

Form 990-EZ

OMB No 1545-0047

2020

Open to Public
InspectionDepartment 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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

2012

A For the 2020 calendar year, or tax year beginning		, 2020, and ending		, 20
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		HATFIELD-MCCOY CONVENTION & VISITOR <small>Number and street (or P O box if mail is not delivered to street address)</small> P O BOX 218 <small>City or town, state or province, country, and ZIP or foreign postal code</small> Logan, WV 25601		26-0310882 <small>Room/suite</small> (304) 752-1324
E Telephone number				F Group Exemption Number ►
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ►				
J Tax-exempt status (check only one) -		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 123,355				
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 <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received			1
	2 Program service revenue including government fees and contracts			2 123,315
	3 Membership dues and assessments			3
	4 Investment income			4 40
	5a 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			6d
	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	
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	
7a 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			9 123,355	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10
	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
	15 Printing, publications, postage, and shipping			15
	16 Other expenses (describe in Schedule O)			16 167,124
	17 Total expenses. Add lines 10 through 16			17 167,124
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)			18 (43,769)
	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)			19 197,998
	20 Other changes in net assets or fund balances (explain in Schedule O)	# 97		20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			21 154,229

For Paperwork Reduction Act Notice, see the separate instructions.
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Form 990-EZ (2020)

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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	197,998	22	154,229
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	197,998	25	154,229
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	197,998	27	154,229

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? **NON PROFIT TOURISM**

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.

Expense:

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

28 NON PROFIT TOURISM

29

If this amount includes foreign grants, check here ►

30

If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O)

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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GLENN YOST	1.00	0	0	0
<u>PRESIDENT</u>	1.00	0	0	0
JOHN FEKETE	1.00	0	0	0
VICE PRESIDENT	1.00	0	0	0
DIANA BARNETTE	1.00	0	0	0
TREASURER	1.00	0	0	0
DEBRINA WILLIAMS	37.5	0	0	0
<u>MANAGING DIRECTOR/SECRETARY</u>				

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 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 on Schedule O. See instructions 34 No

35 a 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 No
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 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

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a No
b Did the organization file Form 1120-POL for this year? 37b No

38 a 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 No
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b No

39 Section 501(c)(7) organizations Enter.
a Initiation fees and capital contributions included on line 9. 39a No
b Gross receipts, included on line 9, for public use of club facilities 39b No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a No, section 4912 40b No; section 4955 40c No
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. 40d No
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 40e No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40f No
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 40g No

41 List the states with which a copy of this return is filed 41 No

42 a The organization's books are in care of 42a No DEBRINA WILLIAMS Telephone no. 42b No 304-752-1324
Located at 42c No P O BOX 218, Logan, WV ZIP + 4 42d No 25601

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)? 42e No
If "Yes," enter the name of the foreign country 42f No
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 the United States? 42g No
If "Yes," enter the name of the foreign country 42h No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here 43 No and enter the amount of tax-exempt interest received or accrued during the tax year 43 No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No
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 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 explanation in Schedule O 44d No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No
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 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

	Yes	No
46		x

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

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

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

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

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."

47		
48		
49a		
49b		

(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

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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	<p>► <u>DEBRINA WILLIAMS</u> Signature of officer</p> <p>► <u>DEBRINA WILLIAMS, Secretary</u> Type or print name and title</p>	Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Harold B Davis		02-26-2021	P01050247	
	Firm's name ► HAROLD B DAVIS CPA	Firm's EIN ►			
	Firm's address ► P O BOX 457				Phone no 304-475-4832
Lenore WV 25676					

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