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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014 Open to Public

Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

COALFIELD WATER DEVELOPMENT FUND   31-1459992   Dong business as   Number and street (or P.O. box if mail is not delivered to street address)   P.O. BOX 34   P.O. BOX 366, DUFFIELD, VA 24219   High and address of principal officer GLEN SKINNER   P.O. BOX 366, DUFFIELD, VA 24244   High are status   X 501(x)(3)   501(x)   Million   Mi	Agriculture	23-7466 1,886,062.  urn  Yes X No  tuded? Yes No st (see instructions) number  State of legal domicile: VA	31-14  E Telephone number 276-5  G Gross receipts \$  H(a) Is this a group returned for subordinates?  H(b) Are all subordinates included in the subordinates of the subordinates included in the subordinates	Address change   Doing business as   Doing business as   Doing business as   Doing business as   Number and street (or P.0. box if mail is not delivered to street address)   Room/st   P.O. BOX 34   City or town, state or province, country, and ZIP or foreign postal code   BIG STONE GAP, VA 24219   F Name and address of principal officer GLEN SKINNER   P.O. BOX 366, DUFFIELD, VA 24244   Tax-exempt status X 501(c)(3)   501(c)(1)   (Insert no.)   4947(a)(1) or   Website: ► N/A
Second   Doing business as   Doing business as   Number and street (or P.O. box if mail is not delivered to street address)   Room/suit   E Telephone number 276-523-7466	Number and street (or P.O. box if mail is not delivered to street address)   Room/suite   E Telephone number   276-523-74	1,886,062.  urn  Yes X No  luded? Yes No  st (see instructions)  number  State of legal domicile: VA  CLOPMENT BY  DEVELOPMENT	E Telephone number  276-5  G Gross receipts \$  H(a) Is this a group returned for subordinates?  H(b) Are all subordinates included in the subordinates of the subordinates included in the subordinates in	Doing business as    Initial   return   return   return   return   return   return   lermin- aled   Application   pending   p
Second   Doing business as   Doing business as   Number and street (or P.O. box if mail is not delivered to street address)   Room/suit   E Telephone number 276-523-7466	Number of votung members of the governing body (Part VI, line 1a)	1,886,062.  urn  Yes X No  luded? Yes No  st (see instructions)  number  State of legal domicile: VA  CLOPMENT BY  DEVELOPMENT	E Telephone number  276-5  G Gross receipts \$  H(a) Is this a group returned for subordinates?  H(b) Are all subordinates included in the subordinates of the subordinates included in the subordinates in	Doing business as    Initial   return   return   return   return   return   return   lermin- aled   Application   pending   p
Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number   P.O. BOX 34   276 - 523 - 7466	Number and street (or P.0. box if mail is not delivered to street address)   P.0. BOX 34   276-523-74	1,886,062.  urn  Yes X No  luded? Yes No  st (see instructions)  number  State of legal domicile: VA  CLOPMENT BY  DEVELOPMENT	E Telephone number  276-5  G Gross receipts \$  H(a) Is this a group returned for subordinates?  H(b) Are all subordinates included in the subordinates of the subordinates included in the subordinates in	Initial return   P.O. BOX 34     City or town, state or province, country, and ZIP or foreign postal code     Amended return   Application pending   P.O. BOX 366, DUFFIELD, VA 24214     Tax-exempt status
P.O. BOX 34   276-523-7466	P.O. BOX 34  City or town, state or province, country, and ZIP or foreign postal code  BIG STONE GAP, VA 24219  Financial Amended Ame	1,886,062.  urn  Yes X No  luded? Yes No st (see instructions) number  State of legal domicile: VA  CLOPMENT BY DEVELOPMENT	276-5 G Gross receipts \$ H(a) Is this a group returned for subordinates? H(b) Are all subordinates included in the subordinate in the subord	Final return/ terminated   P.O. BOX 34
City or town, state or province, country, and ZIP or foreign postal code   BIG STONE GAP, VA 24219	City or town, state or province, country, and ZIP or foreign postal code   Partition   Par	1,886,062.  urn  Yes X No  luded? Yes No st (see instructions) number  State of legal domicile: VA  CLOPMENT BY DEVELOPMENT	G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates included in the subordinate i	terminated aled Amended Preturn  Application pending Problem
Regressed   RIG STONE GAP, VA 24219	BIG STONE GAP, VA 24219	urn  Yes X No luded? Yes No st (see instructions) number ► State of legal domicile: VA  CLOPMENT BY DEVELOPMENT	H(a) is this a group return for subordinates? H(b) Are all subordinates included in the subordinates in the su	Amended return   BIG STONE GAP, VA 24219
Pacific pending   F Name and address of principal officer GLEN SKINNER   P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   H(b) xeal subordinates included?   Yes   Nincipal P.O. BOX 366, DUFFIELD, VA 2424   Nincipal P.O. BOX 366, DUFFIELD, VA	F Name and address of principal officer GLEN SKINNER   P.O. BOX 366, DUFFIELD, VA 2424   H(b) Are all subordinates included?   I Taxexempt status X 501(c)(3)	Yes X No luded? Yes No st (see instructions) number  State of legal domicile: VA CLOPMENT BY DEVELOPMENT	for subordinates?  H(b) Are all subordinates included in the subordinates in the	Application pending   F Name and address of principal officer GLEN SKINNER   P.O. BOX 366, DUFFIELD, VA 24244      Tax-exempt status
Taxexempt status   X   501(c)(3)   501(c)(1)   ✓ (insert no.)   4947(a)(1) or   527   ft "No." attach a list (see instructions)   Jwebsite: ► N / A   H(c) Group exemption number ►   H(c)	Taxeexempt status   X   501(c)(3)   501(c) ( )	tuded? Yes No st (see instructions) number ► State of legal domicile: VA CLOPMENT BY DEVELOPMENT	H(b) Are all subordinates included in the subordinates in the subordin	P.O. BOX 366, DUFFIELD, VA 24244  Tax-exempt status
Tax-exempt status   X   501(c)(3)   501(c) ( )   ■ (Insert no.)   4947(a)(1) or   527   H(c) Group exemption number   ►	Tax-exempt status	st (see instructions) number  State of legal domicile: VA CLOPMENT BY DEVELOPMENT	If "No," attach a lis H(c) Group exemption of formation: 1996 M	Tax-exempt status $X$ 501(c)(3) 501(c) ( ) (Insert no.) 4947(a)(1) or Website: $N/A$
Mebsite:   N/A	Website: N/A	number State of legal domicile: VA	H(c) Group exemption of formation: 1996 MS	Website: ► N/A
Part   Summary	Reform of organization:   X   Corporation   Trust   Association   Other   L   Year of formation:   1996   M   State of legar   Part   Summary	State of legal domicile: VA CLOPMENT BY DEVELOPMENT	of formation: 1996 M S	
