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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2009
Open to Public a

AI	or the	e 2009 calendar year, or tax year beginning and ending					
В	heck if	Please C Name of organization	D Employer identific	cation number			
_	Addre						
一	Name	type	<del></del>	706467			
Ē	]Initial ]retum	See Number and street (or P.O. box if mail is not delivered to street address) Room/si					
	Terminated	Specific 4302 Crede Drive		965-2241			
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	598547.			
L_	Application pendle		H(a) Is this a group re				
	•	F Name and address of principal officer.  Same As C Above	for affiliates?	Yes X No			
	- OV OV	empt status:	H(b) Are all affiliates incl				
		te: http://www.communityworkswv.org	H(c) Group exemption	list. (see instructions)			
			ear of formation: 1991 M				
	rt I	Summary					
_		Briefly describe the organization's mission or most significant activities. "To deli					
Activities & Governance		through a network of member organizations th					
ērn	F	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	_			
ĝ		Number of voting members of the governing body (Part VI, line 1a)	3	8			
න් ග		Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a)	4	<u>0</u>			
iţie		Total number of employees (Fart V, line 2a)  Total number of volunteers (estimate if necessary)	5				
Çţ		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
⋖		Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
			Prior Year	Current Year			
9	8	Contributions and grants (Part VIII, line 1h)	357000.	503530.			
Revenue		Program service revenue (Part VIII, line 2g)	159948.	95017.			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.257				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9257. 526205.	598547.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)	320203.	3,70347.			
		Benefits paid to or for members (Part IX, column (A), line 4)					
Š		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	159053.	175672.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					
×	b	Total fundraising expenses (Part IX, column (D), line 25)	у р. 4				
щ	17	Other expenses (Part IX, column (A), lines 11a 11d, RECEIVED	271373.	378390.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)	430426.	554062.			
<u>_ 8</u>	19	Hevenue less expenses Subtract line 18 from the 12	95779.	44485.			
Net Assets or und Balances	20		Beginning of Current Year 2221522.	End of Year 2489054.			
Ass		Total liabilities (Part X, line 16)	200180.	423227.			
誓		Net assets or fund balances. Subtract line 2	2021342.	2065827.			
Pa	rt II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other thap officer is based on all information of which preparer has any knowle	nts, and to the best of my knowledg	ge and belief, it is true, correct,			
		m the	. 0/10	10010			
Sıgı		( Jasex ) Reens	8/13	12010			
Her	е	Signature of officer () Q Keeping Transfer of the signature of officer () Q Keeping Transfer of the signature of officer () and the signature of officer () an	Date				
		Type or print hame and title	Director				
_		Preparer's Date	Check if Prepare	er's identifying number			
Paid		signature 8.13.10	self- employed ▶ (see ins	tructions)			
	Preparer's Firm's name (or AAL, P.C CPAs  Use Only yours it  EIN > 54-1536149						
U38	only	self-employed), 8230 Old Courthouse Rd, Suite 210					
		ZP+4 Vienna, VA 22182	Phone no. ► 7	038939644			
		3S discuss this return with the preparer shown above? (see instructions)		Yes No			
9320	01 02-0		instructions.	Form <b>990</b> (2009)			
	5	ee Schedule O for Organization Mission State	ment Continua	tion c			

		ge <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: See Schedule O for Continuation	
	"To deliver housing solutions through a network of member	
	organizations that provide housing for families throughout West	
	Virginia." In fulfilling this mission, Community Works supports the	
	success of its members by offering training, technical assistance,	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 403805 • including grants of \$ ) (Revenue \$ 59854'	7.)
	The Organization's primary exempt purpose:	•
	Provides:	
	a.Loan to low-income clients of WV for affordable housing.	
	b. Training, technical assistance and loan products to a net work of	
	non-profit members in WV. There members serve low-income clients	
	through low-interest loans for affordable housing.	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	/ (asserting grants of a finite ride of	,
4c	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$	<del></del>
70	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	Others (Developed Developed Develope	
4d	F-9-1	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 403805 •	
4e	TOTAL DEDOCATE SPENICE PERSON TO A SECOND	

