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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (West Virginia Citizen Action Group, Inc), EIN (55-0547956), address (1500 Dixie St, Charleston, WV 25311), and various checkboxes for reporting requirements.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions (99196), program service revenue, membership dues, interest on savings, dividends, gross rents (1400), special events (2250), and total revenue (100859).

SCANNED FEB 01 2007

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6a, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0		
23 Specific assistance to individuals (attach schedule)	23	0		
24 Benefits paid to or for members (attach schedule)	24	0		
25 Compensation of officers, directors, etc.	25	0		
26 Other salaries and wages	26	38247	22948	11474
27 Pension plan contributions	27	0		
28 Other employee benefits	28	11368	6820	3410
29 Payroll taxes	29	2486	1491	745
30 Professional fundraising fees	30	0		
31 Accounting fees	31	0		
32 Legal fees	32	0		
33 Supplies	33	495	300	195
34 Telephone	34	4261	2557	1276
35 Postage and shipping	35	2818	1269	1269
36 Occupancy	36	10322	4645	4645
37 Equipment rental and maintenance	37	1997	1198	598
38 Printing and publications	38	0		
39 Travel	39	1705	1705	
40 Conferences, conventions, and meetings	40	2039	2039	
41 Interest	41	0		
42 Depreciation, depletion, etc. (attach schedule)	42	0		
43 Other expenses not covered above (itemize): a	43a			
b insurance	43b	4779	2150	2150
c consultants	43c	21300	21300	
d special events	43d	1988		1988
e Misc.	43e	991	446	445
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	104796	68868	26207

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Promoting Good Government & Consumer Issues	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Good Government (60%) including Public Education and organizing on behalf of ethics, campaign finance reform, clean elections, verified voting, campaign finance database, voter empowerment and increased accountability. (Grants and allocations \$ _____)	41321
b Environmental Protection (20%) including research, education, advocacy, and organizing related to preserving West Virginia's natural environment, promoting public awareness of global climate change and consequences of a fossil-based energy policy. Promotion of recycling too. (Grants and allocations \$ _____)	13775
c Civil Justice (10%) Preserving citizen's access to the Civil Justice system (Grants and allocations \$ _____)	6886
d General Consumer Protection (10%) including all other research, advocacy, and community organizing activities not included in a, b, and c. (Grants and allocations \$ _____)	6886
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B). Program services).	68868

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
Assets	45	Cash—non-interest-bearing	4938	45	2130
	46	Savings and temporary cash investments	315	46	286
	47a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48	Pledges receivable		48	
	b	Less: allowance for doubtful accounts		48	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments—land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation (attach schedule)		55b	55c
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis		57a	
	b	Less: accumulated depreciation (attach schedule)		57b	57c
58	Other assets (describe <input type="checkbox"/> office equipment)	1060	58	0	
59	Total assets (add lines 45 through 58) (must equal line 74)	6313	59	2416	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/>)		65		
66	Total liabilities (add lines 60 through 65)	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	5998	67	2130
	68	Temporarily restricted	316	68	286
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6313	73	2416
	74	Total liabilities and net assets /fund balances (add lines 66 and 73)	6313	74	2416

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶ a n/a

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify): _____ \$ _____

Add amounts on lines (1) through (4) ▶ b

c Line a minus line b ▶ c

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify): _____ \$ _____

Add amounts on lines (1) and (2) ▶ d

e Total revenue per line 12, Form 990 (line c plus line d) ▶ e

a Total expenses and losses per audited financial statements ▶ a n/a

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify): _____ \$ _____

Add amounts on lines (1) through (4) ▶ b

c Line a minus line b ▶ c

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify): _____ \$ _____

Add amounts on lines (1) and (2) ▶ d

e Total expenses per line 17, Form 990 (line c plus line d) ▶ e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attached list				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No If "Yes," attach schedule—see page 28 of the instructions.

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Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 Instructions <input type="text" value="81a"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See Instructions in Part III.) <input type="text" value="82b"/>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input checked="" type="checkbox"/>	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<input checked="" type="checkbox"/>
c	Dues, assessments, and similar amounts from members <input type="text" value="85c"/>		
d	Section 162(e) lobbying and political expenditures <input type="text" value="85d"/>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="text" value="85e"/>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="text" value="85f"/>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<input checked="" type="checkbox"/>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <input type="text" value="85h"/>		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. <input type="text" value="86a"/>		
b	Gross receipts, included on line 12, for public use of club facilities <input type="text" value="86b"/>		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders <input type="text" value="87a"/>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text" value="87b"/>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/>		
90a	List the states with which a copy of this return is filed <input type="text"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <input type="text" value="90b"/> 1		
91	The books are in care of <input type="text" value="Gary Zuckett"/> Telephone no. <input type="text" value="(304) 346-5891"/> Located at <input type="text" value="1500 Dixie St"/> ZIP + 4 <input type="text" value="25311"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/>		

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			512	41	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					1400
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					262
102 Gross profit or (loss) from sales of inventory					
103 Other revenue; a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				41	1662
105 Total (add line 104, columns (B), (D), and (E))					1703

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
97b	Providing office space to another progressive non-profit increases the capacity for positive change in WV
101	Special events allow our members and supporters to network and learn from each other


Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 12/28/06

Signature of officer: Gary R Zuckett, interim Executive Director

Type or print name and title.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN (See Gen. Inst. W), EIN, Phone no.

Form 990, Part V, List of Officers, Directors & Key Employees

Name	Address	B Title	C Compensation	D Deferred	E Expenses
Greg Carroll	Box 163 Hurricane, WV 25526	Director 1Hr	0	0	0
Laura Phillips	305 Ruffner Avenue Charleston, WV 25311	Director 1Hr	0	0	0
Susan Hayden	3501 Benedict Rd. Culloden, WV 25510	Director 1Hr	0	0	0
Terri Marion	1632 Virginia St., East Charleston, WV 25311	Director 1Hr	0	0	0
Bob Marshall	886 Z Divide Ridge Kenna, WV 25248	President 2Hr	0	0	0
Conni McMorris	2345 Winter St. St. Albans, WV 25177	Secretary 2Hr	0	0	0
Craig Wanless	5170 Waycross Drive Cross Lanes, WV 25313	Director 1Hr	0	0	0
Hal Weber	1994 Kettle Rd. Gandeeville, WV 25243	Treasurer 2Hr	0	0	0
Norm Steenstra	Charleston WV 25311	Executive Director 40 Hrs	\$38,862	0	0