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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

2014<sup>-</sup> Open to Public Inspection

OMB No 1545-0047

A	For the	2014 c	alendar year, or tax year beginning , and ending			
В	Check if app	plicable	C Name of organization JOHN AND AUDREY ALLEN CHARITABLE		D Employe	r identification number
	Address cha	ange	TRUST UNITED BANK			
$\Box$	Name chang	ge	Doing business as			492076
			Number and street (or P O box if mail is not delivered to street address)  514 MARKET STREET	Room/suite	E Telephon	e number 424 - 8800
	Initial return Final return/		City or town, state or province, country, and ZIP or foreign postal code		304-	424-8600
	terminated	,				00.757
	Amended re	etum	PARKERSBURG WV 26101  F Name and address of principal officer		G Gross rece	eipts \$ 99,757
$\Box$	Application	pendina	UNITED BANK, INC.	H(a) Is this a gro	up retum for su	ubordinates? Yes X No
_		,	PO BOX 1508	H(b) Are all sub-	ordinates incli	uded? Yes No
			PARKERSBURG WV 26101	1		(see instructions)
_	Tay ayamı	-1 -1-1:		1		(,
÷	Tax-exem Website		X 501(c)(3)   501(c) ( ) ◀ (Insert no )   4947(a)(1) or   527			<b>.</b> .
<u>-</u>				ear of formation 2	014	7.77
	Form of org		Corporation   X   Trust   Association   Other ▶   L Y	ear or tormation 2	014	M State of legal domicile WV
	Γ		scribe the organization's mission or most significant activities			
	' '	-	OTE CHARITABLE GIVING			
2		PROM	OTE CHARITABLE GIVING			
ī						
Activities & Governance			. 宀			
ő	1		s box ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net assets	i. I I	_
ಶ	3 N	lumber c	of voting members of the governing body (Part VI, line 1a)		3	
ies	4 N	lumber c	of independent voting members of the governing body (Part VI, line 1b)		4	
Ĭ	5 To	otal num	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Act	6 Te	otal num	ber of volunteers (estimate if necessary)		6	0
-	7a To	otal unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	bΝ	let unrela	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Yea	r	Current Year
<b>R</b> 8 8 2 1 1 5	8 C	ontributi	ons and grants (Part VIII, line 1h)			0
2	9 Pi	rogram	service revenue (Part VIII, line 2g)			0
<b>e</b> §						11,693
er.	11 0	ther rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
2	_12_Tc	otal reve	enue – add lines 8 through 11 (must equal Parte III, column (A), line 12)			11,693
<b>\$</b>	<b>13</b> G	rants ar	nd similar amounts paid (Part IX, column (A), lines-1-3)			0
	14 B	enefits p	paid to or for members (Part IX, column (A), line 4) OGDFN IIT [			0
Щ			other compensation, employee benefits (Part IX, column (A), lines 5=10)			0
	16a Pi	rofessio	nal fundraising fees (Part IX, column (A), line 11e)			0
ANNED			draising expenses (Part IX, column (D), line 25) ▶ 0			
洲			penses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,539
		-	enses Add lines 13–17 (must equal Part IX, column (A), line 25)			7,539
	10 P		less expenses Subtract line 18 from line 12	<u> </u>		4,154
5 6	10 11		New Oxportose Substant Into 12 Institution 12	Beginning of Curi	ent Year	End of Year
sets	20 T	otal ass	ets (Part X, line 16)	•	0	656,911
Net Assets or Fund Balances	21 To		lities (Part X, line 26)		0	0
N Se	22 N	let asset	s or fund balances Subtract line 21 from line 20		0	656,911
	art II	Sig	gnature Block			
U	nder pena	alties of p	erjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of	mv knowle	dge and belief, it is
			mplete Declaration of preparer (other than officer) is based on all information of which preparer has a		,	,
			A. Anthy Mahn TO WITED BANK, FAC		51	14/15
Sig	un 📑	s	ignature of officer		Date	·1/18
He		Ň.	ANTHONY MAHER, UNITED BANK, INC. TRUST	OFFICER		
	.	Ŧ	ype or print name and title	<u> </u>		
			e preparer's name Preparer's signalure	Date	Check	If PTIN
Pai	d		Variable (18)			LJ"
	narer F		G. Astorg, CPA	~	/15 self-em	<del></del>
	Only	Firm's na		. <u> </u>	ırm's EIN ▶	46-4272644
USE	١ -		501 Avery Street, Suite 9000			204 400 6660
_		Firm's add		P	hone no	304-422-6660
			s this return with the preparer shown above? (see instructions)			X Yes No
For DAA	Paperwo	rk Redu	ction Act Notice, see the separate instructions.			Form <b>990</b> (2014)