Part I Summary  1 Bnefly describe the organization's mission or most significant activities TO EXPEDITE WATER DEVELOPMENT BY PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELOPMENT  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Porm 990-T, line 34  Prior Year Current Year  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7c) 12 Total revenue (Part VIII, column (A), lines 4) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 11-11, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  Professional fundraising € End of Year 20 Total assets (Part X, line 16)	Part I Summary  1 Briefly describe the organization's mission or most significant activities TO EXPEDITE WATER DEVELOPME PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELOY 2 Check this box ▶	LOPMENT BY EVELOPMENT		
1 Bnefly describe the organization's mission or most significant activities TO EXPEDITE WATER DEVELOPMENT BY PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELOPMENT  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7g)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10C+and-11e)  12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10C+and-11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)	1 Bnefly describe the organization's mission or most significant activities TO EXPEDITE WATER DEVELOPMED PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELOPMED PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELOPMED 1 the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part VI, line 1b) 5 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	EVELOPMENT	<u> </u>	
PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELOPMENT  2 Check this box ▶	PROVIDING GAP FINANCING, ENCOURAGE REGIONAL WATER SYSTEM DEVELO  2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  5 38,591.  5 Benefits paid to or for members (Part IX, column (A), lines 13)  5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  6 6 2, 738.  6 7a  7b  Prior Year Curre  3 52, 967.  4 9  Prior Year Curre  3 52, 967.  4 1, 756, 105.  1 1, 756, 105.  1 1, 756, 105.  1 2, 109, 072.  6 0.  1 2, 109, 072.  6 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  1 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  1 6a Professional fundraising fees (Part IX, column (A), line 25)  1 7 Other expenses (Part IX, column (A), line 25)  1 8 Total cxpenses Add lines 13-17 (must equal Part IX, column (A), line 25)	EVELOPMENT	TR WATER DEVE	
2 Check this box	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), lines 1.3)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5.10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  6 Cale Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  6 Cale Part IX, column (A), lines 11a-11d, 11f-24e)  19 Column (A), line 25)  10 Characteristics of its assets as a series of its assets a			· · · · · · · · · · · · · · · · · · ·
3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10€ and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 11-1-11, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Curre 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part IVII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 21) 15 Total fundraising expenses (Part IX, column (A), line 25) 16 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 16 662,738. 6	1613		
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5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0 7 b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2015 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  5 de Prior Year  Current Year  20 Total assets (Part X, line 16)  5 de Prior Year  Current Year  20 Total assets (Part X, line 16)  5 de Prior Year  Current Year  1 1, 756, 105. 1 1, 756,	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 b Net unrelated business taxable income from Form 990-T, line 34  Prior Year Curre 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 18 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 19 God Professional fundraising expenses (Part IX, column (A), line 25) 10 Column (A), lines 25 11 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 12 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25)	17	<u> </u>	
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Curre  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20 15 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 2 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 3 14 Benefits paid to or for members (Part IX, column (A), lines 13) 5 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6 2 6 7 7 3 8 6 6 7 7 3 8 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	0		
7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0         b Net unrelated business taxable income from Form 990-T, line 34       7b       0         Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       352,967.       482,448         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1,756,105.       147,710         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       20!5       0.       5,000         12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,109,072.       635,158         13 Grants and similar amounts paid (Part IX, column (A), lines 13)       538,591.       575,000         14 Benefits paid to or for members (Part IX, column (A), lines 4)       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.         16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.       0.         b Total fundraising expenses (Part IX, column (B), line 25)       0.       124,147.       114,225         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       662,738.       689,225         19 Revenue less expenses Subtract line 18 from line 12       17,710,3	7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, line 34       7b         8 Contributions and grants (Part VIII, line 1h)       352,967.       4         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1,756,105.       1         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       20.5       0.         12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       2,109,072.       6         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       538,591.       5         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.         16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         16 Total fundraising expenses (Part IX, column (A), line 25)       0.       124,147.       1         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       662,738.       6	0	i	
b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), lines 1.3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)	b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), lines 1.3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  6 Contributions and grants (Curre Curre Cur	0.	1	, , , , , , , , , , , , , , , , , , , ,
