1 Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150 2016

Open to Public Inspection

A	For th	ne 2016 calei	endar year, or tax year beginning , and ending								
В	•	ck if applicable C Name of organization					D	Employer id	lentification number		
<u></u>	Address	s change	hange UPPER MONONGAHELA RIVER ASSOCIATION INC					_			
<u></u>	Name o	change	Number and street (or PO	box, if mail is not delive	ered to street add	ress)		Room/suite		20	6-0033540
<u></u>	initial re	eturn	PO BOX 519					<u></u>	E	Telephone n	umber
<u></u>	Final retu	ım/terminated	City or town		State		ZIP cod	ie	l		
<u></u>	Amende	ed return	GRANVILLE		W		26534	4			4) 599-7585
	Applicat	tion pending	Foreign country name	Foreign	province/state/cou	inty	Foreign	postal code	F	Group Exe	mption
										Number ▶	
G	Accour	nting Method	X Cash Acc	rual Other	(specify)				H Che	eck ► X	if the organization is
1		-	uppermon org								o attach Schedule B
.J			eck only one) — 501(c)(3) X 501(c) (4) ∢ (inse	ert no) A94	47(a)(1)	or 527	(Fo	rm 990, 99	0-EZ, or 990-PF)
		 -							L		
K	Form o	f organization	n X Corporation	Trust	L Ass	ociation	LJ°	ther			
L			d 7b to line 9 to determine	-	-		or moi	e, or if total	assets		
			oelow) are \$500,000 or i							▶\$	6,388
P	art I		ie, Expenses, and							actions fo	
			f the organization u			to any que	stion	in this Pa	art I		<u>X</u>
	1		ons, gifts, grants, and							1	6,388
	2	_	ervice revenue includi		es and contrac	cts				2	
	3		ip dues and assessm	ents						3	
	4	Investment					ı			4	
	5a		ount from sale of asse		tory	· · · · · · · · · · · · · · · · · · ·	<u>a</u>			45,3	
	þ		or other basis and sa	*	. (0.11)		<u>b _</u>	,		444	•
	C	•	ess) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c	0
	6_	_	nd fundraising events ome from gaming (attach Schedule G if greater than							u ye.	
<u> </u>	а		me from gaming (atta	ich Schedule G if g	reater than	ic	ا ـ				
Revenue		\$15,000)	ome from fundraising e	wanta (nat inaliidin			a	ntributions		7	
≅ ₹	р		aising events reported			- tho	01 001	illibulions		And the	
			ch gross income and c				ь				
ક્ર ા	c		ct expenses from gam		•	-	c				
©	ď		-			<u> </u>		L subtract			
AUG		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	0		
⋖	7a	•	es of inventory, less re	turns and allowand	es	7	a			3.00	<u> </u>
6	b		of goods sold				b			***	
	С		it or (loss) from sales	of inventory (Subtr	act line 7b fro					7c	0
	8		enue (describe in Sche			,		•		- 8	
	9		nue. Add lines 1, 2, 3	·	8				. 1	▶ 9	6,388
	10	Grants and	sımılar amounts paid	l (list in Schedule (D)	• • • •,				10	
	11	Benefits pa	aid to or for members			`	11 3	1 2017		11	
es	12	Salaries, o	ther compensation, a	nd employee bene	fits			•		12	
Expenses	13	Profession	al fees and other payments to independent contractors						13	813	
g)	14			y, rent, utilities, and maintenance						14	
ωĺ	15	•	ublications, postage, and shipping enses (describe in Schedule O)						15	<u> </u>	
	16								16	4,047	
	17		enses. Add lines 10 th				_		1	17	4,860
2	18		(deficit) for the year (\$,	18	1,528
386	19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						,		
¥			ar figure reported on p		(a.a	I- 6\				19	455
Net Assets	20		nges in net assets or f			•				20	4.000
	21		or fund balances at e			rougn 20				▶ 21	1,983 Form 990-EZ (2016)
rn	raver	WOLK KEOUC	JUON ACLINUTICE, SEE TI	ie sevarate mstruc	UUHS.						rom 33 0"LL (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