Form **990** (2009)

Community Works In West Virginia, Inc. 55-0706467 Page 3 Form 990 (2009) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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 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 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 addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Nο Yes X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 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 X 15 16 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 X 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2009)

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20

X

X

X

17

18

	990 (2009) Community Works In West Virginia, Inc. 55-0706	467	P	age 4
Pai	t IV 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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		ŀ	l
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		l
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
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	<u> </u>	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? If "Yes," complete	1	'	l
	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 disqualified		1	l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes, " complete			
	Schedule L, Part III	27	<b>!</b>	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 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	ļ	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	1	Į .	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>.</b>
	contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<b>.</b> .		<b>.</b>
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l ູ
22	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes " complete Schedule R. Parte II, III, IV, and IV, Inc. 1.			x
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			<b>.</b>
26	If "Yes," complete Schedule R, Part V, line 2	35	-	X
36	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			x
37		36	<del>                                     </del>	^
J/	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l l	l	l

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 3 U.S. Information Returns Enter -0- if not applicable 1a 0 b 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? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 3 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a  $\overline{\mathbf{x}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 X provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 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 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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 in Schedule O See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	]		
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		<u> X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	37	X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	l _	х	
	governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:	.	х	
a		8a	X	
9	Each committee with authority to act on behalf of the governing body?	8b	Α	<del> </del>
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 in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
	Tell 21 Citates (The decitor & requests mornation about pointes not required by the internal revenue code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	X
	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	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," 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	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	taxable entity during the year?	16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	401		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►WV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition:	•	
	Mary Skeens - 304-965-2241			
	4302 Crede Drive, Charleston, WV 25302			
			000	

# 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.

Check this box if the organization did not o	T	y cu	rren			, dire	ecto	1	(5)	45
(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	/6	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per week	Individual trustee or director	Institutional trustee	Officer		compensated e		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
John Martys				П					_	
President		X		Ш				0.	0.	0.
Kelly Davis	Ì	l	ŀ		ł				_	
Vice President		Х		$\square$	_	$ldsymbol{ld}}}}}}$		0.	0.	0.
Belinda Harness			ļ							
Secretary	<del> </del>	X	_	_				0.	0.	0.
Pamela Wood		Ų.							0	,
Treasurer Debra Payne	<u> </u>	X	<u> </u>	$\vdash$				0.	0.	0.
Debia Fayne	}	X						0.	0.	0.
John Elza		^							0.	· ·
Executive Director		x						0.	0.	0.
Sharon Walden				М						
Director SAFE		x						0.	0.	0.
Charles Fawcett		1								
Mary Skeene	-	X			ļ	⊢	_	0.	0.	0.
Executive Director	40.00			Y	x	v		63500.	0.	0.
	10.00							033001		
						-				
		_	_	<u> </u>		_	<u> </u>			-
						ł				