Prior Year   Current Year   352,967.   482,448   9   Program service revenue (Part VIII, line 2g)   0.   0   0   1,756,105.   147,710   11   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   29.5   0.   5,000   12   Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)   538,591.   575,000   14   Benefits paid to or for members (Part IX, column (A), lines 1.3)   538,591.   575,000   16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   0.   0.   0.   0.   0	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, ánd 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Prior Year 352, 967. 4 4 352, 967. 4 1, 756, 105. 1 1, 756, 105. 1 1, 756, 105. 1 1, 756, 105. 1 2, 109, 072. 6 0. 1 2, 109, 072. 6 0. 1 2, 109, 072. 6 0. 1 2, 109, 072. 6 0. 1 2, 109, 072. 6 0. 1 2, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 072. 6 1 3, 109, 0	0.		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  352,967. 482,448  352,967. 482,448  352,967. 482,448  31,756,105. 11,756,105. 11,756,105. 11,756,105. 11,756,105. 11,756,105. 11,756,105. 11,756,105. 12,709,072. 635,158  575,000  0. 0. 5,000  1,756,105. 147,710  0. 538,591. 575,000  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2015 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 19 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 10 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 10 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 11 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 12 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25)			b Net differenced business taxable income from 1 offit 950-1, line 54
9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2015  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), lines 1.3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)  16a Professional fundraising eese (Part IX, column (A), line 11e)  15 Total fundraising expenses (Part IX, column (A), line 25)  16 Total expenses (Part IX, column (A), lines 11a.11d, 11f.24e)  17 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25)  18 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2015 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 19 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 10 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 10 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 11 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 12 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 15 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 16 Other expenses Add lines 13.17 (must equal Part IX, column (A), line 25)			9 Contributions and greats (Part VIII line 1b)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2015 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  11 1 7 5 6 1 10 5 . 147 7 10 1 2 1 10 . 5 . 0 . 5 , 00 0 1 2 , 10 9 , 07 2 . 635 , 158 1 3 7 5 7 5 , 00 0 1 5 , 0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13.17 (must equal Part IX, column (A), line 25) 10 1, 756, 105. 11, 756, 105. 11, 756, 105. 11, 756, 105. 11, 756, 105. 11, 756, 105. 11, 756, 105. 12, 109, 072. 6 13, 109, 072. 6 13, 109, 072. 6 14, 149, 15 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 16	0.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  2 109,072.  635,158  538,591.  538,591.  575,000  0.  0.  0.  0.  10.  10.  10.  10.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  6 2, 109, 072.  6 38, 591.  5 38, 591.  6 0.  1 124, 147.  1 124, 147.  6 6 6 2, 738.  6 6 6 2, 738.	<u>`</u>		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  2 109,072.  635,158  538,591.  538,591.  575,000  0.  0.  0.  0.  10.  10.  10.  10.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  6 2 , 109 , 072 . 6  5 38 , 591 . 5  6 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  575,000  0.  0.  0.  10.  10.  10.  10.  10	13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), lines 1.3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  538,591.  5  0.  10.  11			
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  15 Total fundraising expenses (Part IX, column (D), line 25)  16 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  10 0  11 0  12 0  12 4, 147.  11 4, 225  13 446, 334.  14 6, 334.  15 446, 334.  17, 710, 325.  18, 191, 215	14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)  18 Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)  19 662,738.			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)  18 Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  10 0  1124 , 147 .  114 , 225  1662 , 738 .  18 689 , 225  19 Reginning of Current Year  End of Year  17 , 710 , 325 .  18 , 191 , 215	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  16a Professional fundraising fees (Part IX, column (D), line 25)  0	0.		·
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0         b Total fundraising expenses (Part IX, column (D), line 25)       0.       124,147.       114,225         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       662,738.       689,225         19 Revenue less expenses Subtract line 18 from line 12       1,446,334.       <54,067	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  16a Professional fundraising fees (Part IX, column (D), line 25)  0			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.  17 Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e) 124,147. 114,225  18 Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25) 662,738. 689,225  19 Revenue less expenses Subtract line 18 from line 12 1,446,334. <54,067  Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 17,710,325. 18,191,215	b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1 1446,334.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       124,147.       114,225         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       662,738.       689,225         19 Revenue less expenses Subtract line 18 from line 12       1,446,334.       <54,067	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1 124,147. 1  662,738. 6  1,446,334. <			
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       662,738.       689,225         19 Revenue less expenses Subtract line 18 from line 12       1,446,334.       <54,067	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1 1 2 4 7 1 4 7 8 6 6 2 7 3 8 8 6 6 7 3 8 8 6 7 8 8 7 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	114 225	124 147	
19 Revenue less expenses Subtract line 18 from line 12       1,446,334.       <54,067	19 Revenue less expenses Subtract line 18 from line 12 1,446,334.			
Beginning of Current Year   End of Year   20   Total assets (Part X, line 16)   17,710,325.   18,191,215	19 Revenue less expenses Subtract line 16 from line 12			
20 Total assets (Part X, line 16) 17,710,325. 18,191,215				19 Revenue less expenses Subtract line 18 from line 12
				CO. Total accests (Part V. Ivan 10)
22 Net assets of fund balances Subtract line 21 from line 20		1,202,024	/, IJI, JJ4.	
	Beginning of Current Year   End of	End of Ye 18,191	eginning of Current Year 17,710,325. 10,558,791.	<ul> <li>20 Total assets (Part X, line 16)</li> <li>21 Total liabilities (Part X, line 26)</li> <li>22 Net assets or fund balances Subtract line 21 from line 20</li> </ul>
	Part II Signature Block			art II   Signature Block

