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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1 250 000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

ADVANTAGE VALLEY INC

3751 TEAYS VALLEY RD
HURRICANE WV 25526

D Employer identification number
55-0753467

E Telephone number
304-760-0950

F Group Exemption Number ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶WWW.ADVANTAGEVALLEY.COM

H Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000
A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b 6b and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 139,797.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	72,814.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	57,700.
	4	Investment income	4	310.
	5a	Gross amount from sale of assets other than inventory — 5a		
	5b	Less cost or other basis and sales expenses — 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐		
	6a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	6b	Less direct expenses other than fundraising expenses — 6b		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	7b	Less cost of goods sold — 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ SEE STATEMENT)	8	8,973.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	139,797.
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	117,388.
	13	Professional fees and other payments to independent contractors	13	928.
	14	Occupancy, rent, utilities, and maintenance	14	17,772.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT)	16	57,969.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	194,057.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(54,260.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	112,523.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	58,263.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	115,585.	22	60,836.
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	115,585.	25	60,836.
26 **Total liabilities** (describe ▶ PR TAX PAYABLE)	3,062.	26	2,573.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	112,523.	27	58,263.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

 US990EZ1 Rev 1

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? ECONOMIC DEVELOPMENT

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 MARKETING TO ATTRACT COMPANIES TO EXPAND OR ESTABLISH FACILITIES IN THE ADVANTAGE VALLEY REGION

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a**

29 ANNUAL DINNER TO SHOWCASE ACCOMPLISHMENTS FOR THE YEAR PROMOTE REGIONAL THINKING AND TO RAISE FUNDS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30 PROMOTE REGIONALISM TO HELP ORGANIZATIONS AND OTHER AGENCIES TO WORK AS A TEAM TO ATTRACT MORE BUSINESSES AND INDUSTRIES TO THE AREA

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See instructions for Part IV)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
SEE STMT 3751 TV RD HURRICANE WV 25526				
1600 LAIDL CHARLESTON WV 25301				
PO BOX 150 HUNTINGTON WV 25701				
2900 1ST A HUNTINGTON WV 25702				
PO BOX 201 HUNTINGTON WV 25702				
1500 MACCR CHARLESTON WV 25314				
PO BOX 399 INSTITUTE WV 25112				
OLD MAIN B MONTGOMERY WV 25136				
1301 PIEDM CHARLESTON WV 25301				
13 KAN BLV CHARLESTON WV 25314				
PO BOX 211 HUNTINGTON WV 25721				
1111 VA ST CHARLESTON WV 25301				
1116 SMITH CHARLESTON WV 25301				
PO BOX 553 TEAYS WV 25569				
PO BOX 198 CHARLESTON WV 25327				
PO BOX 793 HUNTINGTON WV 25779				
1600 PENN CHARLESTON WV 25327				
1340 HAL G HUNTINGTON WV 25701				

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form **1120-POL** for this year?	37b		
38a	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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	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) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ LORA ANDES Telephone no ▶ 304-760-0950 Located at ▶ 3751 TEAYS VALLEY RD WV HURRICANE ZIP + 4 ▶ 25526			
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ..... ▶

Sign Here

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

Signature of officer — Date: 03/08/2010

MIKE HERRON PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Randy Lucas EA	Date 03/11/2010	Check if self-employed ▶ ☐	Preparer's identifying no (See instr) P00012346
Firm's name (or yours if self-employed), address, and ZIP + 4	PADGETT BUSINESS SERVICES PO BOX 536 SCOTT DEPOT WV 25560		EIN ▶55-0679040	Phone no ▶304-757-7665

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form **990-EZ** (2009)

US

List of Officers, Directors, Trustees and Key Employees
990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

2009

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
MIKE HERRON 3751 TV RD 25526-WV HURRICANE	PRESIDENT 40	73,400.	4,894.	
ELLEN CAPPELLA 1600 LAIDLEY 25301-WV CHARLESTON	DIRECTOR 1			
MARK BUGHER PO BOX 1509 25701-WV HUNTINGTON	DIRECTOR 1			
MICHAEL SELLA 2900 1ST AVE 25702-WV HUNTINGTON	DIRECTOR 1			
PAT T FRANTZ PO BOX 2017 25702-WV HUNTINGTON	DIRETOR 1			
JOHN RUDDICK 1500 MACCRKL 25314-WV CHARLESTON	DIRECTOR 1			
DR HAZO CARTER PO BOX 399 25112-WV INSTITUTE	DIRECTOR 1			
CHARLES BAYLES OLD MAIN BOX 25136-WV MONTGOMERY	DIRECTOR 1			
HAROLD COOPER 1301 PIEDMON 25301-WV CHARLESTON	DIRECTOR 1			
CHRIS LEISTER 13 KAN BLVD 25314-WV CHARLESTON	DIRECTOR 1			
DON RAY PO BOX 2115 25721-WV HUNTINGTON	DIRECTOR 1			
MIKE BUXSER 1111 VA ST E 25301-WV CHARLESTON	DIRECTOR 1			
MATT BALLARD 1116 SMITH S 25301-WV CHARLESTON	DIRECTOR 1			
MARTY CHAPMAN PO BOX 553 25569-WV TEAYS	DIRECTOR 1			
MARK DEMPSEY PO BOX 1986 25327-WV CHARLESTON	DIRECTOR 1			
DAVID HELMER PO BOX 7938 25779-WV HUNTINGTON	DIRECTOR 1			
WAYNE MORGAN 1600 PENN AV 25327-WV CHARLESTON	DIRECTOR 1			
BRENT MARSTELL 1340 HAL GR 25701-WV HUNTINGTON	DIRECTOR 1			
DAVID RAMSEY PO BOX 1547 25301-WV CHARLESTON	DIRECTOR 1			
CHRISTOPHER SL 1000 5TH AVE 25722-WV HUNTINGTON	DIRECTOR 1			
MICHELLE CHAPM PO BOX 548 25710-WV HUNTINGTON	DIRECTOR 1			
STEPHEN KOPP 400 HAL GREE 25755-WV HUNTINGTON	DIRECTOR 1			
GARY WALTON PO BOX 167 25560-WV SCOTT DEPOT	DIRECTOR 1			
CLARENCE MARTI 2010 2ND AVE 25703-WV HUNTINGTON	DIRECTOR 1			
LAYTON COTTRIL 400 HAL GREE 25755-WV HUNTINGTON	DIRECTOR 1			
L NEWTON THOMA 914 NEWTON R 25314-WV CHARLESTON	DIRECTOR 1			
ALLEN BURNER 952 3RD AVE 25701-WV HUNTINGTON	DIRECTOR 1			
		73,400.	4,894.	