				ks In We	st Virgini	a, Inc.	55-0706	467 Page 9
	rt VI	II Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a	0.400				]
gra		Membership dues	1b	8400.				
rts,		Fundraising events	1c					
9		Related organizations	1d	495130.				
Sir		Government grants (contribu	· -	495130.		j		ļ.
真真	T	All other contributions, gifts, grain						
불팅	_	similar amounts not included abo						ļ
SE	9	Noncash contributions included in line  Total. Add lines 1a-1f	s 1a-1f \$		503530.			}
		Total: Add lines Ta-11		Business Code	303330.	-	····	
g	2 a	Interest Income	е	Dudinicoo Code	53371.	53371.		
اه ځ	b	Training & Prog	gram Inc		37275.	37275.		
Spin	С	T 0 0 - D -			4371.	4371.		
Program Service Revenue	d							
<u> </u>	е					_		
٦	f	All other program service rev	enue					
$\dashv$		Total. Add lines 2a-2f	<u></u> .	<b>•</b>	95017.			
	3	Investment income (including	g dividends, inter	est, and				}
		other similar amounts)					<del></del>	
	4 5	Income from investment of ta Royalties	ix-exempt bond p	oroceeds >				
	3	noyalles	(i) Real	(ii) Personal				
	6 a	Gross Rents	(y rieai	(ii) r ersonar				
		Less: rental expenses						}
	C	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						i
	b	Less: cost or other basis		1				
I		and sales expenses		ļ		j		
	C	` '	L					
<u>e</u>		Net gain or (loss) Gross income from fundraisir	ng events (not					
len		including \$						
Other Revenue		contributions reported on line	e 1c). See					
je		Part IV, line 18	а					
៰		Less direct expenses	b	L				
		Net income or (loss) from fundamental	•					
	<b>5</b> 9	Gross income from gaming at Part IV, line 19		[ ]		1		
	h	Less: direct expenses	a b					
		Net income or (loss) from gan				ľ		
- 1		Gross sales of inventory, less	•					
		and allowances	а					
- 1	b	Less: cost of goods sold	b					
Į	С	Net income or (loss) from sale	es of inventory	<b></b>				
Ţ		Miscellaneous Revenu	ie	Business Code				
	11 a		·					
	b	<del></del>						
ļ	C	A II — Ab — — —		ļ				
Ì	d	All other revenue  Total. Add lines 11a-11d						
ł	12	Total revenue. See instructions.			598547.	95017.	0.	0.
93200 02-04		The state of the s	· · · · · · · · · · · · · · · · · · ·		3,703,47.6	75017.	<u> </u>	Form <b>990</b> (2009)

Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

70, 8b, 9b, and 10h of Part VIII.  1 Graits and other assistance to governments and ergenizations in the U.S. See Part IV, line 21 and there assistance to governments, organizations, and individuals in the U.S. See Part IV, line 22 and the U.S. See Part IV, line 35 and 16 See Part IV, line 35 and 36 See Part IV, line 37 See Part		All other organizations must compl	ete column (A) but are	•	ete columns (B), (C), and	
organizations in the US. See Part IV, Ine 21 Grants and other assistance to individuals in the US. See Part IV, Ine 23 Grants and other assistance to individuals outside the U.S. See Part IV, Ine 23 Grants and other assistance to individuals outside the U.S. See Part IV, Ine 23 Grants and other assistance to individuals outside the U.S. See Part IV, Ine 25 Georgensation of current officers, directors, trustess, and key employees Gompensation of individed above, to disqualified persons (so direction 495(Pt(1)) and persons described in section 49		•		Program service		
2 Grants and other assistance to individuals in the U.S. See Part IV, Ine 27 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ine 31 5 and 15 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualified persons described in section 4958(fr)(1) and persons described in section 405(fr)(1) and 405	1	Grants and other assistance to governments and				
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a Professional Services b Counseling & Training c Pass Through Funds d Bad Debts e Intership Program f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Joint costs. Check here	24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
Counseling & Training   87914.   87914.     Pass Through Funds   49000.   49000.     Bad Debts   32729.   32729.     Intership Program   29667.   29667.     All other expenses   48092.   20354.   27738.     Total functional expenses. Add lines 1 through 24f   554062.   403805.   150257.     O. Joint costs. Check here   If following   SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	а		100954.	100954.		
c Pass Through Funds 49000. 49000. d Bad Debts 32729. 32729. e Intership Program 29667. 29667. f All other expenses 48092. 20354. 27738.  25 Total functional expenses. Add lines 1 through 24f 554062. 403805. 150257. 0.  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	b				<del></del>	
d Bad Debts e Intership Program f All other expenses Total functional expenses. Add lines 1 through 24f  25 Joint costs. Check here  If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	c					······································
e Intership Program f All other expenses Total functional expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here  □ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	đ					
Total functional expenses. Add lines 1 through 24f 554062. 403805. 150257. 0.  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	е	Intership Program	29667.	29667.		
Joint costs. Check here  if following  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	f	All other expenses			1	
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	25	· ————————————————————————————————————	554062.	403805.	150257.	0.
reported in column (B) joint costs from a combined	26	Joint costs. Check here   If following				
		SOP 98-2. Complete this line only if the organization				
educational campaign and fundraising solicitation 111426. 48695. 62731.		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation	111426.	48695.	62731.	0.

