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Return of Organization Exempt From Income Tax

2007

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

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 including: A For the 2007 calendar year, or tax year beginning 2007, and ending; B Check if applicable; C Name of organization OHIO VALLEY ENVIRONMENTAL COALITION; D Employer Identification Number 31-1311861; E Telephone number (304) 522-0246; F Accounting method X Cash; G Web site: www.ohvec.org; J Organization type X 501(c) 3; K Check here if the organization is not a 509(a)(3) supporting organization; L Gross receipts 703,625.

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

Table with 21 rows detailing revenue and expenses. Revenue total: 703,625. Expenses total: 540,541. Net assets at end of year: 321,650. Includes a 'RECEIVED' stamp dated MAY 27 2008.

SCANNED JUL 07 2008

501000A

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 instruct)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ <u>34,796.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	34,796.	34,796.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A See L-25a Stmt	25a	80,154.	42,266.	22,980.	14,908.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	197,014.	103,886.	56,484.	36,644.
27 Pension plan contributions not included on lines 25a, b, and c	27	9,033.	5,915.	2,780.	338.
28 Employee benefits not included on lines 25a - 27	28	18,982.	10,991.	6,546.	1,445.
29 Payroll taxes	29	20,495.	10,804.	5,881.	3,810.
30 Professional fundraising fees	30				
31 Accounting fees	31	3,000.	0.	3,000.	0.
32 Legal fees	32				
33 Supplies	33	22,553.	19,553.	2,000.	1,000.
34 Telephone	34	17,688.	12,188.	5,000.	500.
35 Postage and shipping	35	6,496.	2,996.	2,500.	1,000.
36 Occupancy	36	12,363.	5,662.	6,626.	75.
37 Equipment rental and maintenance	37	895.	595.	300.	0.
38 Printing and publications	38	16,127.	10,127.	2,000.	4,000.
39 Travel	39				
40 Conferences, conventions, and meetings	40	56,885.	43,731.	13,154.	0.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a <u>CONTRACT SERVICES</u>	43a	27,791.	27,291.	0.	500.
b <u>ADVERTISING</u>	43b	13,059.	13,059.	0.	0.
c <u>FOOD FOR VOLUNTEERS</u>	43c	1,735.	1,735.	0.	0.
d <u>MISCELLANEOUS</u>	43d	232.	232.	0.	0.
e <u>INSURANCE</u>	43e	1,243.	0.	1,243.	0.
f _____	43f				
g _____	43g				
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	540,541.	345,827.	130,494.	64,220.

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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶ <u>ENVIRONMENTAL EDUCATION</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>PROMOTED STRONG ENFORCEMENT OF ENVIRONMENTAL LAWS & REGULATIONS ESPECIALLY IN THE AREAS OF MOUNTAINTOP REMOVAL, VALLEY FILL STRIP MINING & ASSOCIATED COAL WASTE IMPOUNDMENTS, & WEST VIRGINIA AIR & WATER POLLUTION REGULATION. PROMOTED STRONG ENFORCMENT OF ELECTION & CAMPAIGN FINANCE LAWS & REGULATIONS.</u> (Grants and allocations \$ <u>34,796.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	345,827.
b _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	345,827.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash – non-interest-bearing	30,761.	45	32,846.
	46	Savings and temporary cash investments	127,805.	46	288,804.
	47 a	Accounts receivable		47 a	
	b	Less: allowance for doubtful accounts		47 b	
	48 a	Pledges receivable		48 a	
	b	Less: allowance for doubtful accounts		48 b	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a	Other notes and loans receivable (attach schedule)		51 a	
	b	Less: allowance for doubtful accounts		51 b	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b	Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	
	55 a	Investments – land, buildings, & equipment: basis	55 a		
	b	Less: accumulated depreciation (attach schedule)	55 b		55 c
	56	Investments – other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis	57 a		
b	Less: accumulated depreciation (attach schedule)	57 b		57 c	
58	Other assets, including program-related investments (describe ► _____)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	158,566.	59	321,650.	
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	
	64 a	Tax-exempt bond liabilities (attach schedule)		64 a	
	b	Mortgages and other notes payable (attach schedule)		64 b	
	65	Other liabilities (describe ► _____)		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	158,566.	67	321,650.
	68	Temporarily restricted		68	
	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 and column (B) must equal line 21)	158,566.	73	321,650.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	158,566.	74	321,650.	

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

a	Total revenue, gains, and other support per audited financial statements		a	703,625.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	703,625.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	703,625.

