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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

2014Department 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.**Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization LITTLE KANAWHA RESOURCE CONSERVATION & DEVELOPMENT</td> <td>D Employer identification number 51-0172533</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite 1014 VOLCANO ROAD</td> <td>E Telephone number 304-679-3639</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code WAVERLY WV 26184</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization LITTLE KANAWHA RESOURCE CONSERVATION & DEVELOPMENT	D Employer identification number 51-0172533	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1014 VOLCANO ROAD	E Telephone number 304-679-3639	City or town, state or province, country, and ZIP or foreign postal code WAVERLY WV 26184	F Group Exemption Number ▶
C Name of organization LITTLE KANAWHA RESOURCE CONSERVATION & DEVELOPMENT	D Employer identification number 51-0172533						
Number and street (or P O box, if mail is not delivered to street address) Room/suite 1014 VOLCANO ROAD	E Telephone number 304-679-3639						
City or town, state or province, country, and ZIP or foreign postal code WAVERLY WV 26184	F Group Exemption Number ▶						
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶							
I Website: ▶ WWW.LKRC.D.COM							
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other							
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)							

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **98,615.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	94,900.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	3,050.
	4 Investment income	4	665.
	5 a Gross amount from sale of assets other than inventory 5a		
	b Less cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 6b			
c Less direct expenses from gaming and fundraising events 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7 a Gross sales of inventory, less returns and allowances 7a			
b Less cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	98,615.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	15,818.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	26,211.
	13 Professional fees and other payments to independent contractors	13	37,194.
	14 Occupancy, rent, utilities, and maintenance	14	7,184.
	15 Printing, publications, postage, and shipping	15	170.
	16 Other expenses (describe in Schedule O)	16	11,498.
	17 Total expenses. Add lines 10 through 16 ▶	17	98,075.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	540.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	217,126.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	217,666.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part III. ☒

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Part V 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		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 change on Schedule O (see instructions)		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)?		X
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		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 304-679-3639 Located at ▶ 1014 VOLCANO RD WV WAVERLY ZIP + 4 ▶ 26184		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☒ No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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 **47** ☐ Yes ☒ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No

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

(a) Name and 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 amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **f**


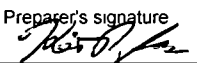
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **d**

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here			05/07/2015		
	Signature of officer		Date		
	FLOYD HODGE		CHAIRMAN		
	Type or print name and title		5/12/15		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KENT PYLES		05/11/2015		P00581155
	Firm's name ▶ KIGER TAX AND BUSINESS SERVICES	Firm's EIN ▶ 25-1914540			
	Firm's address ▶ 1215 AVERY ST PARKERSBURG WV 26101-	Phone no 304-428-7505			

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

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

LITTLE KANAWHA RESOURCE

Employer identification number

51-0172533

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.)
- 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 9 ☐ 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)**.
- 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II 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.)

Section A. Public Support

Calendar 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.")	135057.	32482.	131641.	80463.	94900.	474543.
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	20000.	20000.	20000.	20000.	20000.	100000.
4 Total. Add lines 1 through 3	155057.	52482.	151641.	100463.	114900.	574543.
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						574543.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	155057.	52482.	151641.	100463.	114900.	574543.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2650.	7247.	7835.	10485.	3715.	31932.
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						606475.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	94.73	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	94.94	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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 organization ► <input type="checkbox"/>			
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 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 organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

▶ 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.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

