additional space is	I section 527 political on the paid from the filing of divered to a separate p	organizations to which the organization's funds. Also political organization, suc	e filing enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					_
(2)					
(3)					
(4)					
(5)					

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

Schedule C (Form 990 or 990-EZ) 20	<sup>14</sup> West Virgi	nia Rivers Coaliti	on, Inc.	52-173	6621_ Page 2
Part II-A Complete if section 501	the organization	on is exempt under se	ction 501(c)(3) and		
A Check ► if the filin	g organization belo	ngs to an affiliated group (and	list in Part IV each affili	ated group member's nan	ne,
ابسا		share of excess lobbying ex			
		ked box A and 'limited control	•		
<u>L</u>	Limits on Lobby	ring Expenditures ans amounts paid or incum		(a) Filing organization's totals	(b) Affiliated group totals
		lic opinion (grass roots lobby)	<u> </u>	<del> </del>	
· - ·	· ·	gislative body (direct lobbying		' <del> </del>	
		d 1b)	•	-	
	•	es 1c and 1d)			
f Lobbying nontaxable ame both columns	ount. Enter the amo	ount from the following table in			
If the amount on line 1e, colu		The lobbying nontaxable a			
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	mount (enter 25% o	of line 1f)			
h Subtract line 1g from line	1a If zero or less,	enter -0			
i Subtract line 1f from line	1c If zero or less, e	enter -0			
j If there is an amount othe section 4911 tax for this y	er than zero on eithe ear?	er line 1h or line 1i, did the org	anization file Form 472	0 reporting	Yes No
(Some		4-Year Averaging Period Unat made a section 501(h) elements below. See the instruction	ction do not have to o		
	Lob	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2014

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

•	(a	1)		(b)	
For each 'Yes' response to lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?	X_	L			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	х			1,9	68.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		<del></del>	,
i Other activities?	Х			3,0	00.
j Total Add lines 1c through 1i				4,9	68.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b If 'Yes,' enter the amount of any tax incurred under section 4912			 Į	-	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	· · ·		3		
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	ection 5 line 3, is	i01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					

#### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

Pt II-B Line 1 WV Rivers Coalition lobbied the West Virginia state legislature to pass legislation to protect the rivers in West Virginia.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Départment of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	West Virginia Rivers Coalit:	ion, Inc.		52-1736621
Par			Similar Funds or A	
<u>ır aı</u>	Complete if the organization answer	red 'Yes' to Form 990, Par	t IV, line 6.	
		(a) Donor advised fund	ds (b	Funds and other accounts
1	Total number at end of year	(u) Donor advised fair	<del>u)</del>	, r direct direction decoding
2	Aggregate value of contributions to (during year)	-		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			· · · · · · · · · · · · · · · · · · ·
_	, ,			
5	Did the organization inform all donors and donor a are the organization's property, subject to the orga			
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of the impermissible private benefit?	ne donor or donor advisor, or for	any other purpose confern	ng
Par		red 'Vee' to Form 000. Doe	h IV June 7	
	Complete if the organization answer			
1	Purpose(s) of conservation easements held by the		= : \	ally important land
	Preservation of land for public use (e.g., recre	auon or education)	Preservation of a historical	• •
	Protection of natural habitat Preservation of open space		Preservation of a certified	historic structure
2		ald a qualified appearation conta	ibution in the form of a sec	and the second section
2	Complete lines 2a through 2d if the organization hast day of the tax year	eid a quaimed conservation contr	ibution in the form of a col	iservation easement on the
	, ,			Held at the End of the Tax Year
a	Total number of conservation easements		2a	<del></del>
b	Total acreage restricted by conservation easemen	its	2b	
	Number of conservation easements on a certified		—— <del>-</del>	
	Number of conservation easements included in (c)	, ,	<del></del>	
•	structure listed in the National Register		2d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	or terminated by the organ	ization during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy regard and enforcement of the conservation easements if		. •	F 3v F 1st
6	Staff and volunteer hours devoted to monitoring, in			<u> </u>
7	Amount of expenses incurred in monitoring, insper	cting, and enforcing conservation	easements during the year	ar
	->	<b></b>		
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?			B)(i) · · · · · · · · · · · Yes · · · · No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in its re e organization's financial stateme	venue and expense stater nts that describes the orga	nent, and balance sheet, and anization's accounting for
Par	t III Organizations Maintaining Collection Complete if the organization answe	tions of Art, Historical Ti red 'Yes' to Form 990, Par	reasures, or Other S t IV, line 8.	Similar Assets.
1 a	all f the organization elected, as permitted under SF, art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its financial s	d for public exhibition, education,	or research in furtherand	nd balance sheet works of e of public service, provide,
t	o If the organization elected, as permitted under SF, historical treasures, or other similar assets held fo following amounts relating to these items:	AS 116 (ASC 958), to report in its r public exhibition, education, or its public exhibition.	revenue statement and bresearch in furtherance of	alance sheet works of art, public service, provide the
	(i) Revenue included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 116	istorical treasures, or other simila (ASC 958) relating to these item	r assets for financial gain, s	provide the following
á	a Revenue included in Form 990, Part VIII, line 1.			▶ \$
	Assets included in Form 990 Part X			

