

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/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <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	C Name of organization <p align="center">Grow Ohio Valley, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1006 Grandview Street City or town, state or province, country, and ZIP or foreign postal code Wheeling WV 26003	D Employer identification number 32-0293018 E Telephone number 304-233-4769 G Gross receipts \$ 1,970,814
F Name and address of principal officer: Daniel Swan 1006 Grandview Street Wheeling WV 26003		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u www.growov.org		L Year of formation: 2009 M State of legal domicile: WV
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To strengthen Ohio Valley communities, families, and residents through growing food, sustainable living, and economic development.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12		0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 542,441	Current Year 1,012,521
	9 Program service revenue (Part VIII, line 2g)	332,834	958,271
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,522	22
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	876,797	1,970,814
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,000	5,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	599,294	785,702
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 581		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	682,960	1,156,022
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,297,254	1,946,724
19 Revenue less expenses. Subtract line 18 from line 12	-420,457	24,090	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 643,140	End of Year 944,072
	21 Total liabilities (Part X, line 26)	540,749	817,590
	22 Net assets or fund balances. Subtract line 21 from line 20	102,391	126,482

Part II Signature Block
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 Daniel Swan	Date	
	Type or print name and title Executive Director		
Paid Preparer Use Only	Print/Type preparer's name Patrick J Felton	Preparer's signature	Date 11/15/21
	Firm's name FeltonCPA a.c.	Check <input type="checkbox"/> if self-employed	PTIN P00504171
	Firm's address 1144 Market St Ste 600 Wheeling, WV 26003-2941	Firm's EIN 55-0723540	Phone no. 304-233-2420

May the IRS discuss this return with the preparer shown above? See instructions Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To strengthen Ohio Valley communities, families, and residents through growing food, sustainable living, and economic development.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **873,853** including grants of \$ **5,000**) (Revenue \$ **289,157**)

Grow Ohio Valley is a nonprofit corporation established to strengthen Ohio Valley communities, families, and residents through growing food, sustainable living, and economic development. It provides residents of low-income neighborhoods with low-cost, healthy organic food while teaching them how to garden for themselves.

4b (Code:) (Expenses \$ **708,561** including grants of \$) (Revenue \$ **669,114**)

Grow Ohio Valley opened the Public Market in October 2019. The Public Market was created with a vision to build new economic opportunities for local farmers by establishing a sustainable, year-round outlet for local food where none exists, and to create a space for community health for all by promoting local and healthy food across the Ohio Valley.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 1,582,414**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	8	
1b	Enter the number of voting members included on line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u** None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **u**
Daniel Swan **1006 Grandview Street** **WV 26003** **304-620-9181**
Wheeling

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kenneth Peralta Co-Founder	40.00 0.00			X				36,923	0	0
(2) Daniel Swan Executive Director	40.00 0.00	X		X				33,303	0	0
(3) Russell Dunkin Director	0.50 0.00	X						0	0	0
(4) Kathleen Durkin Secretary	0.50 0.00	X		X				0	0	0
(5) John Hannig Treasurer	0.50 0.00	X		X				0	0	0
(6) Susan Hogan President	0.50 0.00	X		X				0	0	0
(7) Brian Joseph Director	0.50 0.00	X						0	0	0
(8) David Miller Director	0.50 0.00	X						0	0	0
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							70,226			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							70,226			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,826				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	741,817				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	268,878				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	1,012,521				
				Business Code			
Program Service Revenue	2a Public Market Sales		669,114	669,114			
	b Reimbursed expenditures: Ameri		166,986	166,986			
	c Food/Vegetable Sales - Other		92,348	92,348			
	d Rental Income		16,345	16,345			
	e Immersion Programs		12,950	12,950			
	f All other program service revenue		528	528			
	g Total. Add lines 2a-2f	u	958,271				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	22	22			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents		(i) Real				
			(ii) Personal				
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions	u		1,970,814	958,293	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	730,980	511,686	219,294	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	54,722	38,305	16,417	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,577		6,577	
c Accounting	21,105		21,105	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	33,660	8,857	24,803	
12 Advertising and promotion	42,400	33,455	8,364	581
13 Office expenses	11,950	9,560	2,390	
14 Information technology				
15 Royalties				
16 Occupancy	51,254	42,984	8,270	
17 Travel	11	11		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,930	24,930		
20 Interest	19,586		19,586	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,873	36,698	9,175	
23 Insurance	21,363	17,090	4,273	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Purchases - Public Market	324,576	324,576		
b Cost of Goods Sold	202,071	202,071		
c Consignment Vendor Expens	115,602	115,602		
d Automobile Expenses	44,758	35,806	8,952	
e All other expenses	190,306	175,783	14,523	
25 Total functional expenses. Add lines 1 through 24e	1,946,724	1,582,414	363,729	581
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	138,350	1	423,038
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	59,175	8	44,413
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	800,112		
	b	Less: accumulated depreciation	325,272	10c	474,840
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	103,967	15	1,781
16	Total assets. Add lines 1 through 15 (must equal line 33)	643,140	16	944,072	
Liabilities	17	Accounts payable and accrued expenses	-902	17	
	18	Grants payable		18	
	19	Deferred revenue	81,326	19	287,991
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	122,727
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	460,325	25	406,872
	26	Total liabilities. Add lines 17 through 25	540,749	26	817,590
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	24,181	27	59,772
	28	Net assets with donor restrictions	78,210	28	66,710
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	102,391	32	126,482	
33	Total liabilities and net assets/fund balances	643,140	33	944,072	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,970,814
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,946,724
3	Revenue less expenses. Subtract line 2 from line 1	3	24,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,391
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	126,482

