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Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	103,420	22 86,356
23 Land and buildings	336,801	23 336,801
24 Other assets (describe in Schedule O)	38,389	24 44,060
25 Total assets	478,610	25 467,217
26 Total liabilities (describe in Schedule O)	4,788	26 7,352
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	473,822	27 459,865

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

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

What is the organization's primary exempt purpose?
 The Ronceverte Development Corporation (RDC) was established in 2005, to enhance business development in the main street district of Ronceverte RDC utilizes grants, contributions and talents of the town to provide improvement, growth and development for the 1500 or more citizens

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 The Ronceverte Development Corporation (RDC) was established in 2005, to enhance business development in the main street district of Ronceverte RDC utilizes grants, contributions and talents of the town to provide improvement, growth and development for the 1500 or more citizens
 (Grants \$) If this amount includes foreign grants, check here

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

29
 (Grants \$) If this amount includes foreign grants, check here

30
 (Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Rebecca Meriwether Treasurer	5 00	0		
Kathy King Secretary	2 00	0		
Christopher Glover Chairman	0	0		
Sally Baker President	1 90	0		
Allen Withrow Chairman	0	0		
Joe McGraw Chairman	0	0		
Sharon Schaefer Chairman	0	0		
Kim Erskine Chairman	0	0		
Mary Jo Thompson Chairman	0	0		
Tony Benedetto Chairman	0	0		
Sherry McCormick-Hawkins Chairman	0	0		
Kelli Bostic Vice President	2 40	0		

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

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
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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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?
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Kathy King Telephone no (304) 647-4500 Located at 307 Frankford Rd Ronceverte, WV ZIP + 4 24970
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

Yes No

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 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

Yes No

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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

Table with 5 columns: (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. Row 1 contains 'NONE'.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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

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 ***** Signature of officer Rebecca Merwether Treasurer Date 2015-08-27

Paid Preparer Use Only Print/Type preparer's name LAWRENCE J ICKES Preparer's signature Date Check if self-employed PTIN P01229302 Firm's name Lawrence J Ickes CPA AC Firm's EIN Firm's address 201 S Jefferson Street Lewisburg, WV 249011316 Phone no (304) 645-5914

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

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.

2014

**Open to Public
Inspection**

Name of the organization
Ronceverte Development Corporation

Employer identification number

90-0161831

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$659
Other Expenses 1005	Travel \$1719
Other Expenses 1007	Conferences, Conventions, and Meetings \$189
Other Expenses 1012	Insurance \$1932
Other Expenses 1	Contract services \$17824
Other Expenses 2	Office Maintenance \$7424
Other Expenses 3	Utilities \$4333
Other Expenses 4	Cost of Goods Sold \$2622
Other Expenses 5	Bingo Bash \$1854
Other Expenses 6	Supplies \$1062
Other Expenses 7	Telephone \$1059
Other Expenses 8	Super Bowl Party \$770
Other Expenses 10	Member Dues \$435
Other Expenses 11	Other \$423
Other Expenses 12	Refund on Rental \$280
Other Expenses 13	Hanging Baskets \$218
Other Expenses 14	Community Garden \$155
Other Expenses 16	Special Events \$98
Other Expenses 17	Hallow een Parade \$90
Other Expenses 18	Website Development \$83

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 19	Books & Subscriptions \$49
Other Assets 1009	Notes and Loans Receivable - Beginning \$38389 Notes and Loans Receivable - Ending \$44060
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$-336 Accounts Payable and Accrued Expenses - Ending \$-414
Total Liabilities 1	payroll liabilities - Beginning \$5124 payroll liabilities - Ending \$7766