Form **990** (2014)

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	}
11	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			
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		X
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
е	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	<u>11f</u>		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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		
b	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ļ	<del></del>
	or for foreign individuals? 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		х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

No

X

Х

Х

Х

X

X

X

Х

Х

Х

X

X

Х

Х

X

Х

Х

Х

Yes

Х

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24a

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35b

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Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a 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

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

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

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

34 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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** 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

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

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

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

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c		ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			İ
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 55		
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			<del></del> _
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua	-	
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 05		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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	-	_ <del></del> _
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	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			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			l
	amounts due or received from them )			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			200	

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 or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 15 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	_
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
40	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 during 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			
800	exempt status with respect to such arrangements?	16b	L	l
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA		1-	
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	ie	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)		!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ı tınan	cial	
20	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records   CLARA J. HARRIS - 276-523-2400	-		<del></del> -
	3441 MOUNTAIN EMPIRE ROAD, BIG STONE GAP, VA 24219			

	(2014)	

432007 11-07-14

### COALFIELD WATER DEVELOPMENT FUND

31-1459992

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Form 990 (2014)

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

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

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

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

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

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

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average		not ch		nore t			Reportable	Reportable	Estimated
	hours per week	box,	, unles cer and	s pers d a dir	son is rector	s both r/trust	ee)	compensation from	compensation from related	amount of other
	(list any			Т				the	organizations	compensation
	hours for			l				organization	(W-2/1099-MISC)	from the
	related		1					(W-2/1099-MISC)		organization
	organizations									and related
	below									organizations
<del> </del>	line)	<u> </u>				$\dashv$				
(1) MR. RANDY ALBERT	0.00									
BOARD MEMBER	0 00	X	$\vdash$	_	_			0.	0.	0.
(2) MS. BARBARA ALTIZER	0.00								_	_
BOARD MEMBER		X		<b></b>				0.	0.	0.
(3) MR. JAMES A. BALDWIN	0.00								_	_
PRESIDENT		X		X	_			0.	0.	0.
(4) MR. HARRY CHILDRESS	0.00								_	_
BOARD MEMBER		X		_	$\dashv$			0.	0.	0.
(5) MR. SIM EWING	0.00			أ		1				_
TREASURER		X	-	X		_		0.	0.	0.
(6) MR. BRADLEY LAMBERT	0.00					- 1			_	_
BOARD MEMBER		Х	-					0.	0.	0.
(7) MR. ROBERT HILT	0.00								_	
BOARD MEMBER	<del> </del>	Х						0.	0.	0.
(8) MR. JAMES KEEN	0.00									
BOARD MEMBER		X						0.	0.	0.
(9) MR. ROBERT E. PERKINSON, JR.	0.00	ļ							_	
BOARD MEMBER		X						0.	0.	0.
(10) MR. DONNIE RATLIFF	0.00							_	_	
BOARD MEMBER	<del>                                     </del>	X		_				0.	0.	0.
(11) MS. CATHY ST. CLAIR	0.00									
BOARD MEMBER		X						0.	0.	0.
(12) MR. DENNIS SUTHERLAND	0.00								_	
BOARD MEMBER	<u> </u>	X						0.	0.	0.
(13) MR. GLEN SKINNER	0.00		1					_		•
VICE PRESIDENT		X	$\sqcup$	X				0.	0.	0.
(14) MR. MIKE HYMES	0.00	ļ								
BOARD MEMBER		X						0.	0.	0.
(15) MR. MIKE THOMAS	0.00	l				ľ		_		
BOARD MEMBER		X						0.		0.
(16) MR. DAVID DEAL	0.00	1						_		_
BOARD MEMBER	<del> </del>	X	Ш					0.	0.	0.
(17) MR. BRIAN BLANKENSHIP	0.00	1		_				_		
SECRETARY		X		Х				0.	0.	0.

Part	Section A. Officers, Directors, Trus	1	ploy	/ees			ghes	it C	ompensated Employe	es (continued)			
	(A)	(B)	}		_ (0				(D)	(E)		(F)	
	Name and title	Average	Po			Position leck more than one			Reportable	Reportable	Es	timate	d
		hours per	box	t, unle	ss pe	rson i	is both	an	compensation	compensation	an	nount o	of
		week					or/trust		from	from related		other	
		(list any							the	organizations	com	pensa	tion
		hours for		1					organization	(W·2/1099·MISC)	I .	om the	
		related							(W-2/1099-MISC)	(** =* ********************************	1	anızatı	
		organizations									1 7	d relate	
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1h (	Sub-total	1				1			0.	0.	1		0.
										·			
C	Total from continuation sheets to Part V	II, Section A						-	0.	0.	<del></del>		0.
<u> </u>	Total (add lines 1b and 1c)							<u> </u>	0.	0	<u>.                                    </u>		<u> </u>
2	Total number of individuals (including but r	not limited to th	nose	e liste	ed al	bove	e) wt	o r	eceived more than \$100	,000 of reportable			
(	compensation from the organization												0
									<del></del>			Yes	No
3	Did the organization list any former officer	director or tri	iete	o ka	2V AF	nnic		or	highest compensated a	molovee on			
				, K	Sy Ci	пріс	усс,	O,	riigilest compensated e	inployee on		1	v
	line 1a? If "Yes," complete Schedule J for s										3	$\vdash$	X
	For any individual listed on line 1a, is the si									the organization		i 1	
i	and related organizations greater than \$15	0,000? If "Yes	, " c	ompl	lete S	Sche	edule	J t	for such individual		4	<u> </u>	_X
5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	any	y unr	elat	ted organization or indiv	idual for services			
	rendered to the organization? If "Yes," con								-		5		X
	on B. Independent Contractors	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2011	<i>p</i> 0				<del> </del>			
	··· <del>·····</del>	ampanaatad :-	da-	004	ant c		raata	·rc +	that recovered many the	\$100,000 of	004:0-		
	Complete this table for your five highest co									•	sation 1	rom	
	the organization Report compensation for	the calendar	/ear	end	ıng v	vith	or w	ıthır		year <sub>r</sub>			
	(A)	1-1		_	_				(B)			C) .	
	Name and business	s address	N	ON:	E				Description of s	services	Compe	nsatio	n
								I		I			
								$\dashv$		<del></del>			
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	Tatal autobay of independent and	/			ا اسا	AI-			<u> </u>				
	Total number of independent contractors	_	TOI	HTHE	εα το			stec	u above) who received h	nore than			
	\$100,000 of compensation from the organ	nization 🕨					0		<del></del>				
											C	QQA /	