	JOHN AND AUDREY A		-7492076	Page 2
	Statement of Program Service Check if Schedule O contains	ce Accomplishments a response or note to any line in this	Part III	
1 Briefly descri	nbe the organization's mission		r die in	
PROMOTE	CHARITABLE GIVING			
-		ogram services during the year which were no	t listed on the	
	990 or 990-EZ? scribe these new services on Schedu	le O		Yes X No
3 Did the orga		significant changes in how it conducts, any pro	ogram	
services? If "Yes," des	scribe these changes on Schedule O			Yes X No
4 Describe the	e organization's program service acc	omplishments for each of its three largest prog		
	Section 501(c)(3) and 501(c)(4) orgar penses, and revenue, if any, for each	nizations are required to report the amount of g program service reported.	rants and allocations to others,	
		<u> </u>		
4a (Code SUPPORT	)(Expenses \$ OF THE JOHN AND A	including grants of \$ UDREY ALLEN SCHOLARSHI	) (Revenue \$ P FUND	)
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4 <b>D</b> (000c	/(Expenses w	including grants of \$\phi\$	) (Nevende ψ	,
4c (Code	)(Expenses \$	including grants of \$	) (Revenue \$	
·	, , ,		, .	,
	•			
		•	•	
	•	•		
4d Other progra	am services (Describe in Schedule C	))		<u> </u>
(Expenses		ding grants of \$	(Revenue \$	)
4e Total progra	ım service expenses ▶ ,	<del></del>	<del></del>	Form <b>990</b> (2014)
				1000 444 (201-

#### Form 990 (2014) JOHN AND AUDREY ALLEN CHARITABLE 46-7492076 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes." complete Schedule D. Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D. Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more

of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII

Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

X

X

X

X

X

X

X

X

X

X

X

X

X

X

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Part IV Checklist of Required Schedules (continued)

_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			7.7
	through 24d and complete Schedule K If "No," go to line 25a	24a		_ <u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
а	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa	-	
	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	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			· ·
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_ <u>X</u> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	i		
	related organization? if "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			3.5
	19? Note All Form 990 filers are required to complete Schedule O	38_	001	X

Pa	Statements Regarding Other IRS Filings and Tax Compliance				<u>-</u>	
	Check if Schedule O contains a response or note to any line in this Part V					
		ı	ا م	<del>[</del>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			Ī
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	_0			Ī
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
20	reportable gaming (gambling) winnings to prize winners?	1		<u>1c</u>	<del> </del>	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	0			
ь	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns		<u>.                                    </u>			ŀ
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	, ,		20	1	<del>                                     </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	1 -	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	<del> </del>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority		1.02	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	counts				
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				1	l
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or				
	gifts were not tax deductible?			6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		<u> </u>		1
	and services provided to the payor?			7a	<del>                                     </del>	<del> </del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	+	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			70		
ч	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c	<u> </u>	ļ
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		I	7e	1	Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f	+	t
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		as required?	7g	<u> </u>	t
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•		-	
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained				1	
-	sponsoring organization have excess business holdings at any time during the year?	,		8	Ì	
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		I
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		1
10	Section 501(c)(7) organizations.Enter					1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>			1
11	Section 501(c)(12) organizations. Enter	ı				ŧ
а	Gross income from members or shareholders	11a				ŧ
b	Gross income from other sources (Do not net amounts due or paid to other sources					1
	against amounts due or received from them )	11b	1			ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form		1	12a	-	┼
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	┼	‡
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	-
L-	Note. See the instructions for additional information the organization must report on Schedule O			Į.		I
b	Enter the amount of reserves the organization is required to maintain by the states in which	426	1			1
_	the organization is licensed to issue qualified health plans	13b	<del> </del>	<del></del>		I
C 1/1-	Enter the amount of reserves on hand	13c	<u>I</u>	14a		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule C	`		14a		<u>^</u>
	- ii 100, 1100 K NOO O LOHII LEO KO LODOK KIESE DOMINENS. II 1110, DIOMOE ON EXPIDIATION IN SCHEUNE V			1 170		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "I	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sei			าร
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or	1 1		É
	if the governing body delegated broad authority to an executive committee or similar			Ė
	committee, explain in Schedule O			į
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			Ė
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	-	Ė
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			•
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	e.)		
			Yes	
l0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			İ
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	Did the process for determining compensation of the following persons include a review and approval by		-	É
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
а	The organization's CEO, Executive Director, or top management official	15a	_	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ė
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ĺ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ĺ
	organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 required on accomplished to make the Forms 1022 (and 1024 of probable) 900 and 900 T (Contract 504/a)(2) and 900 T			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20 מדד	State the name, address, and telephone number of the person who possesses the organization's books and records   TITED BANK TRIST DEPARTMENT.  514 MARKET STREET			
	ITED BANK TRUST DEPARTMENT 514 MARKET STREET  WWW 26101 304	_42	1 _ D	900

