

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



-m 990-EZ

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)

OMB No 1545-1150 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990-EZ and its instructions is at www.irs gov/form990

	mai recre	31100 001 1100				<u> </u>				
Α	For the	e 2014 calend	dar year, or tax year beginning , and ending							
В	Check if a	ck if applicable C Name of organization D Employer identification								
	Address of	change	JOHN AND AUDREY ALLEN SCHOLARSHIP							
П	Name cha	ange	FUND UNITED BANK		46-7	492043				
X	Initial retu	ım	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephon	e number				
П	Final retu	rn/terminated	514 MARKET STREET		304-	424-8800				
П	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	xemption				
X	Applicatio	on pending	PARKERSBURG WV 26101		Number	•				
G	Accoun	ting Method	ck ▶ X ıf tl	ne organization is not						
ı	Websit	te: ► N/A	ured to attach							
J	Tax-exe	empt status (ch	eck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or	 ·	m 990, 990-E					
ĸ	Form of	f organization		<u> </u>		, <u>,</u>				
L	Add line	s 5b, 6c, and 7b	to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets			-				
(Par	t II, colun	nn (B) below) a	re \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	44,700				
P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for Pa	rt I)				
		Check	f the organization used Schedule O to respond to any question in this Pa	art I		X				
	1	Contributions,	gifts, grants, and similar amounts received		1					
	2	Program ser	vice revenue including government fees and contracts	1	2					
	3	Membership	dues and assessments		3					
	4	Investment ii	ncome		4	6,759				
3	5a	Gross amou	nt from sale of assets other than inventory 5a	37,9	41					
2	b	Less cost or	other basis and sales expenses 5b	32,8	36					
_ (С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5,105					
Revenue	6	Gaming and	fundraising events							
	а	Gross incom	e from gaming (attach Schedule G if greater than							
e.		\$15,000)	6a							
1 5	b	Gross incom								
8		from fundrais	sing events reported on line 1) (attach Schedule G if the		1					
3		sum of such	gross income and contributions exceeds \$15,000) 6b							
Š	С	Less direct	expenses from gaming and fundraising events 6c							
,	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c)		6d						
	7a	Gross sales	of inventory, less returns and allowances							
	Ь	Less cost of	goods sold 7b							
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
	8	Other revenu	ue (describe in Schedule O)	8						
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	11,864				
	10		similar amounts paid (list in Schedule O)		10					
	11	•	to or for members	· · · · · · · · · · · · · · · · · · ·	11					
Se	12		er compensation, and employee benefits .		12					
ŠUŠ	13		fees and other payments to independent contractors	2 1 2005	13					
Expenses	14		rent, utilities, and maintenance	-	14					
Ш	15		lications, postage, and shipping	15						
	16	=	ses (describe in Schedule O)		16	2,094				
	17		ses. Add lines 10 through 16		▶ 17	2,094				
νį	18	•	eficit) for the year (Subtract line 17 from line 9)		18	9,770				
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with							
t As			igure reported on prior year's return)		19	210 200				
Net	20		es in net assets or fund balances (explain in Schedule O)		20	318,800				
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		▶ 21	328,570				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Form 990-EZ (2014)

46-7492043

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 0 328,570 22 Cash, savings, and investments 22 0 23 Land and buildings 23 0 24 Other assets (describe in Schedule O) 24 0 25 328,570 25 Total assets 0 26 Total liabilities (describe in Schedule O) 26 0 27 328,570 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III **Expenses** What is the organization's primary exempt purpose? (Required for section PROMOTE SCHOLARSHIPS 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services. organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) persons benefited, and other relevant information for each program title 28a (Grants \$ If this amount includes foreign grants, check here 29 (Grants \$ If this amount includes foreign grants, check here 29a 30 If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees(list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (d) Heath benefits, contributions to employee benefit plans, and (c) Reportable (b) Average (a) Name and title hours per week compensation (Forms W-2/1099-MISC) (e) Estimated amount of devoted to position other compensation (if not paid, enter -0-) deferred compensation UNITED BANK, INC. 2,094 TRUSTEE 0.50 O 0 JOHN AND AUDREY ALLEN SCHOLARSHIP