`	Check if Schedule O conta	ains a response o	or note to any line			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues	1b					
С	Fundraising events	1c					
d	Related organizations	1d					
е	Government grants (contribut	ions) 1e	377,448.				
f	All other contributions, gifts, gran	ts, and					
	similar amounts not included above	ve <b>1f</b>	105,000.				
g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	Total. Add lines 1a-1f		<b>.</b>	482,448.	-	· · · · · · · · · · · · · · · · · · ·	
0 -		1	Business Code		;		
2 a b							
c d							
e							
	All other program service reve	enue					
	Total. Add lines 2a-2f		<b>•</b>				
3	Investment income (including	dividends, intere	est, and				
	other similar amounts)		▶	22,212.			22,212.
4	Income from investment of ta	x-exempt bond p	roceeds <b>&gt;</b>				·
5	Royalties		<b></b>				
		(ı) Real	(II) Personal				
6 a	Gross rents						
b	Less: rental expenses						
С	Rental income or (loss)						
d	Net rental income or (loss)		<b>&gt;</b>				
7 a	Gross amount from sales of	(i) Securities	(II) Other				
	assets other than inventory	1,376,402.					
b	Less cost or other basis						
	and sales expenses	1,250,904.					
	Gain or (loss)	125,498.					1
	Net gain or (loss)			125,498.			125,498.
8 a	Gross income from fundraisin	•					
	including \$						
	contributions reported on line	•					
h	Part IV, line 18 Less direct expenses	a b					
	Net income or (loss) from fund						
	Gross income from gaming a	=					
- u	Part IV, line 19	а	[				
h	Less, direct expenses	b					
	Net income or (loss) from gan		<b>•</b>		]		
	Gross sales of inventory, less	-					
	and allowances	а					
b	Less: cost of goods sold	b					
	Net income or (loss) from sale	es of inventory	<b></b>				
	Miscellaneous Revenu	ıe	Business Code				
11 a	UNUSED PRIOR GRANTS	<del> </del>	900099	5,000.	5,000.		
b							
c			<u> </u>				
-	All other revenue  Total. Add lines 11a-11d						<del> </del>
e 12	Total revenue. See instructions.			5,000.			147 710
14_	Total leveline. Oce monucilons.			635,158,	5,000.	L	<u> </u>

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
<b>D</b> = =	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	575,000.	575,000.		
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				
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	- <del></del>			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
^	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits				
10	Payroll taxes Fees for services (non-employees)				
11	Management	68,223.		68,223.	
a b	Legal	00,225•		00,223.	
0	Accounting				·
d	Lobbying				
u _	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,002.		46,002.	
g	Other (If line 11g amount exceeds 10% of line 25,	10/0020		20,0021	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			-	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	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	Insurance				
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.)				
a					
b					
q					
d	All other expenses				
е 25	Total functional expenses Add lines 1 through 24e	689,225.	575,000.	114,225.	0.
<u>25</u>	Joint costs. Complete this line only if the organization	007,223.	2/3/000.	114,660+	
~~	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	501,821.	1	206,595.
2	Savings and temporary cash investments		_2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		ĺ	
	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 instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	,
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D			
	b Less accumulated depreciation 10b	16 050 650	10c	15 050 544
11	Investments - publicly traded securities	16,070,650.	11	17,958,744.
12		1,137,854.	12	25,876.
13	, ,		13	<del></del>
14	j		14	
15	· · · · · · · · · · · · · · · · · · ·	17 710 225	15	10 101 215
16		17,710,325.	16	18,191,215.
17	·	558,791.	17	908,591.
18		330,731.	18 19	900,391.
20			20	·
21			21	
22			-21	
	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
23		10,000,000.	23	10,000,000.
24			24	20/000/000
25	· · ·			
	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	10,558,791.	26	10,908,591.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	<u> </u>
28	Temporarily restricted net assets	6,857,534.	28	6,988,624.
29	Permanently restricted net assets	294,000.	29	294,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30			30	
3			31	
32			32	
33		7,151,534.	33	7,282,624.
34	Total liabilities and net assets/fund balances	17,710,325.	_34	18,191,215.

	1990 (2014) COALFIELD WATER DEVELOPMENT FUND	31-	-14599	92	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		63!	5,1	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2				25.
3	Revenue less expenses Subtract line 2 from line 1	3				67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,			34.
5	Net unrealized gains (losses) on investments	5				57.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7,	282	2,6	24.
Pa	rt 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			į		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?		_	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,			
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1	ļ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ļ	1		
	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					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit			
	Act and OMB Circular A-133?		<u> </u>	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	tit	- 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990 (	(2014)

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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

Open to Public Inspection

Name of the organization

Employer identification number COALFIELD WATER DEVELOPMENT FUND 31-1459992 Reason for Public Charity Status (All organizations must complete this part ) See instructions

he	organı	zation is not a private found	•	_	-	•				
1	$\square$	A church, convention of chi	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).			
2	$\square$	A school described in secti								
3	$\square$	A hospital or a cooperative								
4		A medical research organiza	ation operated in cor	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state								
5		An organization operated for	r the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental unit describ	ed in		
		section 170(b)(1)(A)(iv). (C	omplete Part II)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
	$\overline{\mathbf{x}}$	An organization that normal						nublic described in		
•		section 170(b)(1)(A)(vi). (Co		mai part of its support	nom a gov	emmentar	unit or norm the general	public described in		
0	$\overline{}$			4VAV\ (Complete Dar	4 II V					
8	呂	A community trust describe								
9		An organization that normal					•			
		activities related to its exem						<del>-</del>		
		income and unrelated busin	ess taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975		
		See section 509(a)(2). (Cor								
10	$\sqsubseteq$	An organization organized a	ınd operated exclusi	ively to test for public sa	afety See :	section 50	9(a)(4).			
11		An organization organized a	ınd operated exclusi	ively for the benefit of, to	o perform t	the functio	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2)	See <b>section 509(a)(3).</b> C	Check the box in		
		lines 11a through 11d that of	describes the type o	f supporting organization	n and com	iplete lines	s 11e, 11f, and 11g			
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving		
		the supported organization	n(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the s	upporting		
		organization You must c								
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by ha	vina		
		control or management of	· ·			• •	• • • • • • • • • • • • • • • • • • • •	9		
		organization(s) You mus					manage the cap	po. 100		
		Type III functionally inte	*		in connec	tion with a	and functionally integrate	ad with		
Ŭ								sa with,		
	its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization (s)									
u	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)									
	that is not 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.									
	_	7		•	-					
е		Check this box if the orga					i Type I, Type II, Type III			
		functionally integrated, or		nally integrated support	ing organiz	zation				
f		r the number of supported o	•							
g		ide the following information			VisA la tha a		(.)			
	(1	) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o		(v) Amount of monetary	(vi) Amount of		
		organization		above or IRC section		document?	support (see Instructions)	other support (see Instructions)		
				(see instructions))	Yes	No		morradonono,		
			,				-			
						[				
		-			-	<u> </u>				
						<u> </u>				