₽ar	Check if the organization used Schedule O to	• •					
•			(A)	Beginning	of year		(B) End of year
22	Cash, savings, and investments				455	22	1,983
23	Land and buildings .		<u> </u>			23	
24	Other assets (describe in Schedule O)	•				24	
25	Total assets .		·		<u>455</u>	_	<u>1,983</u>
26	Total liabilities (describe in Schedule O)			· ·		26	
27					<u>455</u>	27	1,983
Ρā	It III Statement of Program Service Accomplied Check if the organization used Schedule Complete Check if the organization used Schedule Complete Check if the organization used Schedule Check is the organization used Schedule Check if the organization used Schedule Check is the organiza	,	•		\Box		Expenses
Wha	at is the organization's primary exempt purpose?	DEVELOPMENT OF UP	PER MONONGALIA R	IVER BAS	SIN		quired for section
	cribe the organization's program service accomplish				<u> </u>		(c)(3) and 501(c)(4) anizations, optional
	neasured by expenses In a clear and concise man						others)
	sons benefited, and other relevant information for ea		•				
	DEVELOPMENT OF UPPER MONONGALIA RIVE						
		,					
	(Grants \$) If this amou	ınt ıncludes foreign grants,	check here .	<u> </u>	· [_]	28a	
29							
		·					
						}	
	(Grants \$) If this amou	int includes foreign grants,	check here			29a	
30						1	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<b>-</b>		
				<b></b>	<del></del>	1	
	(Grants \$ ) If this amou	ınt ıncludes foreign grants,	check here		· 🔲	30a	<u> </u>
		<del></del>					
31	Other program services (describe in Schedule O)		ah a ali h a a	_			
	Other program services (describe in Schedule O) (Grants \$ ) If this amou	unt includes foreign grants,	check here			31a	
32	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a	unt includes foreign grants, through 31a)			• 🗇	32	C
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount IV List of Officers, Directors, Trustees, and	unt includes foreign grants, through 31a) <b>Key Employees</b> (list each	one even if not compens	ated—see	the inst	32	C
32	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a	unt includes foreign grants, through 31a) <b>Key Employees</b> (list each	one even if not compens n in this Part IV	ated—see	► the inst	32	C
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount IV List of Officers, Directors, Trustees, and	through 31a)  Key Employees (list each to respond to any question  (b) Average	one even if not compens	(d) He	alth benefit	32 ruction	ns for Part IV)
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount IV List of Officers, Directors, Trustees, and	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	C
32 Pa	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a and IV) List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title	through 31a)  Key Employees (list each to respond to any question  (b) Average	one even if not compens in this Part IV  (c) Reportable compensation	(d) He	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
32 Pa	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
32 Pa	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a and IV) List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
32 Pa	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a per IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT  ANK JERNEJCIC	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a and IV) List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC	Other program services (describe in Schedule O) (Grants \$ ) If this amount total program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRAVIC DOI SEC	Other program services (describe in Schedule O) (Grants \$ ) If this amount total program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC TIM BOA BET	Other program services (describe in Schedule O) (Grants \$ ) If this amount of the program service expenses. (add lines 28a program service expenses	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI 11M BOA BET DUI	Other program services (describe in Schedule O) (Grants \$ ) If this amount total program service expenses. (add lines 28a int IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TTY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAFPRE FRAVIC DOIN BEAF DUIL BOULD G T	Other program services (describe in Schedule O) (Grants \$ ) If this amount total program service expenses. (add lines 28a int IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRAVIC DOI TIM BOA BET DUI	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC TIM BOA BET US DAV	Other program services (describe in Schedule O) (Grants \$ ) If this amount total program service expenses. (add lines 28a and IV) List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //D L WEAVER	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC TIM BOA BET DUI US DAN CHI	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE PRE VIC DOI SEC TIM BO/ BET DUI G T US DAN CHI	Other program services (describe in Schedule O) (Grants \$ ) If this amountation program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TTY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON VID L WEAVER EF ENGINEER  ULF ZIEMKIEWICZ	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE PRE FRA VIC DOI SEC TIM BOA BET US DAI CHII PAL WA	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER	through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRAVIC DOI SEC TIM BOA BET DUI CHI PAL WA	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a int IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT VALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY VKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAFPRE FRAVIC DOI DOI DUI US DAN CHI WAT	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a int IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER  ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE EF TECHNICAL OFFICER	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRAVIC DOI SEC TIM BOA BET DUI G T US DAN CHI PAL WA	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a and IV) List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE EF TECHNICAL OFFICER RTIN A NIVERTH	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRAVIC DOI SEC TIM BOA BET DUI G T US CHI WA WAI CHI MAI COI	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a int IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER  ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE EF TECHNICAL OFFICER	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC TIM BOA BET DUI CHI WA WAI CHI MAI KAT	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TTY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE EF TECHNICAL OFFICER RTIN A NIVERTH NSERVATION OFFICER THARINE LEE AVARY	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE PRE FRA VIC DOI SEC DOI BET DUI G TI WA CHI WA WAI CHI KAT GEC	Other program services (describe in Schedule O) (Grants \$ ) If this amou  Total program service expenses. (add lines 28a int IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TTY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON VID L WEAVER EF ENGINEER ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE EF TECHNICAL OFFICER RTIN A NIVERTH NSERVATION OFFICER THARINE LEE AVARY DLOGIC RESOURCE INFORMATION OFFICER	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of
BAF PRE FRA VIC DOI SEC TIM BOA CHI PAL WA WAI CHI MAI COI KAT	Other program services (describe in Schedule O) (Grants \$ ) If this amountail program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O  (a) Name and title  RRY PALLAY ESIDENT ANK JERNEJCIC E PRESIDENT NALD C STRIMBECK CRETARY & TREASURER MITCHEM ARD MEMBER TTY L WILEY NKARD CREEK WATERSHED ASSOC LIAISON HOMAS BARTLETT COAST GUARD LIAISON //ID L WEAVER EF ENGINEER ULF ZIEMKIEWICZ TER RESOURCES OFFICER LLACE S VENABLE EF TECHNICAL OFFICER RTIN A NIVERTH NSERVATION OFFICER THARINE LEE AVARY	Int includes foreign grants, through 31a)  Key Employees (list each to respond to any question  (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compens in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He conti	alth benefit	32 ruction s,	ns for Part IV)  (e) Estimated amount of