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

Statement 1 - Form 4562. Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
Mobile Market 1995 Chevy Truck & Improvements	7/01/15	100.00	\$ 22,624	\$ 22,624	5.0	200DBHY	\$ 1,975	\$
2008 Mitsubishi Box Truck	9/29/18	100.00	8,500		5.0	200DBHY		
1987 Ford F350 Flatbed Truck	7/11/14	100.00	2,462	2,462	5.0	200DBHY		
Ford F350 Engine Rebuild	10/12/16	100.00	3,500	1,750	5.0	200DBMQ	191	
2003 GMC Yukon	8/31/18	100.00	2,000		5.0	200DBHY		
1989 Ford	3/09/19	100.00	8,000		5.0	200DBHY		
Ford Freestar Minivan	6/17/20	100.00	1,500		5.0	200DBHY		
Total			<u>\$ 48,586</u>	<u>\$ 26,836</u>			<u>\$ 2,166</u>	<u>\$ 0</u>

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Grow Ohio Valley, Inc.

Employer identification number

32-0293018

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	226,253	217,127	733,543	542,441	1,012,521	2,731,885
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	98,541	174,598	315,402	334,356	958,293	1,881,190
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	324,794	391,725	1,048,945	876,797	1,970,814	4,613,075
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,613,075

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	324,794	391,725	1,048,945	876,797	1,970,814	4,613,075
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	324,794	391,725	1,048,945	876,797	1,970,814	4,613,075

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 3b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 5b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 5c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 9b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 9c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 10b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule of Contributors

2020

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization Grow Ohio Valley, Inc.	Employer identification number 32-0293018
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Organization type (check one):

- | Filers of: | Section: |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Grow Ohio Valley, Inc.

Employer identification number

32-0293018

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Various Contributions Under \$5,000 Various Wheeling WV 26003	\$ 9,614	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Hess Family Foundation WesBanco Trust Department Wheeling WV 26003	\$ 40,264	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Congregation of St. Joseph 137 Mount St Joseph Road Wheeling WV 26003	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JB Chambers Memorial Foundation 3 Heiskell Ave Wheeling WV 26003	\$ 42,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Schenk Charitable Trust WesBanco Trust Department Wheeling WV 26003	\$ 54,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Anderson Foundation PO Box 119 197 Briarfield Blvd Maumee OH 43537	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **Grow Ohio Valley, Inc.** Employer identification number **32-0293018**

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Educational Foundation of America 17 Garrison Ldg Garrison NY 10524	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Truist Foundation 303 Peachtree St NE F1 15 Atlanta GA 30308	\$ 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: Grow Ohio Valley, Inc. Employer identification number: 32-0293018

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values and rows 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows for questions 1a, 1b, and 2 regarding art and historical treasures collections.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,718		17,718
b Buildings		414,753	56,634	358,119
c Leasehold improvements		93,729		93,729
d Equipment		273,912	268,638	5,274
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		474,840

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BB&T LOC #2352(2)	200,000
(3) BB&T LOC #2352(6)	190,847
(4) Accrued Wages	15,625
(5) Utility Deposit	300
(6) Prepaid Rent	100
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 406,872

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Grow Ohio Valley, Inc.

Employer identification number

32-0293018

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING AND IS
AVAILABLE TO ANY OF THE BOARD OF DIRECTORS FOR REVIEW.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

BECAUSE OF THE SIZE OF THE ORGANIZATION, THE EXECUTIVE DIRECTOR WOULD BE
AWARE OF ANY SITUATIONS THAT GAVE RISE TO A CONFLICT OF INTEREST.
APPROPRIATE ACTION WOULD BE TAKEN IF NECESSARY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE AND COMPENSATION OF
THE EXECUTIVE DIRECTOR.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE AND COMPENSATION OF
KEY EMPLOYEES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL POLICIES ARE AVAILABLE UPON REQUEST.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rounding	\$	1
Rounding	\$	0
Total	\$	1

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Grow Ohio Valley, Inc.

Identifying number

32-0293018

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	29,843
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	9,148
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		15,718	15.0	HY	150DB	786
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/04/20	12,004	39 yrs.	MM	S/L	38
	Various	120,000	39.0	MM	S/L	2,393

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,666
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	45,874
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with columns (a) through (i) for depreciation and other information. Includes rows 24a through 29 with numerical values like 1,500, 48,586, 26,836, 2,166, 3,666, and 29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) for vehicle information (Vehicle 1 to Vehicle 6) and rows 30 through 36 for mileage and availability questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with rows 37 through 41 for employer questions and Yes/No columns.

