

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Ronceverte Development Corporation
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 307 Frankford Rd
City or town, state or province, country, and ZIP or foreign postal code: Ronceverte, WV 24970

D Employer identification number: 90-0161831
E Telephone number: (304) 647-3140
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)
I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 65,838

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 62,246
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income 3,592
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b 0
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 exceeds \$15,000) 6b 0
c	Less direct expenses from gaming and fundraising events 6c 0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b 0
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 65,838
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10 15,984
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13
14	Occupancy, rent, utilities, and maintenance 14 11,470
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 36,777
17	Total expenses. Add lines 10 through 16 17 64,231
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,607
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) 19 136,989
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 21 138,596

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	54,297	22 8,318
23 Land and buildings	38,373	23 95,000
24 Other assets (describe in Schedule O)	44,319	24 42,495
25 Total assets	136,989	25 145,813
26 Total liabilities (describe in Schedule O).		26 7,217
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	136,989	27 138,596

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

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

28
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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	5 00	0		
Treasurer				
Kathy King	2 00	0		
President				
Gail White	0	0		
Secretary				
Tammy Dotson Rhodes	0	0		
Executive Dir				
Sharon Shaefer	0	0		
Board Member				
Joe McGraw	0	0		
Vice President				

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

Table with columns for question number, question text, and Yes/No response. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

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: 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: 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 2018-08-21 Date
Kathy King Secretary Type or print name and title

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 55-0712853
Firm's address 783 Jefferson Street S Lewisburg, WV 249011316 Phone no (304) 645-5914

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 90-0161831
Name: Ronceverte Development Corporation

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>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 1,500 or more citizens (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization
Ronceverte Development Corporation

Employer identification number

90-0161831

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 4	Donee's Name Misc grants Cash Amount Given \$7534

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 5	Donee's Name City of Ronceverte Cash Amount Given \$6249

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$5152

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$2180

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Contract services \$19090

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Utilities \$5455

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Office \$2797

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Supplies \$1674

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Special Events \$412

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Other \$17

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	LOANS - Beginning \$0 LOANS - Ending \$42495

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	LIABILITIES - Beginning \$0 LIABILITIES - Ending \$7217