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

a	Total expenses and losses per audited financial statements		a	540,541.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	540,541.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	540,541.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
JANET KEATING 126 SHOCKEY DR HUNTINGTON WV 25701	CO-DIRECTOR 40.00	37,000.	7,564.	0.
DIANNE BADY 95 PD 1250 CR 70 PROCTORVILLE OH 45669	CO-DIRECTOR 40.00	33,896.	1,694.	0.
LASHONDA BARE 612 HAZELTINE DR HUNTINGTON WV 25704	DIRECTOR 2.00	0.	0.	0.
JEFF BOSLEY 2140 11TH AVENUE HUNTINGTON WV 25703	DIRECTOR 2.00	0.	0.	0.
VICTORIA BOSLEY 2140 11TH AVENUE HUNTINGTON WV 25703	TREASURER 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 13		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) See L-75b Stmt	X	
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ▶ If 'Yes,' attach a statement that includes the information described in the instructions		X
d	Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		X
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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
b	If 'Yes,' enter the name of the organization ▶ _____ 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) 81a		
b	Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)

		Yes	No
82 a	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?	X	
82 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.)		
	32,636.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
86 a		N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
87 a		N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	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		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations 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		X
89 c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
90 a	List the states with which a copy of this return is filed ▶ See States Filed In		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		10
91 a	The books are in care of ▶ MARYANNE GRAHAM Telephone number ▶ (304) 522-0246 Located at ▶ PO BOX 6753 HUNTINGTON WV ZIP + 4 ▶ 25773-6753		
91 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 ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See 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 & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	9,166.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	9,850.	
102 Gross profit or (loss) from sales of inventory			12	627.	
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				19,643.	
105 Total (add line 104, columns (B), (D), and (E))					19,643.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(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 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

				N/A	
				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

				N/A	
				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties 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
 Signature of officer: Maryanne Graham Date: 14 May 2008
 Type or print name and title: Maryanne Graham Bookkeeper

Paid Preparer's Use Only

Preparer's signature: Daniel J. Ware, CPA Date: 5/14/08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: WARE & HALL, PLLC
P.O. BOX 819 EIN: _____
HUNTINGTON WV 25712-0819 Phone no: (304) 525-7202

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

OHIO VALLEY ENVIRONMENTAL COALITION

Employer identification number

31-1311861

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	NONE			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

Part III Statements About Activities (See instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 16,623. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p> <p style="text-align: right;">See Part V, Form 990</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)</p>		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>		X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement</p>		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p>4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g</p>		X
<p>b Did the organization make any taxable distributions under section 4966?</p>		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ 0</p>		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ 0.</p>		

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	333,309.	335,096.	314,814.	294,255.	1,277,474.
16 Membership fees received	15,786.	10,236.	0.	0.	26,022.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,036.	2,963.	0.	2,997.	10,996.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	5,424.	3,120.	2,099.	3,462.	14,105.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	359,555.	351,415.	316,913.	300,714.	1,328,597.
24 Line 23 minus line 17	354,519.	348,452.	316,913.	297,717.	1,317,601.
25 Enter 1% of line 23	3,596.	3,514.	3,169.	3,007.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines: **18** _____ **19** _____ ▶ 26d

22 _____ **26b** _____

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines: **15** 1,277,474. **16** 26,022. ▶ 27c

17 10,996. **20** _____ **21** _____ ▶ 27d

d Add Line 27a total _____ and line 27b total _____ ▶ 27e

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 1,328,597.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 98.94 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 1.06 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32a	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33a	Does the organization discriminate by race in any way with respect to. a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	3,727.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	12,896.
38	Total lobbying expenditures (add lines 36 and 37)	38	16,623.
39	Other exempt purpose expenditures	39	523,918.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	540,541.
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41			106,081.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	26,520.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	106,081.	89,250.	75,666.	54,090.	325,087.
46 Lobbying ceiling amount (150% of line 45(e))					487,631.
47 Total lobbying expenditures	16,623.	4,675.	9,751.	6,872.	37,921.
48 Grassroots non-taxable amount	26,520.	22,313.	18,917.	13,523.	81,273.
49 Grassroots ceiling amount (150% of line 48(e))					121,910.
50 Grassroots lobbying expenditures	3,727.	4,675.	9,500.	6,500.	24,402.

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions)
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

- (i) Cash
- (ii) Other assets
- b** Other transactions
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Name as Shown on Return
OHIO VALLEY ENVIRONMENTAL COALITION

Employer Identification No
31-1311861

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
JANET KEATING	<input type="checkbox"/>	37,000.	19,510.	10,608.	6,882.
DIANNE BADY	<input type="checkbox"/>	33,896.	17,874.	9,718.	6,304.
LASHONDA BARE	<input type="checkbox"/>	0.			
JEFF BOSLEY	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		70,896.	37,384.	20,326.	13,186.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
JANET KEATING	<input type="checkbox"/>	7,564.	3,989.	2,168.	1,407.
DIANNE BADY	<input type="checkbox"/>	1,694.	893.	486.	315.
LASHONDA BARE	<input type="checkbox"/>	0.			
JEFF BOSLEY	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		9,258.	4,882.	2,654.	1,722.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
JANET KEATING	<input type="checkbox"/>	0.			
DIANNE BADY	<input type="checkbox"/>	0.			
LASHONDA BARE	<input type="checkbox"/>	0.			
JEFF BOSLEY	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a		80,154.	42,266.	22,980.	14,908.