Part IV (990-EZ) - List of Officers, Di	irectors, Trustees,	and Key Employe	es Page 1	of 1 of Part IV					
Name of Organization	Employer identification	Employer identification number							
UPPER MONONGAHELA RIVER ASSOCIATION II									
Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation					
PAUL A BECILLA				<del> </del>					
BOARD MEMBER	Hr/WK								
	Hr/WK		<del> </del>						
	Hr/WK		¥						
	Нг/WK								
	Hr/WK								
	Hr/WK								
	Hr/WK								
	Нг/МК								
	Hr/WK								
	Hr/WK								
	Hr/WK			ļ					
	Hr/WK			<u></u>					
	Hr/WK_								
	Hr/WK								
	Hr/WK								
	Hr/WK								
	Hr/WK								
	Hr/WK								

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0  33	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in		٧.	
detailed description of each activity in Schedule O  Were any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35 a Dot the organization have unrelated business gross income of \$1,000 or morte during the year from business activities (such as those reported on lines ≥ 8, and 7a, among others)?  b If "Yes," to line 35s, has the organization filed a Form 990-T for the year? If "Yo," provide an explanation in Schedule O (see Visit of the organization in Georgia or liquidation on 501(c)(4), 501(c)(5), or 501(c)(6), or					No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)  35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes," to line 58a, has the organization filed a form 991-T for they and If If No. "provide an explanation is Schedule O.  55b. J.  35c. X.  35a S. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy, tax requirements during the year? If "Nos.", complete Sphedule Part 81 of Schedule Part 91 organization (sociation, dissolution, termination, or significant disposition of net assets during the year? If "Nos.", complete sphedule parts of Schedule Part 91 organization for provider and parts of Schedule Part 91 organization for the year? If "Nos." complete Sphedule Part 11 and enter the total amount involved  35c School 501(c)(7) organizations Enter any such longs made in the last year covered by this return?  b If "Yes," complete Schedule L. Part II and enter the total amount involved  35c Closs 701(c)(7) organizations Enter amount of tax winposed on the organization during the year under section 4912.  b School 501(c)(3), 501(c)(4), and 501(c)(39) organizations Did the organization during the year under section 4912.  b School 501(c)(3), 501(c)(4), and 501(c)(39) organizations before a series shell the section 4912.  b School 501(c)(3), 501(c)(4), and 501(c)(39) organizations before a series shell the series with which a clay of the regularition to the organization with a series with which a clay of the regularities of the organization approach of the surposed of the organization and the year of the resulting to organization managers or disqualified persons during the year under sections 4912.	33	· · · · · · · · · · · · · · · · · · ·	_	]	
sopy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  5a a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 5a, and 7a, among others)?  b If "Yes," to line 35a, has the organization fled a form 990-1 for the year? If "No," provide an explanation in Schedule O.  Was the organization and control 501(c)(4, 50) (50), 50 (50)(6), organization subject to section 603(c)(4), 600 (10)(6), organization subject to section 603(c)(4), 600 (10)(6), organization subject to section 603(c) in the propring, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization of political expendentures, direct or indirect, as desorabed in the instructions \$\begin{align*} \]  25a Did the organization borrow from, or make any losins to, any officer, director, frustee, or key employee or were any such losins made in a prior year and still outstanding at the end of the tax year covered by this return?  Dif "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911).  Did Scetion 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4915).  Did Scetion 501(c)(3), 501(c)(4), and 501(c)(2) organizations Dut the organization engage in any section 4955 excess benefit transaction in a prior year that has not been reported on any of this prior forms 890 or 990-E27 If "Yes," complete Schedule I, Part I except that has not been reported on any of this prior forms 890 or 990-E27 If "Yes," completed schedule I, Part I except that has not been reported on any of this prior forms 890 or 990-E27 If "Yes," complete Schedule I, Part I except the second of the organization engage in any section 4912 expensive the second of the prior section 4912 e	24	· · · · · · · · · · · · · · · · · · ·	33		<u> </u>
schange on Schedule O (see instructions)  3 a Did the organization have underlated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?)  b If "Yes," bit ines 35a, has the organization field of from 990-Tire to livey? If "Yo," (provide an explanation in Schedule 0 organization and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant deposition of net assets during the year? If "Yes," complete Schedule V and the organization field expenditures, direct or indirect, as described in the instructions ▶ 37a  35b	34	· · · · · · · · · · · · · · · · · · ·			
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 58, and 7a, among others)?  b If "Yes," to line 35e, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0.  Was the organization undergo a liquidation dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spicially parts of Schedule C, Part III  Did the organization undergo a liquidation dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spicially parts of Schedule C, Part III  Did the organization Dorrow from, or make any loans to, any office, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(3) organizations Enter amount of 18x imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4916 ▶ section 4			34		¥
activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a form 990-T for the year? If "No," provide an explanation in Schedule 0.  Whas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements duming the year? If "Yes," complete Schedule 0. Part III and any organization of the year of the year? If "Yes," complete schedule 0. Part III and the organization of political expenditures, direct or indirect, as described in the instructions of the form 1120-POL for this year?  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions by 37a organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  39	35 a				