Part VI Amortization

Table with columns (a) through (f) for amortization information and rows 42 through 44.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year GDS Property:								
51	Freezer - Public Market	6/11/20	9,287	X	0	7 HY 200DB	0	9,287
52	Produce Open Merchandiser - Public Marke	6/11/20	8,668	X	0	7 HY 200DB	0	8,668
56	60x24 Equipment Barn	8/10/20	4,300	X	0	7 HY 200DB	0	4,300
			<u>22,255</u>		<u>0</u>		<u>0</u>	<u>22,255</u>
10-year GDS Property:								
50	Greenhouse (High Tunnel)	5/18/20	7,588	X	0	10 HY 200DB	0	7,588
			<u>7,588</u>		<u>0</u>		<u>0</u>	<u>7,588</u>
15-year GDS Property:								
53	Rural Farm Driveway	10/29/20	15,718		15,718	15 HY 150DB	0	786
			<u>15,718</u>		<u>15,718</u>		<u>0</u>	<u>786</u>
Non-Residential Real Property:								
48	Public Market Window Tint	11/04/20	12,004		12,004	39 MMS/L	0	38
49	Metal Roof 72-74 15th Street	7/02/20	5,000		5,000	39 MMS/L	0	59
54	Roof - 12th St Garage	3/25/20	115,000		115,000	39 MMS/L	0	2,334
			<u>132,004</u>		<u>132,004</u>		<u>0</u>	<u>2,431</u>
Prior MACRS:								
2	Greenhouse	11/13/14	1,200	X	600	10 HY 200DB	1,023	39
3	Grandview Building	3/01/14	10,000		10,000	39 MMS/L	1,485	256
4	Greenhouse Improvements	12/01/14	4,664	X	2,332	10 HY 200DB	3,976	153
5	Grandview Improvements	12/01/14	7,110		7,110	39 MMS/L	919	183
7	Window Replacement - Grandview	4/01/15	5,275		5,275	39 MMS/L	637	135
8	Grandview Improvements	7/01/15	4,588		4,588	39 MMS/L	525	117
9	Greenhouse Improvements	7/01/15	6,920		6,920	39 MMS/L	791	178
10	Air Conditioner - Grandview	6/12/15	1,094	X	547	7 HY 200DB	972	49
13	High Tower Meadow Greenhouse	4/30/16	36,231		36,231	39 MMS/L	3,445	929
14	Refrigerated Merchandiser	10/16/17	4,490	X	0	7 MQ200DB	4,490	0
15	Vulcan Gas Range with Cabinet Base	12/19/17	3,857	X	0	7 MQ200DB	3,857	0
17	Skidsteer	8/03/18	6,450	X	0	5 HY 200DB	6,450	0
18	Tractor	6/18/18	3,700	X	0	5 HY 200DB	3,700	0
19	74 - 15th Street	11/30/18	48,814		48,814	39 MMS/L	1,408	1,252
20	Greenhouse	9/12/18	9,345	X	0	10 HY 200DB	9,345	0
21	Leasehold Improvements - Public Market	5/31/18	7,920		7,920	39 MMS/L	330	203
23	HVAC Unit - Grandview	6/19/18	5,400		5,400	39 MMS/L	213	139
24	12th Street Garage	2/20/18	100,000		100,000	39 MMS/L	4,808	2,564
25	Range - Public Market	10/14/19	3,370	X	0	7 HY 200DB	3,370	0
26	2 Door Display Freezer	5/16/19	3,217	X	0	7 HY 200DB	3,217	0
27	Public Market Floor Equip	8/30/19	52,168	X	0	7 HY 200DB	52,168	0
28	Public Market Range, Griddle, Fridges	9/17/19	25,430	X	0	7 HY 200DB	25,430	0
29	Outdoor Refrigeration System	9/19/19	5,855	X	0	7 HY 200DB	5,855	0
30	Outdoor Refrigeration System	9/27/19	5,855	X	0	7 HY 200DB	5,855	0
31	Walk-In Freezer	9/30/19	4,009	X	0	7 HY 200DB	4,009	0
32	Walk-In Freezer	9/30/19	7,100	X	0	7 HY 200DB	7,100	0
33	Fire Suppression Equipment	10/11/19	4,488		4,488	39 MMS/L	24	115
34	Windows - 72-74 15th St	9/18/19	5,000		5,000	39 MMS/L	37	129
35	Greenhouse 3	1/14/19	3,075	X	0	10 HY 200DB	3,075	0
36	Greenhouse	6/14/19	3,500	X	0	10 HY 200DB	3,500	0
37	Yurt	8/04/19	19,405		19,405	39 MMS/L	187	497
38	Yurt Platform	9/05/19	12,338		12,338	39 MMS/L	92	317
39	Hood Installation	10/06/19	41,835	X	0	7 HY 200DB	41,835	0
40	Electrical Work - PM	10/31/19	64,417		64,417	39 MMS/L	344	1,652
41	Bulk Food Displays	10/30/19	4,465	X	0	7 HY 200DB	4,465	0
43	Flatbed Trailer	1/20/19	2,660	X	0	5 HY 200DB	2,660	0
44	Ford 4000 Tractor	2/26/19	4,500	X	0	7 HY 200DB	4,500	0
45	Landini Tractor and Rolling Basket	2/26/19	16,000	X	0	7 HY 200DB	16,000	0
47	Deli Construction	12/23/19	9,388		9,388	39 MMS/L	10	241