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DR. DAVID DUKE 619 13TH AVENUE HUNTINGTON WV 25701	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ERIC FOUT 729 9TH AVENUE #172 HUNTINGTON WV 25701	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WINNIE FOX 2687 1ST AVENUE HUNTINGTON WV 25702	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LARRY GIBSON PO BOX 83 RED HOUSE WV 25168	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> REGINA HENDRIX 1637 QUARRIER ST CHARLESTON WV 25311	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAN KASH 12629 KELLY DR ASHLAND KY 41129	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> THOMAS KINCAID 1636 CHARLESTON AVENUE HUNTINGTON WV 25701	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MICHAEL MORRISON 5188 ST RT 10 BARBOURSVILLE WV 25504	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CHUCK NELSON 140 DEERHAVEN DR GLEN DANIEL WV 25844	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DR. ELINORE TAYLOR #1 KENNON LANE HUNTINGTON WV 25705	DIRECTOR 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOHN TAYLOR 207 W 10TH AVENUE HUNTINGTON WV 25701	DIRECTOR 2.00	0.	0.	0.

Form 990, Part VI, Page 7, Line 90a

States Filed In

Ohio

Form 990. Part VI, Page 7, Line 90a

Continued

States Filed InWest Virginia

Form 990, Part II, Line 22b

Other Grants and Allocations Approved and PaidPurpose of Payment SLUDGE SAFETY PROJECT

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
EDUCATIONAL	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> COAL RIVER MOUNTAIN WATCH PO BOX 651 WHITESVILLE WV 25209	N/A	Cash Pmt? <input checked="" type="checkbox"/>
			15,500.

If property other than cash was given, the following additional information needs to be provided.

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment CAMPAIGN FINANCE & ELECTION REFORM

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
EDUCATIONAL	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MOUNTAIN STATE EDUCATION AND RESEARCH FOUNDATIO 1500 DIXIE STREET CHARLESTON WV 25311	N/A	Cash Pmt? <input checked="" type="checkbox"/>
			17,796.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment CONTRIBUTION TO ORGANIZATION WITH COMMON GOALS

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
EDUCATIONAL	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> THE WEST VIRGINIA ENVIRONMENTAL COUNCIL 2206 WASHINGTON STREET EAST CHARLESTON WV 25311	N/A	Cash Pmt? <input checked="" type="checkbox"/>
			1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property: _____

Date of Gift: _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990, Part II, Line 25a

Compensation**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
VICTORIA BOSLEY	<input type="checkbox"/>	0.			
DR. DAVID DUKE	<input type="checkbox"/>	0.			
ERIC FOUT	<input type="checkbox"/>	0.			
WINNIE FOX	<input type="checkbox"/>	0.			
LARRY GIBSON	<input type="checkbox"/>	0.			
REGINA HENDRIX	<input type="checkbox"/>	0.			
DAN KASH	<input type="checkbox"/>	0.			
THOMAS KINCAID	<input type="checkbox"/>	0.			
MICHAEL MORRISON	<input type="checkbox"/>	0.			
CHUCK NELSON	<input type="checkbox"/>	0.			
DR. ELINORE TAYLOR	<input type="checkbox"/>	0.			
JOHN TAYLOR	<input type="checkbox"/>	0.			

Total 0.

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
VICTORIA BOSLEY	<input type="checkbox"/>	0.			
DR. DAVID DUKE	<input type="checkbox"/>	0.			
ERIC FOUT	<input type="checkbox"/>	0.			
WINNIE FOX	<input type="checkbox"/>	0.			
LARRY GIBSON	<input type="checkbox"/>	0.			
REGINA HENDRIX	<input type="checkbox"/>	0.			
DAN KASH	<input type="checkbox"/>	0.			
THOMAS KINCAID	<input type="checkbox"/>	0.			
MICHAEL MORRISON	<input type="checkbox"/>	0.			
CHUCK NELSON	<input type="checkbox"/>	0.			
DR. ELINORE TAYLOR	<input type="checkbox"/>	0.			
JOHN TAYLOR	<input type="checkbox"/>	0.			

Total 0.

Form 990, Part II, Line 25a

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
VICTORIA BOSLEY	<input type="checkbox"/>	0.			

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. DAVID DUKE	<input type="checkbox"/>	0.			
ERIC FOUT	<input type="checkbox"/>	0.			
WINNIE FOX	<input type="checkbox"/>	0.			
LARRY GIBSON	<input type="checkbox"/>	0.			
REGINA HENDRIX	<input type="checkbox"/>	0.			
DAN KASH	<input type="checkbox"/>	0.			
THOMAS KINCAID	<input type="checkbox"/>	0.			
MICHAEL MORRISON	<input type="checkbox"/>	0.			
CHUCK NELSON	<input type="checkbox"/>	0.			
DR. ELINORE TAYLOR	<input type="checkbox"/>	0.			
JOHN TAYLOR	<input type="checkbox"/>	0.			

Total 0.

Form 990, Part V-A, Line 75b

Relationship Schedule

Name 1	<u>JEFF BOSLEY</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>DIRECTOR</u>				
Name 2	<u>VICTORIA BOSLEY</u>	Person	<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>
Title or Role	<u>TREASURER</u>				
Relationship	<u>SPOUSES</u>				