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
33	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 O	33		X
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			3.7
05-	change on Schedule O (see instructions)	34_	<u> </u>	X
35a	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)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		
	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			
b	Did the organization file Form 1120-POL for this year?	37b		X
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 tax year covered by this return?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	-		
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			
h	section 4911 ►, section 4912 ►, section 4955 ►		-	
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	F		F
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	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			
е	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 None		4 0	
42a	•	4-42	4-8	800
	514 MARKET STREET Located at ▶ PARKERSBURG WV ZIP + 4 ▶ 26	101		
L	Located at PARKERSBURG wv ZIP + 4 > 26 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	101	Yes	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No X
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	Ē		
	Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside 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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44-	1	x
h	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		
b	completed instead of Form 990-EZ	446		v
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440		<u> </u>
J	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
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)	45b	<u></u>	X_
DAA	F	orm 99	0-EZ	(2014)

4	_	- 4	^	_	^	4	_
4	n	 /4	. ч	7.	u	4	. 1

Page 4

							'es i	<u> </u>
16		e organization engage, directly or indirectly, in political ca	. •	on behalf of or in opposition	on		1	
		didates for public office? If "Yes," complete Schedule C,	Part I			46		<u> </u>
Pai	rt VI	Section 501(c)(3) organizations only						
		All section 501(c)(3) organizations must answ	wer questions 47	-49b and 52, and co	mplete the tables for li	nes		
		50 and 51.			\ /I		Г	٦
		Check if the organization used Schedule O to	o respond to any	question in this Part	VI			<u></u>
17	Did the	e organization engage in lobbying activities or have a se	ction 501(h) election	n in effect during the tax			'es l	10
		If "Yes," complete Schedule C, Part II		3		47	;	K
18	-	organization a school as described in section 170(b)(1)(A)/u)? If "Yes " com	nlete Schedule F		48		K
l9a		e organization make any transfers to an exempt non-cha				49a		K
b		s," was the related organization a section 527 organization	_	THE CHICATO		49b		_
50		lete this table for the organization's five highest compens		ther than officers, directo	are truetage and key	[405]		_
,,,		yees) who each received more than \$100,000 of compe						
	citipio	yees) who each received more than \$100,000 or compe	·					
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated of their compe		of
No	ne							_
								_
				-				
								_
						 ·		—
•	Total	number of other employees paid over \$100,000	I	<u> </u>		<u> </u>		—
' :4		lete this table for the organization's five highest compens	antad indonandant		anuad mara than			
, ,		000 of compensation from the organization. If there is no		contractors who each rec	eived more than			
		(a) Name and business address of each independent contr		(b) Tyr	pe of service	(c) Compens	ation	_
No				(7)		(-,		—
NOI	тé							
								—
				· +				—
				···				
								—
d		number of other independent contractors each receiving						
52		e organization complete Schedule A? Note. All section 5	501(c)(3) organization	ons must attach a		(TE) (
		eted Schedule A			>	X Yes	No	
		es of perjury, I declare that I have examined this return, includin and complete Declaration of preparer (other than officer) is bas				and belief, it is		
uc, c	T			T Which preparer has any ki				
Sign			BANK, FILL		5/14/13			
		Signature of officer ANTHONY MAHER, UNITED B	אוא דאורי		^{ate} FFICER			
lere	;	Type or print name and title	ANK, INC.	IROSI OI	FICER	 		—
		· · · · · · · · · · · · · · · · · · ·	parerte signate		Date	C DTIN		—
		Print/Type preparer's name	parer's signature		Date Check			
Paid		Robert G. Astorg, CPA	defilting		05/14/15 self-er	nployed P0074	7551	
	arer	Firm's name Jones & Co dba As		·····	Firm's EIN ▶	46-427	2644	Ł
Jse	Only	Firm's address 501 Avery Street,	Suite 90	00	•			_
		Parkersburg, WV	26101		Phone no 3	04-422-	<u>666</u> 0)
May	the IRS	S discuss this return with the preparer shown above? Se	e instructions			▶ X Yes		No.
					,	Form 990 -	EZ (20	14)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I