ALLCH1 05/14/2015 10 21 AM											
Form 990 (2014) JOHN AND	AUDREY A	LL	EN	CF	IAF	RIT	AB:	LE 46-749	2076	D:	age 7
				_					est Compensated E		age 1
Independent C									•		
								any line in this Part V			<u> </u>
								t Compensated Employe			
1a Complete this table for all perso organization's tax year											
List all of the organization's compensation. Enter -0- in columns     List all of the organization's pro-	(D), (E), and (F) I	f no c	comp	ensa	ation	was	paid		`		
<ul> <li>List all of the organization's ci</li> <li>List the organization's five cu</li> <li>who received reportable compensal organization and any related organi</li> </ul>	rrent highest com tion (Box 5 of Form	pens	ated	emp	loye	es (c	ther	than an officer, director, tru	stee, or key employee)		
<ul> <li>List all of the organization's for \$100,000 of reportable compensations</li> </ul>									received more than		
<ul> <li>List all of the organization's forganization, more than \$10,000 of</li> </ul>	reportable compe	nsatio	on fro	om th	ne or	ganı	zatıo	n and any related organizat	ions		
List persons in the following order in compensated employees, and form	er such persons								. •		
Check this box if neither the org	anization nor any	relate	ed or	ganı	zatıc	on co	mpe	nsated any current officer, o	director, or trustee	<del>,</del>	
(A) Name and Title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) UNITED BANK, IN	c	$\vdash$									
(.,	1.00										
TRUSTEE	0.00		x					4,205	0		0
(2)											
(3)	-										
(4)										_	
(5)		-	_				_				
• •											
(6)	1										
	<b>▶</b>	1	ı	1	1	1			i	i	

(7)

(9)

<u>*Pa</u>	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mp	oyee	es, a	and Highest Compensated	d Employee(continued)			
	(A) Name and title	(B) Average hours per week (list any	Average Position hours per (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est am c comp	(F) timated ount of other pensation om the	ı
		related organizations below dotted line)	Officer Institutional trustee Individual trustee or director			Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.133 11.105)	orga and	anization related nizations	
(12)	, 4			-								•	<u> </u>
(13)													
(14)												<u>-</u>	
	·			<u></u>	,							<u></u>	
(15)													
(16)													
(17)													
(18)													
(19)				-									
1b c	Sub-total  Total from continuation she	ets to Part VII.	Secti	on A	L		<u> </u>	<b>&gt;</b>	4,205				
d	Total (add lines 1b and 1c) Total number of individuals (ind					liata	d aba	<b>&gt;</b>	4,205	00.000 of			
	reportable compensation from			0		11516	J abc		who received more than \$10			- T-V	a l Na
3	Did the organization list any fo	rmer officer, dire	ctor,	or tru	ustee	e, ke	y em	ploy	ee, or highest compensated	I		Yes	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	1a, is the sum o	f repo	ortab	le co	ompe	ensat			m the	3		<u> </u>
5	Individual  Did any person listed on line 1a for services rendered to the org									dividual	5		X
	ion B. Independent Contracto	<del></del>											
1	Complete this table for your fiv compensation from the organize	ation Report cor	nsate	satio	n fo	nder r the	cale	ntrac ndar	year ending with or within t	he organization's tax year			
	Name and	(A) business address		~					Descript	(B) tion of services		(C) Compens	sation
	<del>-</del> .					-				<u>-</u> .		<del></del>	
				_				-			-+		
									-				
2	Total number of independent c received more than \$100,000 c								listed above) who	0			
DAA												Form 99	<b>90</b> (2014)