b If "Yes," to line 35a, has the organization field a Form 990-T for the year /! If "No," provide an explanation in Schedule O.  Was the organization a section 501(c)(4) 501(c)(5) organization subject to section 6033(e) notice, reporting, and priory tax requirements during the year? If "Yes," complete Schedule C, Part III  35b	-		35a	1	Х
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35.    Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a    a Enter amount of political expenditures, direct or indirect, as described in the instructions    3 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    b If "Yes," complete Schedule L, Part II and enter the total amount involved    Section 501(c)(7) organizations Enter    a Initiation fees and capital contributions included on line 9    Gross receipts, included on line 9, for public use of club facilities    9	b				
35 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  38 a Enter amount of political expenditures, direct or indirect, as described in the instructions  39 b Old the organization Derrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 a Section 501(c)(7) organizations. Enter  39 s Exciton 501(c)(7) organizations. Enter  30 s Exciton 501(c)(7) organizations. Enter  30 s Exciton 501(c)(3) organizations. Enter amount of tax interest organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 501(c)(3) organizations. Enter amount of the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forme 980 or 990-E27 in "Yes," complete Schedule L, Part I to Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization analogers or disqualified persons during the year under sections 4912, 4955, and 4958  40 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40 organization shocks are in care of ▶ DONALD C STRIMBECK  Telephone no ▶ (304) 599-7585  41 List the states with which a copy of this return is filed ▶  42 a The organization brooks are in care of ▶ DONALD C STRIMBECK  Telephone no ▶ (304) 599-7585  43 a Ust the states with which a copy of this return is filed ▶  44 any time during the calendar year, did the organization have an interest in	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
during the year? II "Yes." complete applicable parts of Schedule N  7 a Enter amount of political expenditures. In extent or indirect, as described in the instructions  ▶ 137a   38 b   37 b		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
37 a Inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a b Did the organization file Form 1120-POL for this year?  38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b If "Yes," complete Schedule L, Part II and enter the total amount involved  39 section 501(c)(7) organizations Enter  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  30 intitation fees and capital contributions included on line 9  31 intitation fees and capital contributions included intitiation fees and capital contributions inclu	36			1	
b Did the organization file Form 1120-POL for this year?  3a a Did the organization Dirow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b if "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on line 9  Gross recepts, included on line 9, for public use of club facilities  b Gross recepts, included on line 9, for public use of club facilities  5ab 3ab 3ab 3ab 3ab 3ab 3ab 3ab 3ab 3ab 3			36		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this refum?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9  38a Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9  38a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4914 ▶ section 491		· · · · · · · · · · · · · · · · · · ·		3 16	
any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on line 9  B Gross recepts, included on line 9, for public use of club facilities  38a   38a   38a   38b		· · · · · · · · · · · · · · · · · · ·	3/D	3 24	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved  a Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \( \) section 501(c)(3), 501 (c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 \( \) Section 501(c)(3), 501 (c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 (if "Yes," complete Schedule L, Part I c. Section 501(c)(4), 501 (c)(4), and 501(c)(29) organizations. Enter amount of tax mpseed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  49 Section 501(c)(3), 501 (c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organizatio	30 a		382		
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in an year of the third in that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization majorization majorization majorization majorization engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization majorization majorization majorization majorization majorization majorization majorization majorization majorization aparty to a prohibited tax sheller transaction? If "Yes," complete Form 8868-T 41 List the states with which a copy of this return is filed ▶ 42 a The organization's books are in care of ▶ DONALD C STRIMBECK Telephone no ▶ (304) 599-7885 Located at ▶ 48 BROAD STREET Cty, GRANVILLE ST W ZIP + 4 ▶ 28534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the xyear  43 Section 947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the name of the foreign country  b Did the organization properate one or more	h		30a		
a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  39b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 4915 ▶ Section 4915 ▶ section 4915 ▶ Section 4916 ↓ Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ↓ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax mit maposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ↓ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 400 reimbursed by the organization 500 reimbursed 500 reim		Property and the second		-	
b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶		- · · · · · · · · · · · · · · · · · · ·		7	¥.