JOHN AND AUDREY ALLEN SCHOLARSHIP FUND UNITED BANK

Employer identification number 46 - 7492043

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).(Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).(Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi).(Complete Part II) 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 exempt 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), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions) Yes No PARKERSBURG HIGH SCHOOL 55-0683092 2 X 0 (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			-				
Caler	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			-				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							· · ·
Caler	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)(3)		
	organization, check this box and stop here		r					•
Sec	tion C. Computation of Public Su	pport Percenta	ige					
14	Public support percentage for 2014 (line 6,	column (f) dıvıded l	oy line 11, column (f))			14	%
15	Public support percentage from 2013 Scheo						15	%
16a	33 1/3% support test—2014. If the organiz				1/3% or more, ched	ck this		. —
	box and stop here . The organization qualifi							▶ ∐
b	33 1/3% support test—2013. If the organization				s 33 1/3% or more,	1		
47.	check this box and stop here. The organization	•		•		_		▶ ∐
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
b	organization 10%-facts-and-circumstances test—201	3 If the organization	an did not obook o	nov on line 12 16a	16h or 17a and 1	ne		
	15 is 10% or more, and if the organization r	-				ii c		
	Explain in Part VI how the organization mee				•	lv		v
	supported organization	no mo madis-and-di		The organization (_l uumios as a public	'7		▶ □
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b	17a, or 17b, check	this box and see			
-	instructions	000 0 50./ 01	13, 130,	, 5	DON and GOE			▶ □
								· -

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality diluci til	ie tests listed b	elow, please co	implete Latt II.,	<u>'</u>	
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)				-		
14	First five years If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year a	is a section 501(c)	(3)	
Sec	tion C. Computation of Public Su		ige				
15	Public support percentage for 2014 (line 8,		_*	(f))		15	%
16	Public support percentage from 2013 Sche		•	(-//		16	% %
	tion D. Computation of Investmen						
17	Investment income percentage for 2014 (lir	ne 10c, column (f) d	livided by line 13, o	column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2014 If the organ						
	17 is not more than 33 1/3%, check this bo	x and stop here . T	he organization qu	alifies as a publicly	supported organiz	ation	▶ [
b	33 1/3% support tests—2013 If the organ						
	line 18 is not more than 33 1/3%, check this				-		▶ □
20_	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	nd see instructions	S	▶ □

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

		Supporting Organization	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	x	
2		x
2-		x
3a		
3b		
3c		
4a		x
4b	,	
F 1		
4c		
5a		X
5b		
5c		
ŀ		
6		X
7		X
8		х
ŀ		
9a		X
9b		X
-	-	
9c		X
10a		X
10b		
orm 990	or 990-	EZ) 2014

Page 4

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Pnor Year (optional) 0 1 Net short-term capital gain 665 Recoveries of prior-year distributions 2 0 0 11,199 3 Other gross income (see instructions) 3 0 11,864 4 Add lines 1 through 3 4 0 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 0 maintenance of property held for production of income (see instructions) 6 0 Other expenses (see instructions) 7 0 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Pnor Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1¢ d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount(add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	ale A (Form 990 or 990-EZ) 2014 JOHN AND AUDREY AL			04.3 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organization	ons (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	<u> </u>		0
2	Amounts paid to perform activity that directly furthers exempt purposes of	fsupported		_
	organizations, in excess of income from activity			0
3	Administrative expenses paid to accomplish exempt purposes of supported	ed organizations		2,094
4	Amounts paid to acquire exempt-use assets			0
5	Qualified set-aside amounts (prior IRS approval required)		0	
6	Other distributions (describe in Part VI) See instructions			0
_7	Total annual distributions.Add lines 1 through 6.			2,094
8	Distributions to attentive supported organizations to which the organization	n is responsive		_
	(provide details in Part VI). See instructions			0
9	Distributable amount for 2014 from Section C, line 6			0
10_	Line 8 amount divided by Line 9 amount	,		
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		0	
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
e	From 2013 0			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section			
	D, line 7: \$ 2,094			
a	Applied to underdistributions of prior years		0	
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.	2,094		
5	Remaining underdistributions for years prior to 2014, if	-		
•	any. Subtract lines 3g and 4a from line 2 (if amount		 	
	greater than zero, see instructions)		0	
6	Remaining underdistributions for 2014. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)			0
7	Excess distributions carryover to 2015.Add lines 3j			
•	and 4c	2,094	=	
8	Breakdown of line 7:			
 _a				
<u>_</u>			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Excess from 2013 . 0			<u></u>
	Excess from 2014 2,094			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 JOHN AND AUDREY ALLEN SCHOLARSHIP

46-7492043

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

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.

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

JOHN AND AUDREY ALLEN SCHOLARSHIP

Employer identification number

FUND UNITED BANK

46-7492043

Form 990-EZ, Part I, Line 16 - Other Expenses

Description

Amount

Expenses

TRUSTEE FEES

2,094

Total \$

2,094

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description

Amount

FUNDS RECEIVED FROM AUDREY LICKLIDER ESTATE

\$ 315,466

\$

FUNDS FROM JOHN & AUDREY ALLEN CHARITABLE TRUST

3,334