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			565,133		350,773		232,107	9,148
Other Depreciation:								
6	Land - Greenhouse (2 plots)	3/01/14	2,000		2,000	0 -- Land	0	0
46	POS - Public Market	10/04/19	6,829	X	0	3 MO Amort	6,829	0
Total Other Depreciation			<u>8,829</u>		<u>2,000</u>		<u>6,829</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>8,829</u>		<u>2,000</u>		<u>6,829</u>	<u>0</u>
Listed Property:								
11	Mobile Market 1995 Chevy Truck & Impro	7/01/15	22,624		22,624	5 HY 200DB	16,360	1,975
16	2008 Mitsubishi Box Truck	9/29/18	8,500	X	0	5 HY 200DB	8,500	0
55	Ford Freestar Minivan	6/17/20	1,500	X	0	5 HY 200DB	0	1,500
1	1987 Ford F350 Flatbed Truck	7/11/14	2,462		2,462	5 HY 200DB	2,462	0
12	Ford F350 Engine Rebuild	10/12/16	3,500	X	1,750	5 MQ 200DB	3,141	191
22	2003 GMC Yukon	8/31/18	2,000	X	0	5 HY 200DB	2,000	0
42	1989 Ford	3/09/19	8,000	X	0	5 HY 200DB	8,000	0
			<u>48,586</u>		<u>26,836</u>		<u>40,463</u>	<u>3,666</u>
Grand Totals			800,113		527,331		279,399	45,874
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>800,113</u>		<u>527,331</u>		<u>279,399</u>	<u>45,874</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year GDS Property:								
51	Freezer - Public Market	6/11/20	9,287	X	0	7 HY 200DB	0	9,287
52	Produce Open Merchandiser - Public Marke	6/11/20	8,668	X	0	7 HY 200DB	0	8,668
56	60x24 Equipment Barn	8/10/20	4,300	X	0	7 HY 200DB	0	4,300
			<u>22,255</u>		<u>0</u>		<u>0</u>	<u>22,255</u>
10-year GDS Property:								
50	Greenhouse (High Tunnel)	5/18/20	7,588	X	0	10 HY 200DB	0	7,588
			<u>7,588</u>		<u>0</u>		<u>0</u>	<u>7,588</u>
15-year GDS Property:								
53	Rural Farm Driveway	10/29/20	15,718		15,718	15 HY 150DB	0	786
			<u>15,718</u>		<u>15,718</u>		<u>0</u>	<u>786</u>
Non-Residential Real Property:								
48	Public Market Window Tint	11/04/20	12,004		12,004	39 MMS/L	0	38
49	Metal Roof 72-74 15th Street	7/02/20	5,000		5,000	39 MMS/L	0	59
54	Roof - 12th St Garage	3/25/20	115,000		115,000	39 MMS/L	0	2,334
			<u>132,004</u>		<u>132,004</u>		<u>0</u>	<u>2,431</u>
Prior MACRS:								
2	Greenhouse	11/13/14	1,200	X	600	10 HY 200DB	1,023	39
3	Grandview Building	3/01/14	10,000		10,000	39 MMS/L	1,485	256
4	Greenhouse Improvements	12/01/14	4,664	X	2,332	10 HY S/L	3,615	233
5	Grandview Improvements	12/01/14	7,110		7,110	39 MMS/L	919	183
7	Window Replacement - Grandview	4/01/15	5,275		5,275	39 MMS/L	637	135
8	Grandview Improvements	7/01/15	4,588		4,588	39 MMS/L	525	117
9	Greenhouse Improvements	7/01/15	6,920		6,920	39 MMS/L	791	178
10	Air Conditioner - Grandview	6/12/15	1,094	X	547	7 HY 200DB	972	49
13	High Tower Meadow Greenhouse	4/30/16	36,231		36,231	39 MMS/L	3,445	929
14	Refrigerated Merchandiser	10/16/17	4,490	X	0	7 MQ 200DB	4,490	0
15	Vulcan Gas Range with Cabinet Base	12/19/17	3,857	X	0	7 MQ 200DB	3,857	0
17	Skidsteer	8/03/18	6,450	X	0	5 HY 200DB	6,450	0
18	Tractor	6/18/18	3,700	X	0	5 HY 200DB	3,700	0
19	74 - 15th Street	11/30/18	48,814		48,814	39 MMS/L	1,408	1,252
20	Greenhouse	9/12/18	9,345	X	0	10 HY 200DB	9,345	0
21	Leasehold Improvements - Public Market	5/31/18	7,920		7,920	39 MMS/L	330	203
23	HVAC Unit - Grandview	6/19/18	5,400		5,400	39 MMS/L	213	139
24	12th Street Garage	2/20/18	100,000		100,000	39 MMS/L	4,808	2,564
25	Range - Public Market	10/14/19	3,370	X	0	7 HY 200DB	3,370	0
26	2 Door Display Freezer	5/16/19	3,217	X	0	7 HY 200DB	3,217	0
27	Public Market Floor Equip	8/30/19	52,168	X	0	7 HY 200DB	52,168	0
28	Public Market Range, Griddle, Fridges	9/17/19	25,430	X	0	7 HY 200DB	25,430	0
29	Outdoor Refrigeration System	9/19/19	5,855	X	0	7 HY 200DB	5,855	0
30	Outdoor Refrigeration System	9/27/19	5,855	X	0	7 HY 200DB	5,855	0
31	Walk-In Freezer	9/30/19	4,009	X	0	7 HY 200DB	4,009	0
32	Walk-In Freezer	9/30/19	7,100	X	0	7 HY 200DB	7,100	0
33	Fire Suppression Equipment	10/11/19	4,488		4,488	39 MMS/L	24	115
34	Windows - 72-74 15th St	9/18/19	5,000		5,000	39 MMS/L	37	129
35	Greenhouse 3	1/14/19	3,075	X	0	10 HY 200DB	3,075	0
36	Greenhouse	6/14/19	3,500	X	0	10 HY 200DB	3,500	0
37	Yurt	8/04/19	19,405		19,405	39 MMS/L	187	497
38	Yurt Platform	9/05/19	12,338		12,338	39 MMS/L	92	317
39	Hood Installation	10/06/19	41,835	X	0	7 HY 200DB	41,835	0
40	Electrical Work - PM	10/31/19	64,417		64,417	39 MMS/L	344	1,652
41	Bulk Food Displays	10/30/19	4,465	X	0	7 HY 200DB	4,465	0
43	Flatbed Trailer	1/20/19	2,660	X	0	5 HY 200DB	2,660	0
44	Ford 4000 Tractor	2/26/19	4,500	X	0	7 HY 200DB	4,500	0
45	Landini Tractor and Rolling Basket	2/26/19	16,000	X	0	7 HY 200DB	16,000	0
47	Deli Construction	12/23/19	9,388		9,388	39 MMS/L	10	241

AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			565,133		350,773		231,746	9,228
Other Depreciation:								
6	Land - Greenhouse (2 plots)	3/01/14	0		0	0 HY	0	0
Total Other Depreciation			0		0		0	0
Total ACRS and Other Depreciation			0		0		0	0
Listed Property:								
11	Mobile Market 1995 Chevy Truck & Impro	7/01/15	22,624		22,624	5 HY 150DB	16,294	1,975
16	2008 Mitsubishi Box Truck	9/29/18	8,500	X	0	5 HY 200DB	8,500	0
55	Ford Freestar Minivan	6/17/20	1,500	X	0	5 HY 200DB	0	1,500
1	1987 Ford F350 Flatbed Truck	7/11/14	2,462		2,462	5 HY 150DB	2,462	0
12	Ford F350 Engine Rebuild	10/12/16	3,500	X	1,750	5 MQ200DB	3,141	191
22	2003 GMC Yukon	8/31/18	2,000	X	0	5 HY 200DB	2,000	0
42	1989 Ford	3/09/19	8,000	X	0	5 HY 200DB	8,000	0
			48,586		26,836		40,397	3,666
Grand Totals			791,284		525,331		272,143	45,954
Less: Dispositions and Transfers			0		0		0	0
Net Grand Totals			791,284		525,331		272,143	45,954