Schedule A (Form 990 or 990-EZ) 2014 COALFIELD WATER DEVELOPMENT FUND

31-1459992 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 257,404. 243,082. 352,967. 482,448, include any "unusual grants") 223,325. 1 559 226. 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 223,325. 257,404. 243,082. 352,967. 482,448 4 Total, Add lines 1 through 3 1,559,226. 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) 70,672. 1 488 554. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2011 (d) 2013 **(e)** 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2010 (c) 2012 (f) Total 223,325 7 Amounts from line 4 257,404, 243,082 352,967 482,448 1,559,226. Gross income from interest dividends, payments received on securities loans, rents, royalties 13,246, 14,788 13.701. 38,571. 22,212. 102,518. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 6,250 60,197 5,000 71,447. assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 1,733,191. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.89 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 88.33 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

## Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support			_			
Calendar year (or fiscal year beginning in)	(a) 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 ")			<u>.</u> .			
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-					<b>\</b>	
iness under section 513						
4 Tax revenues levied for the organ-				†		
ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received				1		
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b	<del></del>					
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	<u> </u>			
	4.3.0010	4.0011	(-) 0010	4 0 0010	( ) 0014	(0.T-1-1
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 10a Gross income from interest,		-				
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<del></del>		
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital			1			
assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
Section C. Computation of Publi	c Support Pe	rcentage		<u> </u>	<del></del>	
15 Public support percentage for 2014 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2013					16	%
Section D. Computation of Inves	tment Incom	e Percentage	<del>)</del>			
17 Investment income percentage for 20	<b>14</b> (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from 2	<b>:013</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	alifies as a publicly	supported organi	zation	ightharpoons
b 33 1/3% support tests - 2013. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		=			=	

### 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)

Section A. A	II Sup	porting (	Organizations 1
--------------	--------	-----------	-----------------

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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 Part VI what controls the organization put in place to ensure such use
- 4a 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.
- 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
- 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 Part VI 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.
- 5a 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 Part VI, 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 9a 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.
- 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.
- 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.
- 10a 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.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		г. —	
	-	Yes	No
	1		
	,		
	2		
	2-		
	_3a		<del></del>
	3b		
	_		
	3c		
	4a		
			-
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	8	1	
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	OF.		
	9b		<del>                                     </del>
	9c	<u> </u>	
	10a		
	10b		
	100	<u> —                                   </u>	<u> —                                   </u>

Sche	dule A (Form 990 or 990-EZ) 2014 COALFIELD WATER DEVELOPMENT FUND 31-1	45999	2 Pa	age <b>5</b>
Par	t IV Supporting Organizations (continued)			
· <u></u>	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	_11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations		Ī.,	
	Did the exceptration provide to each of its supported exceptrations, but the last day of the fifth month of the	Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	.		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			-
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		.l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	s):		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see it	nstructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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 the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		<u> </u>
b	5 · · · · · · · · · · · · · · · · · · ·			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u>L</u>

Sche	dule A (Form 990 or 990 EZ) 2014 COALFIELD WATER DEVELOR	MENT_	FUND	31-1459992 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2_	Recoveries of prior-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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a	· · · · · · · · · · · · · · · · · · ·	
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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	Minimum 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-functional	ally-integrat	ed Type III supporting or	nanization (see

instructions)

Sche	dule A (Form 990 or 990 EZ) 2014 COALFIELD WAT	ER DEVELOPMENT	FUND	31-1459992 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	•	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· <del>··</del>		
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	ne organization is responsive	)	
•	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
	Elife o amount divided by Elife o amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014	
	Distributable amount for 2014 from Section C, line 6		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required see instructions)	-		
	· · · · · · · · · · · · · · · · · · ·	_		
_3_	Excess distributions carryover, if any, to 2014.			
<u>a</u>				
<u>b</u>				<u> </u>
<u>C</u>				
<u>d</u>				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u></u>	
4	Distributions for 2014 from Section D,			
	line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	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)	<u> </u>		
7	Excess distributions carryover to 2015. Add lines 3j		·	
	and 4c			
8	Breakdown of line 7			
a				
b				
	Excess from 2013			
	Excess from 2014			

	ntal l	nformation. P	rovide th		by Part		ort II, line 17a or 17b, and Part III, line 12
SCHEDULE A, P.	ART	II, LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
UNUSED PRIOR	GRAN	NTS					
2010 AMOUNT:	\$	6,250.					
2012 AMOUNT:	\$	60,197.				·	· · · · · · · · · · · · · · · · · · ·
2014 AMOUNT:	\$	5,000.					
						·	<del> </del>
	_						
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				•			
		<u>-</u>					
					-,-		

### **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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COALFIELD WATER DEVELOPMENT FUND

Employer identification number 31-1459992

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in	writing that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		<del></del>
U	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or donor advisor, or for arry other purpose	Yes No
Pai		ranization answered "Ves" to Form 990. P	
1	Purpose(s) of conservation easements held by the organization		art iv, une i
'	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	•
	Preservation of open space	Freservation of a cert	med historic structure
_	·	food announce to be a control of the forms	of a communication assessment on the local
2	Complete lines 2a through 2d if the organization held a quality	ned conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Hold state End of the Tou Ver-
_	Total number of concernation accoments		Held at the End of the Tax Year
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements	waterway and calcal and (a)	2b
С.	Number of conservation easements on a certified historic str	• • •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	coment is leasted	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and	_	- · · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	<del>[ ]</del>
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Da	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Transuras or O	ther Similar Accets
T al	Complete if the organization answered "Yes" to Form		the Offinal Assets.
	If the organization elected, as permitted under SFAS 116 (AS		ment and helphoe about works of ort
ıa	•	·	
	historical treasures, or other similar assets held for public ex the text of the footnote to its financial statements that descr		rice of public service, provide, in Fart XIII,
_			t and halanas about warks of art. historical
Ь	If the organization elected, as permitted under SFAS 116 (AS	·	·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		<b>~</b> ^
	(i) Revenue included in Form 990, Part VIII, line 1		> \$ > \$
_	(ii) Assets included in Form 990, Part X	and the second second	
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	<b>&gt;</b> 0
a	Revenue included in Form 990, Part VIII, line 1		\$
a	Assets included in Form 990, Part X		<b>▶</b> \$

