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· P	att III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	To support communities in West Virginia with their efforts to experience purposeful, self-directed development respe	ctful of
	local culture and values	
2	Did the organization undertake any significant program services during the year which were not listed on	, D.,
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	es X No
3		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
	If "Yes," describe these changes on Schedule O	es 📉 NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense	- c
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
	, , , , , , , , , , , , , , , , , , ,	
4a	(Code) (Expenses \$ 248,945 including grants of \$ 0) (Revenue \$	0)
	Provide support to public / private resources to community based	
	nonprofits that seek to promote the economic well being of individuals	
	families, communities, and environment through economic	
	development projects	

	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	
40		
	/Code	
4C	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 248,945	

Part IV						
	(''''		~ # D		Cabadiilia	
	1.1100	CHC.	/NI PC	emmren	SCHEMINE	
	911001	11136	~	cuuncu	Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	2	Α
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		THE SECOND	
•	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? If "Yes," complete Schedule D, Part VII		調が	
•	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? If "Yes," complete Schedule D, Part VIII		No.	
•	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? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
2	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Rart X			
2A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	12		
1		441	N. A.	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ <u>X</u> _
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14a 14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_^ _X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
8	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
	If "Yes," complete Schedule G, Part III	19		_X_
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Form 990 (2009) West Virginia Community Development Hub, Inc Part V 'Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	 		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines]
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N	A
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	N	A
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N	7
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	0.0		
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		,1	<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			-, '
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		~	
.	conservation.contributions? If "Yes," complete_Schedule M	- 30 -		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
Ü-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	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? If "Yes," complete Schedule R, Part	_		
	VI	37		_X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2009)
		roim	J J U	(ZUU9)

Page 5

		022399		age 6
På	'Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges ın		
	Schedule O See instructions			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15		1	7/12 v
b	Enter the number of voting members that are independent 1b 15	-		, 、
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		r
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		1. 1
Ü	the year by the following	,		5
а	The governing body?	8a	χ̈́	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	05		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal		L	L
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N	A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	<u> </u>	• · · ·
• •	form?	11	×	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7-11	,	-
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Does, the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	-	٠٠٠.
42	describe in Schedule O how this is done	.12c	X	
13	Does the organization have a written whistleblower policy?	13	X	 -
14	Does the organization have a written document retention and destruction policy?	14	X	77
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?	77	1	71
-	The organization's CEO, Executive Director, or top management official	15a	X .	
a b	Other officers or key employees of the organization	15b	$\frac{\lambda}{X}$	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	- ^-	·
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	(i)		-17
ou	with a taxable entity during the year?	: 16a		,
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	,	,
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	-7.	_	יי',
	the organization's exempt status with respect to such arrangements?	16b	Ŋ	A
Sect	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ► WV			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	only)		
	available for public inspection. Indicate how you make these available. Check all that apply	• •		
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the second	est		
	policy, and financial statements available to the public			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Kent Spellman (304) 566-7332

301 Water Street, Stonewood, WV 26301-4648

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title Average hours per week Average hours per week Position (check all that apply) Or in institutional Irus lee organization (W-2/1099-MISC) Jean Ambrose Board Chair Joseph Barker Vice-Chair Leroy Conner Director Shannon Cunningham Director Average hours per week Average hours per week Position (check all that apply) Or in institution (check all that apply) Reportable compensation from elated compensation from related organization (W-2/1099-MISC) Reportable compensation from elated organization (W-2/1099-MISC) Average hours per week Position (check all that apply) Or in institutional in institutional in institutional in institution in institu	of ation se tion ted
Avoirs per week Name and fine Avoirs per week Nours per week Nou	of ation se tion ted
Board Chair 4 X 0 0 Joseph Barker Vice-Chair 4 X 0 0 Leroy Conner 0 0 0 0 Director 2 X 0 0 Shannon Cunningham 0 0 0	
Vice-Chair 4 X 0 0 Leroy Conner 2 X 0 0 Director 2 X 0 0 Shannon Cunningham 0 0 0	0
Director 2 X 0 0 Shannon Cunningham	0
	0
	0
Michelle Foster Director 2 X	0
David Rogers - <t< td=""><td>0</td></t<>	0
Doug Arbogast Director 2 X 0 0	0
Sandy Burky Director 2 X 0 0	0
Jim Cooper Director 2 X 0 0	0
Stacle Del 2 X 0 0	0
Reta Griffith Director 2 X 0 0	0
Laura Rye Secretary 4 X 0 0	0
Norm Schwertfeger Director 2 X 0 0	0
Renee Verbanic Director 2 X 0 0	0
Geary Weir Director 2 X 0 0	_0
Kent Spellman Executive Director 40 X 39,600 0	0