Scriedule D (Form 990) 2014 West	Virginia Riv	ers Coaliti	on, Inc.	52-173	6621	Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	rical Treasures, o	Other Similar Ass	ets (contin	ued)
Using the organization's acquisition items (check all that apply):						
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	tions					
4 Provide a description of the organi Part XIII	zation's collections ar	nd explain how the	y further the organization	n's exempt purpose in		
5 During the year, did the organizati to be sold to raise funds rather that	in to be maintained as	part of the organia	zation's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a	Il Arrangements Imount on Form 9	. Complete if the 90, Part X, line	ie organization ansi 21.	wered 'Yes' to Form	990, Part I	V,
1 a Is the organization an agent, truste on Form 990, Part X?	ee, custodian, or other	r intermediary for c	ontributions or other ass	ets not included	———— ∏Yes	□No
<b>b</b> If 'Yes,' explain the arrangement in					res	Пио
					Amount	
c Beginning balance				<u> </u>		
d Additions during the year						
e Distributions during the year						
f Ending balance	. <b></b>			1f		
2a Did the organization include an an	nount on Form 990, P	art X, line 21, for e	scrow or custodial accou	ınt liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII Check here	e if the explanation	has been provided in Pa	art XIII	<del></del>	
Part V Endowment Funds. 0	omplete if the or	ganization ansv	vered 'Yes' to Form	990, Part IV, line 1	<u> </u>	
	(a) Current year	(b) Pnor year	(c) Two years back		(e) Four year	ars back
1 a Beginning of year balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
<b>b</b> Contributions					1	
c Net investment earnings, gains, and losses						. <del></del>
d Grants or scholarships					+	
Other expenditures for facilities and programs					<del> </del>	
f Administrative expenses	<del></del>				+	
g End of year balance					+	
2 Provide the estimated percentage	of the current year or	d balance (line 1e	acluma (a)) hald ac	<u> </u>	<del></del>	<del></del>
a Board designated or quasi-endow	•	u balance (line rg. %	, column (a)) neid as			
b Permanent endowment	*	<sup>8</sup>				
		0				
c Temporarily restricted endowment		<del></del> <sup>%</sup>				
The percentages in lines 2a, 2b, a	nd 2c should equal 10	Ю%				
3 a Are there endowment funds not in organization by.	the possession of the	organization that	are held and administere	ed for the	Yes	No
(i) unrelated organizations	. <b></b> .				3a(i)	
(ii) related organizations	. <b></b> .				3a(ii)	
b If 'Yes' to 3a(ii), are the related org	janizations listed as re	equired on Schedu	le R?		. 3b	
4 Describe in Part XIII the intended	uses of the organizate	on's endowment fu	nds.			
Part VI Land, Buildings, and	Equipment.		_			
Complete if the organiz		Yes' to Form 9	90, Part IV, line 11a	ı. See Form 990. Pa	rt X, line 10	).
Description of property		it or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	
		vestment)	basis (other)	depreciation	(4) 500% (	
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment			5,539.	5,539.		0.
e Other						
Total Add lines 1a through 1e (Column	<del></del>	000 Part Y colum	n (R) line 10c )			