		LD WATER D	EVELOPMEN'	r fund		31-14	59992	<u>Pa</u>	age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	t, Historical T	reasures, or Oth	er Simil	ar Asse	<b>ts</b> (contine	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that are a	significant	use of its	collection	item	s
	(check all that apply)								
а	Public exhibition	d	Loan or ex	change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's ex	empt purpo	ose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	asures, or other simil	ar assets		_		
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21			<del></del>				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	t included	_	_	_	,
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table <sup>.</sup>						
						ļ <del> </del>	Amount		
	Beginning balance				1c	<del></del>			
d	Additions during the year				1d	<del> </del>	<del></del>		
е	Distributions during the year				1e				
f	Ending balance				<u>1f</u> _		7	_	<del></del>
	Did the organization include an amount on Fo				•	L	<b>」Yes</b>	$\vdash$	No
Par	If "Yes," explain the arrangement in Part XIII								<u></u>
Fai	Tt V Endowment Funds. Complete i					.coro book	4 - 3 Favor		<u> </u>
4.	Reginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four		
1a	Beginning of year balance	7,151,534.	5,830,374		4,1	95,164.	3,		426.
D	Contributions	110,000.	20,000	1	1	36,500.		_	500.
C	Net investment earnings, gains, and losses	710,315.	2,030,740			368,956.			139.
<u>a</u>	Grants or scholarships	575,000.	605,433	364,803.	- 4	129,000.		393,	750.
е	Other expenditures for facilities and programs								
	Administrative expenses	114,225.	124,147	115.880	1	12,913.		100	1 5 1
g	End of year balance	7,282,624.	7.151.534	T		558,707.			151.
2	Provide the estimated percentage of the curr					530,707.	<del>4</del> ,	193,	164.
_ 	Board designated or quasi-endowment	.00	%	(a)) Hold do					
h	Permanent endowment ► 4.03	%							
c	Temporarily restricted endowment ▶ 9								
•	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse		ation that are held	and administered for	the organiz	zation			
	by	· ·			J		[·	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds						
Pai	rt VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a	See Form 990, Part X	, line 10				
	Description of property	(a) Cost or o	ther (b) Cos	st or other (c)	Accumulate	∍d	(d) Book	value	Э
		basis (investr	nent) basis	(other) de	epreciation				
1a	Land								
b	Buildings								
c	Leasehold improvements				<del></del>				
d	Equipment								
	Other								
T-4-	LAdd lines 1a through 1e (Column (d) must a	aud Carm OOA Dart	V caluma (D) line	1001					Λ

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
_(C)	•			-
(D)				· <u>-</u>
(E)				<del></del>
(F)				<del></del>
(G)				
(H)			7 17.	-
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	to Form COO Port IV I	no 110 Coo Form 000	Dort V. line 12	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		valuation Cost or end	l-of-vear market value
	(b) Book value	(c) welled of	valuation Cost of Che	Toryear market value
(1)				
(2)			<del></del>	
(3)				
(4)		<u> </u>		<del></del>
(5)				
(6)			<del>-</del>	
(7)				<del></del>
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d See Form 990	, Part X, line 15	
	Description		· <del></del>	(b) Book value
(1)				
(2)				<del></del>
(3)				
(4)				
(5)	<del> </del>			
(6)	· · · · · · · · · · · · · · · · · · ·		. <del></del>	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15 )			
Part X Other Liabilities.				
Part X Other Liabilities.  Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11e or 11f See For	m 990, Part X, line 25	
Complete if the organization answered "Yes"	to Form 990, Part IV, I	(b) Book value	m 990, Part X, line 25	
Complete if the organization answered "Yes"	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	to Form 990, Part IV,		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	to Form 990, Part IV,		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	to Form 990, Part IV, I		m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)			m 990, Part X, line 25	
Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	⊋ 25) <b>▶</b>	(b) Book value		that reports the