Section A Officers, Directors, Tru (A)		(B)	ipios	rees		<u>ս ուջ</u> C)	jnes	i Co	(D)	(E)	inue			
	Name and title	Average	Po	sition	(chec	k all t	hat ap	ply)	Reportable	Reportable		Estimated		
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		amour othe compens from t organiza and rela organiza	r sation he ation ated	
												·		
										· · · ·				
			_											
												-		
<u>1b</u>	Total										0 ,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	0	
2	Total number of individuals (including but no reportable compensation from the organization)		e list		bove 0	:)-wh	o re	ceive	ed more than \$1	00,000 in -		•		
3	Did the organization list any former officer, of	director or truste	e, ke	ey er	olan	vee.	or hi	ahes	st compensated	Γ	٠, ٠	Yes	No	
	employee on line 1a? If "Yes," complete Sch	edule J for suci	h ındı	vidu	al			-	·		3	******	<u>X</u> _	
4	For any individual listed on line 1a, is the sur the organization and related organizations gi individual										. 4	. <u> </u>	X	
5	Did any person listed on line 1a receive or ac services rendered to the organization? If "Ye								ganization for		5		` x	
Sec	tion B Independent Contractors						·							
1	Complete this table for your five highest comcompensation from the organization	pensated indep	ende	ent c	ontra	ctor	s tha	at red	ceived more that	n \$100,000 o	f	-		
	(A) Name and business ad	dress		-					(B) Description of serv	ices	Compe	(C) nsation		
													0	
													0	
													0	
2	Total number of independent contractors (incomore than \$100,000 in compensation from the			d to	those	e list	ed a	bove	e) who received		, .		0	

4	Describe in Part XIV the intended uses of	f the organization's en	dowment funds		
Part	VI Investments—Land, Building	s, and Equipment.	See Form 990, Pa	rt X, line 10	<u></u>
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	. 0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	5,693	5,693	0
е	Other	0	0	0	0
Tota	I Add lines 1a through 1e (Column (d) mi	ust equal Form 990, Pa	art X, column (B), lin	ne 10(c))	0

Part VII &	Investments—Other Securitie	es. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
Financial de		0		
	l equity interests	0		
Other	***************************************	0		· · · · · · · · · · · · · · · · · · ·
		0		
		0	·	
		0		
		0		
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		0 0		
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		0		
Total (Column (b)	must equal Form 990, Part X, col (B) line 12)	• 0		1. 1. 1. 1. 1. 1.
Part VIII	Investments—Program Relate	_ 		
	(a) Description of investment type	(b) Book value	(c) Method of val	
		0		·····
		0		
		0		
		0		
		0		
		0		
		0		<u> </u>
		0		
		. 0		
		0		
	must equal Form 990, Part / col (B) line 13)	0		
Part IX	Other Assets. See Form 990, F			1
		(a) Description		(b) Book value
				0
				0 0
				0
 	Pagerg Carlot and Statement Company			0
				0
		·.		0
				0
				0
				0
Total. (Colum	nn (b) must equal Form 990, Part X,	col (B) line 15)		0
Part X	Other Liabilities. See Form 99	0, Part X, line 25		
1	(a) Description of liability	(b) Amount		
Federal incor	me taxes		0	
			<u> </u>	
			<u> </u>	
-			0	The state of the s
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			0	
			0	
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T . I . (O . / / I .	must equal Form 990, Part X, col. (B) line 25.)	 	- 	700

SCHEDULE O (Form 999)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information