	rt V		nent of Reven if Schedule O		ins a r	esponse or	note to any line in	this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated can	npaigns	1a						
ž j	b	Membership d	ues	1b			-			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising ev	vents	1c						
	d	Related organi	ızatıons	1d	_					
iğ,	е	Government grants	(contributions)	1e				·		
utio her S	f	All other contribution and similar amounts		1f						
	g	Noncash contribution	ns included in lines 1a-1f	<del></del>			,			
	h	Total. Add line	es 1a–1f			<b>•</b>		`		
Program Service Revenue						Busn Code				
eve	2a									
ě	b									
ξ	С					ļ				
Se	d					ļ				
ram	е									
5 g	f	All other progra	am service revenu	ie						
<u> </u>	g					<b>•</b>				
	3		come (including div	ridends,	interest	i,				
		and other simil	•			▶	13,547			13,547
	4		nvestment of tax-e	xempt b	ond pro	ceeds 🕨	****			
	5	Royalties		<u> </u>		<b>•</b>				
			(ı) Real		(II) F	Personal				
	6a	Gross rents					:			
	b	Less rental exps								
	С	Rental inc or (loss)		l						
	d	Net rental inco	me or (loss)			<b>&gt;</b>			· · · · · · · · · · · · · · · · · · ·	
	/a	Gross amount from sales of assets	(i) Securities		(11)	Other	:		:	
		other than inventory	77,	306		8,904				
	þ	Less cost or other								
		basis & sales exps	88,							
	С	Gain or (loss)	-10,	758		8,904				
		Net gain or (lo		_		<b>&gt;</b>	-1,854			-1,854
<u>a</u>	8a		om fundraising events	6						
enc		(not including \$		l						
Š			reported on line 1c)							
er F		See Part IV, line	18	a						
Other Revenue		Less direct ex	•	ь <u>_</u>						
Ŭ			(loss) from fundra	ising ev	ents	<b>&gt;</b>			· · · · · · · · · · · · · · · · · · ·	<del> </del>
	9a		om gaming activities	İ						
		See Part IV, line		a						
		Less direct ex		b[_	_			`		
			(loss) from gamin	g acti <u>vit</u>	ies	<b>&gt;</b>			<del></del>	<del> </del>
	10a		f inventory, less						:	
		returns and all		a			:			
	b	Less cost of g	goods sold	ьL			,		+	
	С	Net income or	(loss) from sales	of inven	tory	<b>•</b>	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	······································	
		Mis	scellaneous Revenue			Busn Code				
	11a									
	b					ļļ.				
	С									
	d	All other reven	nue			L				· · · · · · · · · · · · · · · · · · ·
	е	Total. Add line	es 11a-11d			<b>&gt;</b>				
	12	Total revenue	e See instructions			<b>&gt;</b>	11,693	0	0	11,693

### Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co			plete column (A)	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			-	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		· · · · · · · · · · · · · · · · · · ·		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-		- <del> </del>	
10	Payroll taxes		·		
11	Fees for services (non-employees)				
a	Management				
b	Legal Accounting				
d					
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		<del>-</del>		
13	Office expenses				<del></del> -
14	Information technology				· -
15	Royalties				
16	Occupancy				
17	Travel		, ,		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		<del> </del>		
22	Depreciation, depletion, and amortization				
23	Insurance		, , , , , , , , , , , , , , , , , , ,		
24	Other expenses Itemize expenses not covered ,	1			*
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	4 00=	· · · · · · · · · · · · · · · · · · ·	4 005	
а	TRUSTEE FEES	4,205		4,205	
b	TRANSFER TO OTHER FUND	3,334	<del></del>	3,334	_ <del>_</del>
C C			·	<del></del>	<del></del>
d	All other overses				
e 25	All other expenses	7,539		7,539	
25 26	Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the	1,539	<u> </u>	1,539	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			1	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash--non-interest bearing 1 17,165 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 639,746 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 656,911 16 Total assets. Add lines 1 through 15 (must equal line 34) 0 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 0 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 656,911 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 0 656,911 33 Total net assets or fund balances 33 0 656,911 Total liabilities and net assets/fund balances 34

	1990 (2014) JOHN AND AUDREY ALLEN CHARITABLE 46-7492076				<u>Pa</u>	ge 12
Pa	ert XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			11,6	<u> 693</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>7,</u> !	<u>539</u>
3	Revenue less expenses Subtract line 2 from line 1	3			4,	<u> 154</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5	-		-	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6	52 <b>,</b> 7	757
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6	567.9	911
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					É
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				I	Ė
	Schedule O		-		1	É
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1	É
	reviewed on a separate basis, consolidated basis, or both:				1	Ė
	Separate basis Consolidated basis Both consolidated and separate basis				1	É
þ	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					ĺ
	separate basis, consolidated basis, or both				1	ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				1	ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in				1	Ė
	Schedule O		ŀ		1	É
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1	ĺ
	the Single Audit Act and OMB Circular A-133?			3a		L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

