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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Department of the Treasury Internal Revenue Service

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	A For the 2014 calendar year, or tax year beginning January 1 , 2014, and ending				December 31 , 20			
		plicable	C Name of organization	Employe	r identification num	ber		
	Address d				55-0753467			
\vdash	Name char	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	E Telephone number				
H	Initial retur	n v/terminated	1108 3rd Avenue, PO Box 1509 300		304-760-0950			
H	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group E	Group Exemption			
Ħ		Application pending Huntington, WV 25716-1509			r >			
G	Account	ing Method.	☐ Cash	eck ▶ [If the organization is not			
1 '	Website	:▶	rec	juired to	attach Schedule E	3		
J 1	Tax-exem	npt status (ch	eck only one) — ☐ 501(c)(3)	rm 990,	990-EZ, or 990-P	F)		
ĸ	Form of	organization	. 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets				
(Pa	art II, colu		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$	119,017		
F	Part I		ie, Expenses, and Changes in Net Assets or Fund Balances (see the in					
		Check if	the organization used Schedule O to respond to any question in this Part I.		<u> </u>	🗆		
	1	Contribution	ons, gifts, grants, and similar amounts received	1	1	101,960		
	2.	Program s	ervice revenue including government fees and contracts	. 2	2			
	3	Membersh	np dues and assessments	. [_3	3	17,000		
	4	Investmen	t income	4	4	57		
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b	Less. cost	or other basis and sales expenses					
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5	ic _			
	6	Gaming ar	nd fundraising events					
	a	Gross inc	come from gaming (attach Schedule G if greater than					
e		\$15,000)						
Revenue	b		ome from fundraising events (not including \$ of contributions					
ğ			raising events reported on line 1) (attach Schedule G if the					
		sum of su	ch gross income and contributions exceeds \$15,000) 6b					
	С		ct expenses from gaming and fundraising events 6c					
	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	_			
		line 6c)		· 6	id			
	7a	Gross sale	es of inventory, less returns and allowances					
	b	Less: cost	t of goods sold		_			
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	'c			
	8	Other reve	enue (describe ın Schedule O)	· 14	8			
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8) !	9	119,017		
_	10	Grants an	d similar amounts paid (list in Schedule O)		0			
	11		aid to or for members	1	11			
ď	3 12	Salaries, c	other compensation, and employee benefits	1 ال	2			
Net Assets Expensor	13	Profession	nal fees and other payments to independent contractors		3	103,48 <u>4</u>		
	14	Occupano	cy, rent, utilities, and maintenance	TI I	4	2,946		
	15	Printing, p	oublications, postage, and shipping	~: <u>-</u>	5			
	16	Other exp	enses (describe in Schedule O)		6			
	17		enses. Add lines to through to) 1	I7	106,430		
	, 18		(deficit) for the year (Subtract line 17 from line 9)		18	12,587		
	ชู้ 19		s or fund balances at beginning of year (from line 27, column (A)) (must agree v	vith	!			
	Ž	end-of-ye	ar figure reported on prior year's return)	. [1	19	128,060		
	20	Other cha	nges in net assets or fund balances (explain in Schedule O)	. 2	20	0		
য় <u>z</u>	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	▶ 2	21	140,647		
			·-					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2014)