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	Greenhouse	11/13/14	1,200		0	0	600	600
4	Greenhouse Improvements	12/01/14	4,664		0	0	2,332	2,332
10	Air Conditioner - Grandview	6/12/15	1,094		0	0	547	547
12	Ford F350 Engine Rebuild	10/12/16	3,500	100	0	0	1,750	1,750
14	Refrigerated Merchandiser	10/16/17	4,490		0	0	4,490	0
15	Vulcan Gas Range with Cabinet Base	12/19/17	3,857		0	0	3,857	0
16	2008 Mitsubishi Box Truck	9/29/18	8,500	100	0	0	8,500	0
17	Skidsteer	8/03/18	6,450		0	0	6,450	0
18	Tractor	6/18/18	3,700		0	0	3,700	0
20	Greenhouse	9/12/18	9,345		0	0	9,345	0
21	Leasehold Improvements - Public Market	5/31/18	7,920		0	0	0	7,920
22	2003 GMC Yukon	8/31/18	2,000	100	0	0	2,000	0
25	Range - Public Market	10/14/19	3,370		0	0	3,370	0
26	2 Door Display Freezer	5/16/19	3,217		0	0	3,217	0
27	Public Market Floor Equip	8/30/19	52,168		0	0	52,168	0
28	Public Market Range, Griddle, Fridges	9/17/19	25,430		0	0	25,430	0
29	Outdoor Refrigeration System	9/19/19	5,855		0	0	5,855	0
30	Outdoor Refrigeration System	9/27/19	5,855		0	0	5,855	0
31	Walk-In Freezer	9/30/19	4,009		0	0	4,009	0
32	Walk-In Freezer	9/30/19	7,100		0	0	7,100	0
35	Greenhouse 3	1/14/19	3,075		0	0	3,075	0
36	Greenhouse	6/14/19	3,500		0	0	3,500	0
39	Hood Installation	10/06/19	41,835		0	0	41,835	0
41	Bulk Food Displays	10/30/19	4,465		0	0	4,465	0
42	1989 Ford	3/09/19	8,000	100	0	0	8,000	0
43	Flatbed Trailer	1/20/19	2,660		0	0	2,660	0
44	Ford 4000 Tractor	2/26/19	4,500		0	0	4,500	0
45	Landini Tractor and Rolling Basket	2/26/19	16,000		0	0	16,000	0
46	POS - Public Market	10/04/19	6,829		0	0	6,829	0
50	Greenhouse (High Tunnel)	5/18/20	7,588		0	7,588	0	0
51	Freezer - Public Market	6/11/20	9,287		0	9,287	0	0
52	Produce Open Merchandiser - Public Market	6/11/20	8,668		0	8,668	0	0
55	Ford Freestar Minivan	6/17/20	1,500	100	0	1,500	0	0
56	60x24 Equipment Barn	8/10/20	4,300		0	4,300	0	0
	Grand Total		<u>285,931</u>		<u>0</u>	<u>31,343</u>	<u>241,439</u>	<u>13,149</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	1987 Ford F350 Flatbed Truck	0	0	0
Page 1	1	2	Greenhouse	39	39	0
Page 1	1	3	Grandview Building	256	256	0
Page 1	1	4	Greenhouse Improvements	153	233	-80
Page 1	1	5	Grandview Improvements	183	183	0
Page 1	1	7	Window Replacement - Grandview	135	135	0
Page 1	1	8	Grandview Improvements	117	117	0
Page 1	1	9	Greenhouse Improvements	178	178	0
Page 1	1	10	Air Conditioner - Grandview	49	49	0
Page 1	1	11	Mobile Market 1995 Chevy Truck & Improveme	1,975	1,975	0
Page 1	1	12	Ford F350 Engine Rebuild	191	191	0
Page 1	1	13	High Tower Meadow Greenhouse	929	929	0
Page 1	1	14	Refrigerated Merchandiser	0	0	0
Page 1	1	15	Vulcan Gas Range with Cabinet Base	0	0	0
Page 1	1	16	2008 Mitsubishi Box Truck	0	0	0
Page 1	1	17	Skidsteer	0	0	0
Page 1	1	18	Tractor	0	0	0
Page 1	1	19	74 - 15th Street	1,252	1,252	0
Page 1	1	20	Greenhouse	0	0	0
Page 1	1	21	Leasehold Improvements - Public Market	203	203	0
Page 1	1	22	2003 GMC Yukon	0	0	0
Page 1	1	23	HVAC Unit - Grandview	139	139	0
Page 1	1	24	12th Street Garage	2,564	2,564	0
Page 1	1	25	Range - Public Market	0	0	0
Page 1	1	26	2 Door Display Freezer	0	0	0
Page 1	1	27	Public Market Floor Equip	0	0	0
Page 1	1	28	Public Market Range, Griddle, Fridges	0	0	0
Page 1	1	29	Outdoor Refrigeration System	0	0	0
Page 1	1	30	Outdoor Refrigeration System	0	0	0
Page 1	1	31	Walk-In Freezer	0	0	0