Sche	dule D (Form 990) 2014 COALF	IELD WATER DEVE	LOPMENT	FUND		31-14	59992	Page 4
Par	t XI Reconciliation of Revenu	e per Audited Financia	l Statemer	nts With	Revenue per R	eturn.		
	Complete if the organization answ	wered "Yes" to Form 990, Part	IV, line 12a					
1	Total revenue, gains, and other support	per audited financial statement	ts			1	774,	313.
2	Amounts included on line 1 but not on F	orm 990, Part VIII, line 12						
а	Net unrealized gains (losses) on investm	ents		2a	185,157.			
b	Donated services and use of facilities			2b		<u> </u>		
c	Recoveries of prior year grants			2c		]		
d	Other (Describe in Part XIII)			2d		1		
е	Add lines 2a through 2d					2e	185,	<u>157.</u>
3	Subtract line 2e from line 1					3	589,	156.
4	Amounts included on Form 990, Part VII	I, line 12, but not on line 1				]		
а	Investment expenses not included on Fe	orm 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII)			4b	46,002.			
С	Add lines 4a and 4b					4c	46,	002.
_5_	Total revenue Add lines 3 and 4c. (This					5		158.
Pai	t XII Reconciliation of Expens	-		ents With	Expenses per	Return	•	
	Complete if the organization ansi	wered "Yes" to Form 990, Part	IV, line 12a			,		
1	Total expenses and losses per audited f	inancial statements				1	<u>643,</u>	223.
2	Amounts included on line 1 but not on F	orm 990, Part IX, line 25						
а	Donated services and use of facilities			2a		] ]		
b	Prior year adjustments			2b		] ]		
С	Other losses			2c		]		
d	Other (Describe in Part XIII)			2d		1 1		
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	643,	223.
4	Amounts included on Form 990, Part IX	, line 25, but not on line 1		1 1				
а	Investment expenses not included on Fe	orm 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII)			4b	46,002.	]		
С	Add lines 4a and 4b					4c	46,	002.
_5	Total expenses Add lines 3 and 4c. (Th.		line 18 )			5	<u>689,</u>	<u>225.</u>
Pa	t XIII Supplemental Informatio	n.						
	de the descriptions required for Part II, lii					4, Part X,	line 2, Part >	<b>(</b> 1,
lines	2d and 4b, and Part XII, lines 2d and 4b	Also complete this part to prov	ıde any addıt	ional inform	ation			
		·	<del>.,</del>					
	_							
PAI	RT V, LINE 4:							
<u>THI</u>	E TERM AND PERMANENT	ENDOWMENT FUNDS	WILL E	BE USE	O TO ASSIS	T IN	THE	<del></del>
DE	ELOPMENT AND IMPROVE	MENT OF DRINKIN	G WATER	R FOR I	RESIDENTS	IN TH	<u>ie</u>	
					~			_
VII	RGINIA COUNTIES OF LE	E, SCOTT, WISE,	RUSSEL	L, BU	CHANAN, TA	ZEWEI	L, ANI	)
DI	CKENSON AND THE CITY	OF NORTON.	_					
							<del></del>	
PA	RT XI, LINE 4B - OTHE	R ADJUSTMENTS:	<del> </del>		<del></del>			
IN	VESTMENTS FEES NETTEL	WITH REVENUE O	N LINAL	ICTAL				
~~							4.0	000
ST	ATEMENTS						46,	002.
				<del>_</del>	<del></del>			
	OM VII I TIID 40 OM	IDD AD TIIOMEDIMO						
PA	RT XII, LINE 4B - OTH	IEK ADJUSTMENTS:		<del>-</del>				
T 2 T	TECHNOND PEEC NEMBER	WIND DEVENOE ON		ים זגדי	na meMeatoc		A C	002
43205	VESTMENT FEES NETTED	MITH KEAFURE ON	L TIVANC	THT 2	IATEMENTS	0-1-1-1-1		002.
10-01	-14					Schedul	e D (Form 9	90) 2014

Schedule D (Form 990) 2014	COALFIELD WATER	DEVELOPMENT	FUND	31-1459992 Page 5
Schedule D (Form 990) 2014  Part XIII Supplemental Info	rmation (continued)			
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### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public · Inspection

Employer identification number

Name of the organization	מאשמענים דים	VELOPMENT E	רואוי				Employer identification number 31-1459992
Part I General Information on Grants a		VEHOFMENT I	OND			<u></u>	31 143333
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	stance?				y for the grants or ass	sistance, and the selec	tion X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000 Part II can	be duplicated if addi	tional space is need	led			·
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCHANAN COUNTY PUBLIC SERVICE AUTHORITY - P.O. BOX 58 - VANSANT,							FUNDING FOR HURLEY
VA 24656	54-1049475		360,000.	0.			REGIONAL WATER PROJECT
SCOTT COUNTY PUBLIC SERVICE AUTHORITY - P.O. BOX 2236 - WEBER CITY VA 24290	54-1215131		200,000.	0.			FUNDING FOR BIG MOCCASIN WATER PROJECT
WISE COUNTY PUBLIC SERVICE AUTHORITY - P.O. BOX 3388 - WISE, VA 24293	54-1646398		15,000.	0.			FUNDING FOR CRABTREE ROAD
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	_		ne line 1 table				<b>→</b> 3.

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COALFIELD WATER DEVELOPMENT FUND

**Employer identification number** 31-1459992

Schedule O (Form 990 or 990-EZ) (2014)

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 HANDED OUT TO BOARD MEMBERS PRESENT AND EMAILED TO

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

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number COALFIELD WATER DEVELOPMENT FUND 31-1459992 THOSE UNABLE TO ATTEND THE MEETING FOR REVIEW BEFORE IT IS SUBMITTED TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST STATEMENTS FROM ALL BOARD MEMBERS ARE OBTAINED AT THE FALL BOARD OF DIRECTORS MEETING EACH YEAR. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REOUEST SCHEDULE A, PART II THE COALFIELD WATER DEVELOPMENT FUND RECEIVED AN INTEREST FREE LOAN OF \$10,000,000 FROM THE VIRGINIA WATER SUPPLY REVOLVING FUND. ACTING BY AND THROUGH THE VIRGINIA RESOURCES AUTHORITY, A PUBLIC BODY CORPORATE AND A POLITICAL SUBDIVISION OF THE COMMONWEALTH OF VIRGINIA. THE LOAN PROCEEDS WERE INVESTED AND ARE HELD IN TRUST FOR THE BENEFIT OF THE VIRGINIA WATER SUPPLY REVOLVING FUND. THE LOANS ARE SECURED AND COLLATERALIZED BY THE INVESTMENT ACCOUNT. ALL EARNINGS ARE TO BE USED TO EXTEND GRANTS TO ASSIST IN THE FINANCING OF NEW DRINKING WATER FACILITIES IN THE COALFIELD REGION OF VIRGINIA. THE VIRGINIA WATER SUPPLY FUND ALLOWS USE OF THE INVESTMENT EARNINGS EACH YEAR BY THE COALFIELD WATER DEVELOPMENT FUND. THE COALFIELD WATER DEVELOPMENT FUND MAKES GRANTS FROM THE INVESTMENT EARNINGS IN ACCORDANCE WITH THE GUIDELINES OF THE VIRGINIA WATER SUPPLY REVOLVING

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

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization COALFIELD WATER DEVELOPMENT FUND	Employer identification number 31-1459992
REVOLVING FUND AS PART OF THE COLLATERALIZD SECURITY AGRE	EEMENT. THE
INVESTMENT EARNINGS ARE DEEMED TO BE AN ANNUAL REVOLVING	GRANT FROM THE
VIRGINIA WATER SUPPLY REVOLVING FUND. THEREFORE, THESE E	EARNINGS ARE
REPORTED AS GRANT REVENUE RECEIVED FROM A GOVERNMENTAL UN	UT.
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