Pai						
	rt II Balance Sheets (see the instructions for	•				_
	Check if the organization used Schedule	O to respond to an				
	Orah arangan and a salaranta		<u> </u>	A) Beginning of year	00	
22	Cash, savings, and investments			128,060	23	140,647
23 24	Land and buildings		_		24	0
25	Total assets			128,060		140,647
26	Total liabilities (describe in Schedule O)				26	140,647
27	Net assets or fund balances (line 27 of column			128,060	-	140,647
	t III Statement of Program Service Accomp				,	140,047
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each of	its three largest pr	ogram services.		anizations, optional for
as n	neasured by expenses. In a clear and concise m	anner, describe the			oth	ers)
pers	ons benefited, and other relevant information for ea	ch program title.				
28						
	•					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	<u> ▶ ⊔ </u>	28	a
29						
	(Grants \$) If this amount	includes foreign gra	nts, cneck nere .	<u>. P U</u>	29	a
30						
		•••••				
	(Grants \$) If this amount	ıncludes foreign gra	nts check here	\	30:	a
21	Other program services (describe in Schedule O)					
٥.		includes foreign gra			31:	a
32	Total program service expenses (add lines 28a t				32	
	List of Officers, Directors, Trustees, and Key				nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to an				
	energeneration according	O to respond to a	ny question in this i	Part IV		<u> 📙</u>
	gamaan a a a a a a a a a a a a a a a a a	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e	e) Estimated amount of
Kelly		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e	e) Estimated amount of
Aller	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e	e) Estimated amount of
Aller Cath	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee ny Burns, Board of Director & Executive Committee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ree (e	e) Estimated amount of other compensation
Aller Cath Chri	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee ny Burns, Board of Director & Executive Committee s Slaugher, Board of Director & Executive Committee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ree (e	e) Estimated amount of other compensation
Aller Cath Chris Clare	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee ny Burns, Board of Director & Executive Committee s Slaugher, Board of Director & Executive Committee ence Martin Board of Director & Executive Committee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	e) Estimated amount of other compensation 0
Aller Cath Chri Clar Jeffr	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee ny Burns, Board of Director & Executive Committee s Slaugher, Board of Director & Executive Committee ence Martin Board of Director & Executive Committee rey McIntyre, Board of Director & Executive Committee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree (e	e) Estimated amount of other compensation
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Aller Cath Chris Clare Jeffr Layt Lind Dave	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee ny Burns, Board of Director & Executive Committee s Slaugher, Board of Director & Executive Committee ence Martin Board of Director & Executive Committee rey McIntyre, Board of Director & Executive Committee ton Cottrill, Board of Director & Executive Committee la Meehling, Board of Director, Executive Committee e Helmer, Board of Director	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	e) Estimated amount of other compensation 0 0
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Aller Cath Chri Clard Jeffr Layt Lind Dave Lake Ed C	(a) Name and title y Goes, Board of Director & Executive Committee n Burner, Board of Director & Executive Committee ny Burns, Board of Director & Executive Committee s Slaugher, Board of Director & Executive Committee ence Martin Board of Director & Executive Committee rey McIntyre, Board of Director & Executive Committee ton Cottrill, Board of Director & Executive Committee la Meehling, Board of Director, Executive Committee e Helmer, Board of Director e Polan, Board of Director Dawson Board of Director n Hemphill, Board of Director	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0 0 0	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	e) Estimated amount of other compensation 0 0 0 0

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓_
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)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	35c		1
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		_	_
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			ļ
b	Gross receipts, included on line 9, for public use of club facilities			
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	40b		
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		 -
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			<u> </u>
42a	The organization's books are in care of ▶ Advantage Valley, Inc. Telephone no. ▶	304-76	0-095	0
	Located at ▶ 1108 3rd Avenue, Suite 300, Huntington, WV ZIP + 4 ▶	25716	-1509)
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► 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			T
	Did the second that found downers the second to Was 7 Farms 000 second has		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	/
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	i .	1 /

Offit 990-EZ	_ (2014)							aye ¬
				11 .17 .	. •		Yes	No
	d the organization engage, directly or in candidates for public office? If "Yes," o							
Part VI	Section 501(c)(3) organizations		, raiti		<u> </u>	46	<u> </u>	_ ✓
r art vi	All section 501(c)(3) organization		stions 47-49b and	52. and co	mplete the	tables f	or line	es
	50 and 51.			V_,			•	
	Check if the organization used Scl	nedule O to respond	to any question in t	this Part VI				
							Yes	No
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Part		• •	on in effect	during the t	ax 47		
48 Is t	the organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete	Schedule E		48		
	d the organization make any transfers to					49a	+	<u> </u>
	If "Yes," was the related organization a section 527 organization?							<u> </u>
	emplete this table for the organization's appropriate that the propriet in the							
err	ipioyees) who each received more than	1 \$ 100,000 of comper	T	_	benefits,	e, enter iv	ione.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	ons to employee ans, and deferred other compensation			
-		_						
								-
51 Co	tal number of other employees paid over the organization on,000 of compensation from the organization the organization from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."					• than
	(a) Name and business address of each independ	dent contractor	rvice		Compensat	ion		
			-					
			1					
					,			
d To	otal number of other independent contri	actors each receiving	Over \$100,000	•	<u> </u>			
52 Di	d the organization complete Schedumpleted Schedule A	•	•	anizations i	must attach	a .▶∐ Yes		No
	Ities of penury, I declare that I have examined this t, and complete Declaration of preparer (other tha					owledge and	d belief	, rt ıs
-	Cash Burn		· · ·		911/15			
Sign Here	Signature of officer CA-thy Buril S Secretary							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		ate	Check Self-employ			
Prepare					 			
Use On								
May the I	Firm's address ►	r shown above? See	instructions	Pr		► □ Vos	. 🗆	No