Page 1	1	32	Walk-In Freezer	0	0	0
Page 1	1	33	Fire Suppression Equipment	115	115	0
Page 1	1	34	Windows - 72-74 15th St	129	129	0
Page 1	1	35	Greenhouse 3	0	0	0
Page 1	1	36	Greenhouse	0	0	0
Page 1	1	37	Yurt	497	497	0
Page 1	1	38	Yurt Platform	317	317	0
Page 1	1	39	Hood Installation	0	0	0
Page 1	1	40	Electrical Work - PM	1,652	1,652	0
Page 1	1	41	Bulk Food Displays	0	0	0
Page 1	1	42	1989 Ford	0	0	0
Page 1	1	43	Flatbed Trailer	0	0	0
Page 1	1	44	Ford 4000 Tractor	0	0	0
Page 1	1	45	Landini Tractor and Rolling Basket	0	0	0
Page 1	1	47	Deli Construction	241	241	0
Page 1	1	48	Public Market Window Tint	38	38	0
Page 1	1	49	Metal Roof 72-74 15th Street	59	59	0
Page 1	1	50	Greenhouse (High Tunnel)	7,588	7,588	0
Page 1	1	51	Freezer - Public Market	9,287	9,287	0
Page 1	1	52	Produce Open Merchandiser - Public Market	8,668	8,668	0
Page 1	1	53	Rural Farm Driveway	786	786	0
Page 1	1	54	Roof - 12th St Garage	2,334	2,334	0
Page 1	1	55	Ford Freestar Minivan	1,500	1,500	0
Page 1	1	56	60x24 Equipment Barn	4,300	4,300	0
				<u>45,874</u>	<u>45,954</u>	<u>-80</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	Greenhouse	11/13/14	1,200	40	40
3	Grandview Building	3/01/14	10,000	257	257
4	Greenhouse Improvements	12/01/14	4,664	153	233
5	Grandview Improvements	12/01/14	7,110	182	182
7	Window Replacement - Grandview	4/01/15	5,275	135	135
8	Grandview Improvements	7/01/15	4,588	118	118
9	Greenhouse Improvements	7/01/15	6,920	177	177
10	Air Conditioner - Grandview	6/12/15	1,094	48	48
13	High Tower Meadow Greenhouse	4/30/16	36,231	929	929
14	Refrigerated Merchandiser	10/16/17	4,490	0	0
15	Vulcan Gas Range with Cabinet Base	12/19/17	3,857	0	0
17	Skidsteer	8/03/18	6,450	0	0
18	Tractor	6/18/18	3,700	0	0
19	74 - 15th Street	11/30/18	48,814	1,251	1,251
20	Greenhouse	9/12/18	9,345	0	0
21	Leasehold Improvements - Public Market	5/31/18	7,920	203	203
23	HVAC Unit - Grandview	6/19/18	5,400	138	138
24	12th Street Garage	2/20/18	100,000	2,564	2,564
25	Range - Public Market	10/14/19	3,370	0	0
26	2 Door Display Freezer	5/16/19	3,217	0	0
27	Public Market Floor Equip	8/30/19	52,168	0	0
28	Public Market Range, Griddle, Fridges	9/17/19	25,430	0	0
29	Outdoor Refrigeration System	9/19/19	5,855	0	0
30	Outdoor Refrigeration System	9/27/19	5,855	0	0
31	Walk-In Freezer	9/30/19	4,009	0	0
32	Walk-In Freezer	9/30/19	7,100	0	0
33	Fire Suppression Equipment	10/11/19	4,488	115	115
34	Windows - 72-74 15th St	9/18/19	5,000	128	128
35	Greenhouse 3	1/14/19	3,075	0	0
36	Greenhouse	6/14/19	3,500	0	0
37	Yurt	8/04/19	19,405	498	498
38	Yurt Platform	9/05/19	12,338	316	316
39	Hood Installation	10/06/19	41,835	0	0
40	Electrical Work - PM	10/31/19	64,417	1,652	1,652
41	Bulk Food Displays	10/30/19	4,465	0	0
43	Flatbed Trailer	1/20/19	2,660	0	0
44	Ford 4000 Tractor	2/26/19	4,500	0	0
45	Landini Tractor and Rolling Basket	2/26/19	16,000	0	0
47	Deli Construction	12/23/19	9,388	240	240
48	Public Market Window Tint	11/04/20	12,004	308	308
49	Metal Roof 72-74 15th Street	7/02/20	5,000	128	128
50	Greenhouse (High Tunnel)	5/18/20	7,588	0	0
51	Freezer - Public Market	6/11/20	9,287	0	0
52	Produce Open Merchandiser - Public Market	6/11/20	8,668	0	0
53	Rural Farm Driveway	10/29/20	15,718	1,493	1,493
54	Roof - 12th St Garage	3/25/20	115,000	2,949	2,949
56	60x24 Equipment Barn	8/10/20	4,300	0	0
			<u>742,698</u>	<u>14,022</u>	<u>14,102</u>