# SCHEDULE A (Form 990 or 990-EZ)

**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.

ZU14
Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

JOHN AND AUDREY ALLEN CHARITABLE

Open to Publ Inspection

TRUST UNITED BANK 46-7492076 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi).(Complete Part II) 8 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 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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, 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 (iv) Is the organization (III) Type of organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions) Yes No John and Audrey Allen Scholarship Fund 46-7492043 X 3,334 (B) (C) (D) (E)

3,334

Section A. Public Support

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.)

Caler	dar 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	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							
	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(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. (	see instructions)					12	. <del>_</del>
13	First five years. If the Form 990 is for the o	=	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here			•				<b>•</b>
	tion C. Computation of Public Su	·		,				
14	Public support percentage for 2014 (line 6,		•	(f))			14	%
15	Public support percentage from 2013 Scher					<del>-</del>	15	%
16a	33 1/3% support test—2014. If the organic				1/3% or more, che	ck this		
h	box and <b>stop here</b> . The organization qualif		•		22 4/20/			
b	33 1/3% support test—2013. If the organization check this box and stop here. The organization				is 33 1/3% or more	•		
17a	10%-facts-and-circumstances test—201	•		•	or 16b, and line 1.	1.16		
174	10% or more, and if the organization meets	•		•	•			
	Part VI how the organization meets the "fac				•			
	organization	is and circumstant	, co test The organ	nzation qualifies as	s a publicly support	cu		▶ [
b	10%-facts-and-circumstances test—201	13. If the organization	on did not check a t	oox on line 13 16a	16b or 17a and l	ine		
	15 is 10% or more, and if the organization r							
	Explain in Part VI how the organization mee				•	cly		
	supported organization			J		•		<b>▶</b> [
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b.	17a, or 17b, check	this box and see			· <b>L</b>
	instructions			, ,				▶ □

## 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.)

	If the organization fails to	qualify under th	e tests listed be	elow, please co	mplete Part II.)	)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2010	<b>(b)</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						<u> </u>
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)	,					
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2010	<b>(b)</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						
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, fourt	h, or fifth tax year a	as a section 501(c)	(3)	▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ige			· •	
15	Public support percentage for 2014 (line 8,	column (f) divided b	y line 13, column (	(f))		15	%
16	Public support percentage from 2013 Schei	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2014 (lin	ne 10c, column (f) d	ivided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2013 S	Schedule A, Part III,	, line 17			18	%
19a	33 1/3% support tests—2014. If the organ	nization did not ched	ck the box on line 1	14, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box	and stop here Ti	ne organization qua	alifies as a publicly	supportęd organiz	ation	▶ 🗌
b	33 1/3% support tests—2013. If the organ						
	line 18 is not more than 33 1/3%, check this		=				<b>&gt;</b> [
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	ind see instructions	s	

#### Schedule A (Form 990 or 990-EZ) 2014 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.)

Section A	. All	Supporting	<b>Organizations</b>
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- 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
- 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
- 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?
- 6 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
	3a		х
	3b		
	3с		
	4a		х
	4b		<del></del>
	4c		
	5a		Х
	5b		
	5c		
	6		X
	7		x
	8		х
	_		
	9a		x
	9b		x
	9c		<u>x</u>
	10a		х
	10b		
ori	m 990	or 990-	EZ) 2014

	tule A (Form 990 or 990-EZ) 2014 JOHN AND AUDREY ALLEN CHARITABLE 46-74	92076		Page 5
Pa	rt IV Supporting Organizations (continued)			г
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
b		11a		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		X
Sect	ion B. Type I Supporting Organizations	1110	L	412
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0 4	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	į		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Sect	ion D. All Type III Supporting Organizations	1		L
	ion b. 7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		x
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			,
04	supported organizations played in this regard	3		Х
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ns)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions)		
2 .	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	No
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explainhow these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

3

4

5

Schedule A (Form 990 or	990-F7\ 201

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

7,539

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

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

46-7492076

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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 CHARITABLE TRUST UNITED BANK

Employer identification number 46-7492076

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets	Explana	tion
FUNDS RECEIVED FROM AUDREY LICKLIDER ESTATE	\$	630,932
LOT CLEMENT AVE PARKERSBURG WV	\$	22,100
EXPENSES OF ESTATE	\$	-275