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 886-T  1. List the states with which a copy of this return is filed ▶  2. The organization's books are in care of ▶ DONALD C STRIMBECK Telephone no ▶ (304) 599-7585  Located at ▶ 49 BROAD STREET City, GRANVILLE ST. W. ZIP + 4 ▶ 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶  3. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization meceive any payment for indoor tanning services during the year?  b Did the organization hav					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or acrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax in posed on organization and starny time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 886-T  List the states with which a copy of this return is filed   42 a The organization's books are in care of ▶ DONALD C STRIMBECK  Located at ▶ 49 BROAD STREET  City GRANVILLE  ST WV ZIP + 4 ▶ 26534-0519   At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing feroign section Form 990-EZ.  b Did the organizat				4	
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of any time that year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T the organization as any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T the organization's books are in care of DONALD C STRIMBECK. Telephone no (304) 599-7585.  Located at 498COAD STREET City GRANVILLE ST WW ZIP+4 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country see the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country see the instructions for exceptions and filing requirements for FinCEN Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization have a controlled entity within the meaning of section		section 4911 ▶, section 4912 ▶, section 4955 ▶			24
that has not been reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 400c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  List the states with which a copy of this return is filed  42 a The organization's books are in care of DONALD C STRIMBECK  Telephone no 400 (304) 599-7585  Located at 49 BROAD STREET  City. GRANVILLE  ST WW ZIP + 4 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authornly over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedull	b		0-142	14	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of a tary time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  List the states with which a copy of this return is filed  Located at ▶ 49 BROAD STREET  City, GRANVILLE  ST W ZIP + 4 ▶ 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be c					1
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At arry time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T  List the states with which a copy of this return is filed The organization's books are in care of DONALD C STRIMBECK  Located at 49 BROAD STREET  City GRANVILLE ST W  ZIP + 4 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a Did the organization have a contr			40b		X
4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At arry time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  42 a The organization's books are in care of  DONALD C STRIMBECK  Telephone no  304), 599-7585  Located at  49 BROAD STREET  City, GRANVILLE  ST WV ZIP + 4  26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 a	С				
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  11				4	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶  42 a The organization's books are in care of ▶ DONALD C STRIMBECK Telephone no ▶ (304) 599-7585  Located at ▶ 49 BROAD STREET Cty, GRANVILLE ST WV ZIP + 4 ▶ 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	d	<del> </del>	•   数		. 7
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  42 a The organization's books are in care of ▶ DONALD C STRIMBECK Telephone no ▶ (304) 599-7585  Located at ▶ 49 BROAD STREET City GRANVILLE ST W ZIP + 4 ▶ 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization perceive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44b X  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Form 990 and Schedule R may need to be completed instead of Fo	_		1	***	
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed  2 a The organization's books are in care of DONALD C STRIMBECK	е		10		
42 a The organization's books are in care of			40e		X
Located at ▶ 49 BROAD STREET City GRANVILLE ST W ZIP + 4 ▶ 26534-0519  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d X  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b X	41	List the states with which a copy of this return is filed			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	42 a	The organization's books are in care of ► DONALD C STRIMBECK Telephone no ►	(304) 59	9-758	35
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		Located at ► 49 BROAD STREET City GRANVILLE ST WV ZIP + 4 ► 26	534-0519	)	
a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   3 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	b		_		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44b X  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		,	4.5		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143  Yes No  144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization receive any payments for indoor tanning services during the year?  16 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  15 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	С		42c		<u> </u>
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	43				▶ [
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
<ul> <li>44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> <li>45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)</li> </ul>		and since the direction of the second configuration of a solution during the tax year.		Yes	No
completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			**************************************
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			44a		X
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		·	44b		
explanation in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  44d			44c		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45 a X  45 b X	d				
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45 b X					
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b X			45a		X
Form 990-EZ (see instructions) 45b X	45 b				
<del></del>			ASh		Y
		1 Olin 000-EZ (300 iliati delibila)		0-F	