LITTLE KANAWHA RESOURCE

Employer identification number

51-0172533

990EZ PART 1 LINE 10 GRANTS PAID

ARNOLDSBURG COMMUNITY ACTION 1000

CAIRO COMMUNITY DEVELOPMENT ASSOCIATION 2000

CAMP BARBE ASSOCIATION 1000

CAMP SHEPPARD ADVISORY COMMITTEE 1000

990EZ PART 1 LINE 10 GRANTS PAID

CHRISTIAN APPALACHIAN PROJECT 2000

ELIZABETH BEAUCHAMP CHAPTER DAP 1000

FRIENDS OF KENNA ELEMENTARY 1000

FRIENDS OF THE HUGHES RIVER WATERSHED 1000

990EZ PART 1 LINE 10 GRANTS PAID

HILL AND HOLLOW GARDEN CLUB 1000

HUNDRED AREA PRIDE 818

MOUNTWOOD PARK 1000

990EZ PART 1 LINE 10 GRANTS PAID

RITCHIE COUNTY WVU EXTENSION 1000

ROANE COUNTY 4H LEADERS ASSOCIATION 1000

SOUTH FORK GRANGE 1000

990EZ PART I LINE 16 OTHER EXPENSES

SUPPLIES 863

REFRESHMENTS AND FOOD 81

TRAVEL AND MEETING EXPENSES 5943

990EZ PART I LINE 16 OTHER EXPENSES

LICENSING FEES 60

AWARD RECOGNITIONS 297

INSURANCE 1835

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

LITTLE KANAWHA RESOURCE

Employer identification number

51-0172533

990EZ PART I LINE 16 OTHER EXPENSES

MEMBERSHIP DUES 1330

COMPUTER SERVICES 339

ADVERTISING 313

DONATIONS 63

990EZ PART I LINE 16 OTHER EXPENSES

DEPRECIATION 374

990EZ PART II LINE 24 OTHER ASSETS

EQUIPMENT 5698

ROOF 31426

DP METALS LOAN 23451

990EZ PART II LINE 26 LIABILITIES

CURRENT LIABILITIES 6521

990EZ PART III ORGANIZATION PRIMARY EXEMPT PURPOSE

OUR MISSION IS TO ASSIST LOCAL COMMUNITIES TO MANAGE THEIR
NATURAL RESOURCES IN WAYS THAT IMPROVE THE AREA'S ECONOMY
AND ENVIRONMENT.

990EZ PART III LINE 28

PROJECT SHARING ASSISTS OTHER QUALIFIED NON-PROFITS IN OUR 9
COUNTY REGION TO ASSIST THE UNDERSERVED. THE PROGRAM MAY
PROVIDE FOOD, CLOTHING, PERSONAL HYGIENE PRODUCTS, COMPUTER

Name of the organization

LITTLE KANAWHA RESOURCE

Employer identification number

51-0172533

990EZ PART III LINE 28

EQUIPMENT, BUILDING MATERIALS, AND A WIDE VARIETY OF
PRODUCTS. OVER 400 NON-PROFIT GROUPS, TITLE I SCHOOLS,
CHURCHES AND OTHER ORGANIZATIONS ARE REGISTERED AND WE HAVE
AGREEMENTS WITH VOLUNTEER FIRE DEPARTMENTS, FOOD BANKS,

990EZ PART III LINE 28

CLOTHES CLOSET PROGRAMS, HELPING HANDS PROGRAMS, SENIOR
CITIZEN PROGRAMS, AND COUNTLESS OTHER THAT SERVE THE ILL,
NEEDY AND UNDERPRIVILEGED IN THE 9 COUNTY AREA. WE HAVE A
WAREHOUSE MANAGER, VOLUNTEERS WHO WORK AT THE WAREHOUSE ON A

990EZ PART III LINE 28

WEEKLY BASIS TO HELP PROMOTE AND GROW OUR PROGRAM, AND A
WORKER THROUGH THE NATIONAL COUNCIL ON AGING.

990EZ PART III LINE 29

MINI GRANTS ARE AWARDED THROUGH THE LITTLE KANAWHA RC&D'S
MINI GRANT PROGRAM TO ELGIBLE RECIPIENTS IN OUR 9 COUNTY
AREA. THE FUNDING IS AWARDED BASED ON THE FUNDING THAT WE
RECEIVE FOR THE PROGRAM FROM THE CONSERVATION DISTRICT.

990EZ PART III LINE 29

THESE FUNDS ARE USED ON LAND MANAGEMENT, WATER MANAGEMENT
AND LAND CONSERVATION PROGRAMS TO ENHANCE OUR SERVICE AREAS
IN WEST VIRGINIA.

990EZ PART III LINE 30

WITH GRANT FUNDING, WORK IS PROGRESSING ON A TRAIL AROUND
THE LAKE AT NORTH BEND STATE PARK. THIS WILL BE USED BY
HORSEBACK RIDERS, HIKERS, AND BIKERS, ^{AND} FOR EMERGENCY ACCESS TO

Name of the organization

LITTLE KANAWHA RESOURCE

Employer identification number

51-0172533

990EZ PART III LINE 30

VERY REMOTE AREAS AROUND THE LAKE. THE RECREATIONAL TRAILS

GRANTS PROVIDE 80% OF FUNDING WITH A 20% MATCH. THIS TRAIL

WILL ^{BE} ~~BA~~ AN ASSET TO THE COUNTY AND ENTIRE REGION.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Name(s) shown on return

LITTLE KANAWHA RESOURCE

Business or activity to which this form relates

NONPROFIT ORGANIZATION

Identifying number

51-0172533

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12. ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property	07/2014	31,800.	39 yrs	MM	S/L	374.
				MM	S/L	

Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	374.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2014 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
Form: NONPROFIT ORGANIZATION																
Rental Property: N/A																
Depreciation Class: Real property nonresidential																
In Service Year: 2014																
ROOF	07/14	31800	100		31800	MACRS	39.0	MM		374	815		374			
					-----					---	---		---			
Form Totals:		31800			31800					374	815		374			