► Attach to Form 990

s on	2009
	Open to Public
	Inspection
Employer identif	fication number

OMB No 1545-0047

20-0022399 West Virginia Community Development Hub, Inc. Form 990 Part VI Section A Line 10 The Form 990 is reviewed by the Executive Director and members of the Executive Committee of the Board of Directors prior to signing and filing Form 990 Part VI Section B Line 12C Annually, the conflict of interest policy is distributed and explained to all Board members. Prior to each vote, Board members are asked to dislose conflicts of interest. For each conflict disclosed to the President, the President will determine what action is necessary. At the very least, the Board member with a conflict must recuse themself from discussion and voting on the matter at hand. Some conflicts might result in the necessity for the Board member to resign their position on the Board of Directors. The Organization's Executive Director will monitor proposed and on-going transactions for conflicts of interest and disclose them to the President in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred Form 990 Part VI Section B Line 15 The Executive Committee performs a yearly evaluation of the Executive Director and if the Agency's financial condition allows makes recommendations for salary increases based on amounts paid to Executives of similar organizations. The Executive Committee's decisions are documented in minutes that are kept on file. The Executive Director evaluates all other employees and makes recommendation to the Board of Directors regarding salary and compensation based upon comparable positions in similar organizations. The Organization leases its employees from a personnel firm (EIN Resources, LLC) who provides personnel management, benfits management and payment and filing of payroll tax returns EIN Resources, LLC utilizes the HUB's personnel policies as approved by the Board of Directors and pays the employees based upon the amounts authorized by the HUB's Board Form 990 Part VI Section C Line 19 The Organization makes its Form 990 and Form 1023 available upon request at its office in Stonewood. At some future date, the HUB may make the Form 990 available on its website Form 990 Part VII Section A Line 1A The Organization leases its employees from an unrelated personnel management group (EIN Resources, LLC) This management group customizes its

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
West Virginia Community Development Hub, Inc	20-0022399
personnel policies for all of their employees who are leased by the HUB to comply with the	
policies and procedures established by the HUB's Board of Directors. In addition, the HUB's	
Board of Directors sets pay rates for all of the employees it leases from EIN Resources LLC	
	uyu kwa a a kwa a na na na naya twa a na na na na na tao ga na g

art X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

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		Ending	Balancr																				
2,455		Beginning	Balance	2,455	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0		Disposals/	Adjustments																				
5,693	Ending	Accumulated	Depreciation	5,693																			
3,238	Beginning		Depreciation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5,693		Cost/Other	Basis	5,693	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Check If	Asset	Disposed			!													!				2
	Check If	Investment	Asset		1		!	:			: : :			. !	1						1		
			Other								ł -		,		•	! :		1		1	 		
			Equipment	×			 	: 		•	! !												
	Leasehold	Improve-	ments					1 i			 		: . : !	- !									
			Buildings			1							,										
			Land					:		1	! !]	 		
			Category or Item	Furniture and equipment																			
				-	7	<u>က</u>	4	ß	ω	7	ω	၈	2	Ξ	12	13	4	15	19	17	8	19	있

Form	8868 (Rev. 4-2009)			Page 2	
Note	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chere. Only complete Part II if you have already been granted an automatic 3-month extension on a previous you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		rm 8868	▶ X	
Pai		ies neede	d)		
Туре	or Name of Exempt Organization Em	Employer identification number			
print	West Virginia Community Development Hub, Inc 20-0	20-0022399			
File by	the Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only			
extenda due da	e for 301 Water Street				
filing th	1 only, town or post office, state, and 211 code i of a foreign address, see instructions	and the state of the state of			
instruct	ons Stonewood WV 26301-4648	<u> </u>	''''	<u> </u>	
Che	ck type of return to be filed (File a separate application for each return)	_			
X	m 990		Form 6069		
	orm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form 8870		
	Form 990-EZ Form 990-T (trust other than above) Form 5227				
STOR	Do not complete Part II if you were not already granted an automatic 3-month extension on a previously f	iled Form 88	 368.		
	ne books are in the care of Kent Spillman 301 Water Street Clarksburg WV 26301				
	elephone No ► (304) 566-7332 FAX No ►				
	the organization does not have an office or place of business in the United States, check this box	••		▶□	
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this	ıs	
	e whole group, check this box If it is for part of the group, check this box	▶ an	d attacl	ı a	
	th the names and EINs of all members the extension is for				
4	request an additional 3-month extension of time until 11/15/2010				
5	For calendar year 2009 , or other tax year beginning , and ending	J			
6	If this tax year is for less than 12 months, check reason I Initial return Final return Cha	ange in acco	ounting	period	
7					
	and file an accurate return. The Agency is undergoing its first financial audit which is not complete a			S	
	needed to file a complete and accurate return				
8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		_		
	less any nonrefundable credits. See instructions	8a	\$		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any	8b	\$		
_	amount paid previously with Form 8868	00	Ψ		
С	Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System). See instructions	8ć	s -	- r	

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature and Verification

Signature >

Title -

Date -Form **8868** (Rev 4-2009)