Form 99	90-EZ (2016)	UPPER MONONGAHEL	A RIVER ASSOCIATION	INC		•	26-00335	540	Page <b>4</b>	
•	22 (20.0	OT LIVING PORCHIED	A THE LITE OF THE PARTY OF THE			·	20-0000	Yes		
46		rganization engage, directly or indirectl lates for public office? If "Yes," complet		tivities on behalf of o	r in oppositioi	n	46	il .	X	
Part		ection 501(c)(3) organizations or			<del></del>		1 40	L		
	— Al	l section 501(c)(3) organizations m		47–49b and 52, ar	nd complete	the tables	s for line	es		
		and 51 neck if the organization used Sche	dula O to reamend to a	ny avocton io thio	Dod \/I				г	
		leck if the organization used Sche	to respond to a	ny question in this	Part VI .	<u>···</u>	<del>.</del>	1 76.		
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II						47	Yes	No	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48	<b>†</b>	<del> </del>	
		rganization make any transfers to an e					49a	†		
		was the related organization a section 5	•	· ·			49b			
50	-	e this table for the organization's five hi		•			•			
	employe	es) who each received more than \$100	,000 of compensation from	n the organization If	there is none	, enter "No	ne "			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	, benefit plans	n benefits, to employee , and deferred risation	(e) Estim other o	ated amo		
Name Title	None		Hr/WK OC							
Name				<del></del>	<b></b>					
Title			Hr/WK 00							
Name										
Title			Hr/WK 00	<u> </u>						
Name						'				
Title			Hr/WK 00	<del> </del>	<del></del>	<del></del>				
Name_ Title			.    Hr/WK OC							
f	Total nur	nber of other employees paid over \$10	<del></del>	<b>▶</b>		<del></del>	l			
51		ete this table for the organization's five highest compensated independent contractors who each received more than								
	\$100,000	of compensation from the organization	on If there is none, enter "	None "						
		(a) Name and business address of each independ	ent contractor	(b) Type of se	rvice	(c	) Compens	ation		
Name	None	Ştr				<del></del>	-			
City		ST	ZIP							
Name		Str		_						
City		ST -	ZIP	<del> </del>		<del></del>				
Name City		Str ST	ZIP	-						
Name		Str	ZIF	<del>                                     </del>						
City		ST	ZIP	-						
Name		Str					<del></del>			
City		ST	ZIP	<u>]</u>						
d		nber of other independent contractors e			<b></b>					
52		rganization complete Schedule A? <b>Not</b> ed Schedule A	e: All section 501(c)(3) or	ganizations must atta	ach a		v	oc [V	1 No	
Under p	<u>-</u>	perjury, I declare that I have examined this return, in	ncluding accompanying schedule:	s and statements, and to the	e best of my know	wledge and be		es X	] No	
true, ∞	rrect, and co	emplete Declaration of preparer (other than officer)	) is based on all information of wh	ich preparer has any know	ledge					
	Ì						<i>r</i>	<del>-17</del>		
Sign	{	Signature of officer	mall c. Sti	-bu		Date ZYJUCY 250				
Here		DONALD C STRIMBECK			SE_	CRETARY/	IKEASL	IKER		
	1	Type or pnnt name and title Print/Type preparer's name	Preparer's signature		ate		PTIN			
Paid		Carol Curry Rushford CPA	Carol Curry Rushf	1-		لننا	ıf [	51954		
•	arer	Firm's name RUSHFORD PLLC	Todior Odiny Rushi	old Ol A		17   self-employed   P00051954   Firm's EIN ▶ 46-2941011				
Use	Only	Firm's address • 67 Lakeview Dr. Moro	antown, WV 26508		Phone no 304-594-9344					

Firm's address ► 67 Lakeview Dr, Morgantown, WV 26508

May the IRS discuss this return with the preparer shown above? See instructions

▶ X Yes No

304-594-9344

Phone no

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

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

UPPER MONONGAHELA RIVER ASSOCIATION INC	26-0033540
Form 990-EZ, Part I, Line 16, Other Expenses LICENSE FEES 25	
Form 990-EZ, Part I, Line 16, Other Expenses MEMBERSHIP DUES & SUBSCRIPTIONS 925	
Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 225	
Form 990-EZ, Part I, Line 16, Other Expenses GRANT EXPENSE -KAYAK RAMP 2,000	
Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 872	
·	
·	