BAA

Schedule D (Form 990) 2014

Complete if the organization answered " (a) Description of security or category (including name of security)	(b) Book value		. Cost or end-of-year market value
(1) Financial denvatives		(C) NESSES OF VIREAGON	. Cost of Cito of Just Market Value
(2) Closely-held equity interests	<del></del>	<del> </del>	<del></del>
(3) Other	<b></b>	<del></del>	<del></del>
(A)		<del> </del>	<del></del>
(B)	<del> </del>	<del> </del>	<del></del>
(C)	<del></del>	<del> </del>	
(D)	<del></del>	<del></del>	·
(E)		<del> </del>	
	<del></del>	<del> </del>	
(F)	}	+	· · · · · · · · · · · · · · · · · · ·
(G) 745		<del></del>	<del></del>
(H)		<del></del>	<del></del>
(1)		<del> </del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) > Part VIII Investments — Program Related.	<u> </u>	<u> </u>	
Part VIII Investments — Program Related.  Complete if the organization answered	Yes' to Form 990	Part IV line 11c See Fo	rm 990 Part X line 13
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1)	(2) 2 3 3 1 4 1 4 1	(0)	
(2)	<del></del>	<del></del>	<del></del>
(3)	<del> </del>	<del></del>	
(4)	<del></del>		
(5)	<del></del>	<del> </del>	<del></del>
(6)		<del>-  </del>	<del></del>
		<del></del>	
(7)	<del></del>	<del></del>	<del></del>
(8)			
(9)	<del> </del>	<del></del>	
(10)	<del></del>	<del></del>	<del></del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)▶  Part IX Other Assets.	<u> </u>		
Complete if the organization answered '	Yes' to Form 990	Part IV line 11d See Fo	orm 990 Part X line 15
	scription		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
	<del></del>		
(8)		<del> </del>	
(9)		<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)	<u> </u>	
Part X Other Liabilities.	000 D-+ N/ F	44 446 C E 000 D	4 V (to - 05
Complete if the organization answered 'Yes' to F  (a) Description of liability			T X, line 25
(1) Federal income taxes	(b) Book value		
(2) State Withholding	2,3	.03.	
(3) Retirement		247.	
(4) Health and Dental Care		.10.	
(5)	<del></del>	<del></del> -	
(6)			
(7)			
(8)		_	
(9)			
(10)			
(11)			
	2 1	53	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>-</b>   3.1	.51.	

	2-1736621	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
. 1 Total revenue, gains, and other support per audited financial statements	.] 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	1	
b Donated services and use of facilities	-	
c Recoveries of prior year grants	-	
d Other (Describe in Part XIII )	-	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )	-	
c Add lines 4a and 4b	46	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Neturn.	
	ТТ	
1 Total expenses and losses per audited financial statements	· - <u>1</u> -	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	_	
b Pnor year adjustments	_	
c Other losses	-	
d Other (Describe in Part XIII )	_	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII )	_	
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.  5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

#### **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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the organization		Employer identification number
West Virginia Riv	ers Coalition, Inc.	52-1736621
Pt VI, Line 11b	The 990 is prepared and the Treasurer is emailed filing form 990.	d to review prior to
	The organization requires officers, board member disclose conflicts of interest at the beginning	
	If a conflict of interest in noted then that men	
Pt VI, Line 12c	express an opinion on issue being addressed.	
	The Compensation level of the executive director	r is determined based
Pt VI, Line 15a	upon competitive salary scheldules of like organ	nizations.
	Governing documents, conflicts of interest and f	inancial statements are
Pt VI, Line 19	made available upon request.	

#### **Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts Payable	5,988.
Accrued Vacation	1,550.
Total	7,538.