efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492120009198 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 **B** Check if applicable D Employer identification number C Name of organization Advantage Valley Inc ☐ Address change 55-0753467 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 1925 ☐ Final return/terminated (304) 342-6972 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Charleston, WV 25327 F Group Exemption ☐ Application pending Number Check ▶ ☐ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www advantagevalley com **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 100.833 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 23,000 4 4 10 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 123,843 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 131,192 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 3,427 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 11,874 17 Total expenses. Add lines 10 through 16 17 146,493 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -22,650 Net Assets 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 44,647 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 21,997 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	ents in the	<u> </u>	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	The second secon		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
-	detailed description of each activity in Schedule O	. 33		No
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	34		No
	on Schedule O (see instructions)	.		
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		No
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		
	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		No
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		No
	Enter amount of political expenditures, direct or indirect, as described in the instructions	 . ∣		
	Did the organization file Form 1120-POL for this year?	. 37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	. 38a		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			No
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	_		
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	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		
С	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 sections4912, 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		No
	List the states with which a copy of this return is filed 🕨 WV			
42a	The organization's books are in care of ► Susan Graves CPA Telephone no			2
	Located at ► 2102 21st Street Nitro, WV ZIP + 4	2514	+3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	a	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
_				
	If "Yes," enter the name of the foreign country			_
43 9	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			
			Yes	No
44a	 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed inste of Form 990-EZ 	44-		No
h	of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	.		
,	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
C	Did the organization receive any payments for indoor tanning services during the year?	. 44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	. 44d		
45°	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	` ⊢—		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			110
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-		N
	Form 990-EZ (see instructions)	45b		No

	2017)							Page
							Yes	No
	organization engage, directly or indirec tes for public office? If "Yes," complete					46		
	Section 501(c)(3) organization							
<i>A</i>	All section 501(c)(3) organizations Theck if the organization used Schedule	must answer quest O to respond to any q	ions 47-49b and 52 Juestion in this Part VI	, and comple	ete the tab	les for lı 	nes 50 l	and 5 □
	<u> </u>						Yes	No
	organization engage in lobbying activiti	es or have a section 50	D1(h) election in effect	during the ta	x year?			
If "Yes,"	complete Schedule C, Part II					47		
8 Is the or	rganization a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete Sch	edule E		48		
19a 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		
	e this table for the organization's five he hereceived more than \$100,000 of com					s and key	employ	ees)
(a) Na	ame and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Healt	th benefits,		stimated	
		devoted to position	(Forms W-2/1099- MISC)	benefit	s to employ plans, and ompensation		er comp	erisatio
			MISC)	dererred C	ompensation	1		
f Total n	number of other employees paid over \$	100,000			- _	_		
1 Complet	e this table for the organization's five l	nighest compensated in	· · · · · · · · · · · · · · · · · · ·	· · · · s who each re	►_	than \$10	0,000 o	 f
1 Complet	te this table for the organization's five h sation from the organization If there is	nighest compensated in none, enter "None "						
1 Complet	e this table for the organization's five l	nighest compensated in none, enter "None "		who each red		than \$10		
1 Complet	te this table for the organization's five h sation from the organization If there is	nighest compensated in none, enter "None "						
1 Complet	te this table for the organization's five h sation from the organization If there is	nighest compensated in none, enter "None "						
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1 Complet	te this table for the organization's five h sation from the organization If there is	nighest compensated in none, enter "None "						
1 Complet	te this table for the organization's five h sation from the organization If there is	nighest compensated in none, enter "None "						
Complet compens	te this table for the organization's five h sation from the organization If there is	nighest compensated in s none, enter "None " ach independent contr	actor					
d Total n	te this table for the organization's five h sation from the organization. If there is (a) Name and business address of e	ach independent control	\$100,000	(b) Type of				
d Total n	te this table for the organization's five his sation from the organization. If there is (a) Name and business address of e	rs each receiving over:	\$100,000	(b) Type of	service (ensation	— — —
d Total n Complete compens d Total n complete	te this table for the organization's five his sation from the organization. If there is (a) Name and business address of example of the sation from the organization and business address of example organization complete. Schedule A? Note that I have example to the sation of the organization complete organization complete.	rs each receiving over shorted this return, include this return, including the shortest and the shortest area and the shortest and the shortest area and the shortest area.	\$100,000 c)(3) organizations mu	(b) Type of	service (Comp	ensation	No
d Total r Did th complete compens	te this table for the organization's five his sation from the organization. If there is (a) Name and business address of example of the sation from the organization and business address of example organization complete. Schedule A? Note that I have example to the sation of the organization complete organization complete.	rs each receiving over shorted this return, include this return, including the shortest and the shortest area and the shortest and the shortest area and the shortest area.	\$100,000 c)(3) organizations mu	(b) Type of	service (Comp	ensation	No
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d Total n i2 Did th complete complete ign ere	te this table for the organization's five has a complete sation from the organization. If there is a complete sation from the organization of each of the complete schedule A? Name and belief, it is true, correct, and complete edge	rs each receiving over shorted this return, include this return, including the shortest and the shortest area and the shortest and the shortest area and the shortest area.	\$100,000 c)(3) organizations mu	(b) Type of	service (Comp	ensation	No
d Total n i2 Did th complete complete i32 Did th complete complete i4 complete i53 complete i54 complete i55 complete i56 complete i57 complete i58 complete	te this table for the organization's five is sation from the organization. If there is (a) Name and business address of elements of the organization completes schedule A? Neter a schedule	rs each receiving over seach receiving seach receiving over seach receiving seach receiv	\$100,000	(b) Type of substitution (b) Type of substitution (c) Type of substitut	atements, a	Yend to the	ensation	No
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Additional Data