Other Depreciation:

6	Land - Greenhouse (2 plots)	3/01/14	2,000	0	0
46	POS - Public Market	10/04/19	6,829	0	0
	Total Other Depreciation		<u>8,829</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>8,829</u>	<u>0</u>	<u>0</u>

Listed Property:

11	Mobile Market 1995 Chevy Truck & Improveme	7/01/15	22,624	1,975	1,975
16	2008 Mitsubishi Box Truck	9/29/18	8,500	0	0
55	Ford Freestar Minivan	6/17/20	1,500	0	0
1	1987 Ford F350 Flatbed Truck	7/11/14	2,462	0	0
12	Ford F350 Engine Rebuild	10/12/16	3,500	168	168

Future Depreciation Report FYE: 12/31/21
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
22	2003 GMC Yukon	8/31/18	2,000	0	0
42	1989 Ford	3/09/19	8,000	0	0
			<u>48,586</u>	<u>2,143</u>	<u>2,143</u>
	Grand Totals		<u>800,113</u>	<u>16,165</u>	<u>16,245</u>

For calendar year 2020, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

Grow Ohio Valley, Inc.**32-0293018**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	317,039	268,878	-48,161
	2. Membership dues and assessments	22,492	1,826	-20,666
	3. Government contributions and grants	202,910	741,817	538,907
	4. Program service revenue	332,834	958,271	625,437
	5. Investment income	1,522	22	-1,500
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	876,797	1,970,814	1,094,017
Expenses	13. Grants and similar amounts paid	15,000	5,000	-10,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	599,294	785,702	186,408
	17. Professional fundraising fees			
	18. Other professional fees	39,531	61,342	21,811
	19. Occupancy, rent, utilities, and maintenance	45,311	51,254	5,943
	20. Depreciation and Depletion	207,138	45,873	-161,265
	21. Other expenses	390,980	997,553	606,573
	22. Total expenses. Add lines 13 through 21	1,297,254	1,946,724	649,470
	23. Excess or (Deficit). Subtract line 22 from line 12	-420,457	24,090	444,547
Other Information	24. Total exempt revenue	876,797	1,970,814	1,094,017
	25. Total unrelated revenue			
	26. Total excludable revenue	334,356	958,293	623,937
	27. Total assets	643,140	944,072	300,932
	28. Total liabilities	540,749	817,590	276,841
	29. Retained earnings	102,391	126,482	24,091
	30. Number of voting members of governing body	8	8	
	31. Number of independent voting members of governing body	6	6	
	32. Number of employees	48	48	
	33. Number of volunteers	25	25	

Form **990****Tax Return History****2020**

Name

Grow Ohio Valley, Inc.

Employer Identification Number

32-0293018

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	226,253	217,127	732,543	519,949	1,010,695	
Membership dues			1,000	22,492	1,826	
Program service revenue	98,541	174,598	313,324	332,834	958,271	
Capital gain or loss						
Investment income			2,078	1,522	22	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	324,794	391,725	1,048,945	876,797	1,970,814	
Grants and similar amounts paid				15,000	5,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	130,690	235,099	381,069	599,294	785,702	
Professional fees	1,890	5,723	11,569	39,531	61,342	
Occupancy costs	6,566	6,944	17,873	45,311	51,254	
Depreciation and depletion	9,993	14,878	37,391	207,138	45,873	
Other expenses	115,201	174,309	179,602	390,980	997,553	
Total expenses	264,340	436,953	627,504	1,297,254	1,946,724	
Excess or (Deficit)	60,454	-45,228	421,441	-420,457	24,090	
Total exempt revenue	324,794	391,725	1,048,945	876,797	1,970,814	
Total unrelated revenue						
Total excludable revenue	98,541	174,598	315,402	334,356	958,293	
Total Assets	155,424	191,877	671,414	643,140	944,072	
Total Liabilities	8,792	90,470	148,566	540,749	817,590	
Net Fund Balances	146,632	101,407	522,848	102,391	126,482	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income - 12th St Gar	\$ 22					
Total	<u>\$ 22</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Taxes & Licenses	\$ 16,591	\$	\$ 16,591	\$
Bank Service Charges	1,109		1,109	
Merchant Account Fees	3	2	1	
Payroll Fees	2,091	1,673	418	
Credit Card Fees	8,978	7,182	1,796	
Other Prof. Fees - Arch	4,888		4,888	
Total	\$ 33,660	\$ 8,857	\$ 24,803	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	\$ 42,831	\$ 42,831	\$	\$
Tools & Equipment	29,181	29,181		
Farm/Production Supplies	16,841	16,841		
Inventory Contra Account	15,715	15,715		
Construction Materials	15,111	15,111		
Repairs & Maintenance	11,885	9,508	2,377	
Laundry Services	11,602	11,602		
Kitchen Supplies	11,089	11,089		
SNAP Program Expenses	10,000	10,000		
Automobile Expenses - Fuel	9,208	7,366	1,842	
Dues & Subscriptions	5,802		5,802	
Equipment	2,836	2,836		
Miscellaneous Expenses	2,423		2,423	
Merchandising & Display	1,948	1,948		
Hauling	1,619	1,619		
Working Meals	1,330		1,330	
Contributions & Donations	500		500	
Meals & Entertainment	249		249	
AmeriCorps	136	136		
Total	\$ 190,306	\$ 175,783	\$ 14,523	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Public Market Memberships	\$ 1,826
ARC Reimbursement Grant	394,577
Grant Revenue	97,241
Try This Dinner in a SNAP	320
CARES Act Reimbursements	114,198
Grants:Benedum Foundation	75,481
Grants - SHPO	60,000
Various Contributions Under \$5,000	
Cash Contribution	9,614
Hess Family Foundation	
Cash Contribution	40,264
Congregation of St. Joseph	
Cash Contribution	25,000
JB Chambers Memorial Foundation	
Cash Contribution	42,000
Schenk Charitable Trust	
Cash Contribution	54,000
Anderson Foundation	
Cash Contribution	5,000
Educational Foundation of America	
Cash Contribution	70,000
Truist Foundation	
Cash Contribution	23,000
Total	<u>\$ 1,012,521</u>

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
Immersion Programs	\$ 12,950
Miscellaneous Income	528
Food/Vegetable Sales - Other	92,348
Reimbursed expenditures: Ameri	166,986
Rental Income	16,345
WV Dept of Agriculture - Orch	
US Dept of Agriculture	
Public Market Sales	669,114
Interest Income - 12th St Gar	22
Total	<u>\$ 958,293</u>