Software ID: Software Version:

EIN: 55-0753467

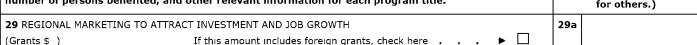
Name: Advantage Valley Inc

Fynancas

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured b	on's program service accomplishments for each of its three largest program y expenses. In a clear and concise manner, describe the services provided, the fited, and other relevant information for each program title.	`(c	quired for section 501)(3) and 501(c)(4) panizations; optional for others.)
	l Development Provided resource and business coaching services to small businesses in nall Business Development Center	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$		

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



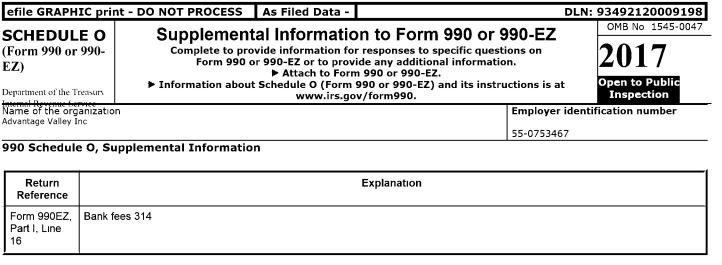
Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)





(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
KELLY GOES President	2 00	0		
CHRISTOPHER SLAUGHTER Vice President	2 00	0		
ANNE BARTH Director	1 00	0		
L ALLEN BURNER Director	1 00	0		
CATHY BURNS Director	1 00	0		
LAYTON COTTRILL Director	1 00	0		
STEVE HEDRICK Director	1 00	0		
DAVE HELMER Director	1 00	0		
CLARENCE MARTIN Director	1 00	0		
LAKE POLAN III Director	1 00	0		
JOHN SMOLAK Director	1 00	0		
MATT WAGNER Director	1 00	0		
CHARLOTTE WEBER Director	1 00	0		
ASHLEY ALFORD Director	1 00	0		
W MARSTON BECKER Director	1 00	0		

orm 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees Ist each one even if not compensated — see the instructions for Part IV) heck 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	
BILL BISSETT Director	1 00	0			
CHRIS FERRO Director	1 00	0			
DAVE LIEVING Director	1 00	0			
MONICA MILLER Director	1 00	0			
WAYNE MORGAN Director	1 00	0			
FRANK MULLENS JR Director	1 00	0			
BRIAN BRUCE Director	1 00	0			



990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Insurance 690 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Meetings 1144 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Supplies 696 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Telephone 357 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Travel 832 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Website 5800 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, | Legal ads 1989 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Miscellaneous 52 Part I, Line