Part X Balance Sheet (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 268751. 862785. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 25622. 18495. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 1812174. 1494078. 7 7 Notes and loans receivable, net inventories for sale or use 784. 803. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 160952. basis Complete Part VI of Schedule D 10a 72559. 89691. 88393. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 24500. 24500. 15 Other assets See Part IV, line 11 15 2221522. 2489054. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 13565. 7567. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 120000. 142000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 11428. 35533. 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 50627. 55187. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 0. 187500. Other liabilities. Complete Part X of Schedule D 25 200180. 423227. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 139878. 505898. 27 Unrestricted net assets 27 10326. 10326. 28 Temporarily restricted net assets 28 1871138. 1549603. Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2021342. 2065827. 33 Total net assets or fund balances 33

> 2489054. Form **990** (2009)

2221522.

34

Total liabilities and net assets/fund balances

Form	990 (2009) Community Works In West Virginia, Inc. 55-0	706467	' Pa	ge <b>1</b> 2
Par	t XI   Financial Statements and Reporting	<del></del>		<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	_	l	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	l	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	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?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			ł
	X Separate basis Consolidated basis Both consolidated and separate basis			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	ı İ		

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

Act and OMB Circular A-133?

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

			ity works in				Inc.		55	-0706	467	
Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st complet	e this par	t ) See inst	tructions.				
1	A church, co A school des A hospital or A medical res	nvention of churchescribed in section 1 a cooperative hosp search organization	because it is (For lines es, or association of chur 70(b)(1)(A)(ii). (Attach Social service organization operated in conjunction	ches desc hedule E) described	ribed in se in section	170(b)(1)	(b)(1)(A)(i) (A)(iii).		ii). Enter th	e hospital'	's name	е,
5	city, and state  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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  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 )											
10 11 f g	An organizat more publich describes th a Type By checking foundation in If the organiz supporting of Since Augus (i) A perso the gov (ii) A family (iii) A 35%	ion organized and of y supported organize type of supporting I b this box, I certify the nanagers and other exation received a wrorganization, check to 17, 2006, has the or who directly or inversing body of the symmetry of a persocontrolled entity of	at the organization is not than one or more publicl itten determination from	ne benefit on 509(a)( lete lines 1 c Typ c controlled y supporte the IRS the ny gift or c lone or tog or (ii) above	of, to perform of, to perform of through the III - Function of directly over organization at it is a Typontribution of the with	orm the fui on 509(a)(2 n 11h itionally inf r indirectly ations desi pe I, Type	nctions of, 2) See sec tegrated by one of cribed in s II, or Type of the follow	or to carr ction 509( r more dis ection 500 e III  owing per	d Qualified p  9(a)(1) or s	the box Type III - C	that Other ner thar	
• •	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	organizat	notify the ion in col. support?	(vi) Is organizati (i) organiz U.S Yes	on in col. ( red in the	(vii) Am supp		
 Total										···		

Schedule A (Form 990 or 990-EZ) 2009 Community Works In West Virginia, Inc. 55-0706467 Page 2

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)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			1.			
	membership fees received (Do not						
	include any "unusual grants.")	180010.	153516.	306895.	357000.	503530.	1500951.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						i
4	Total. Add lines 1 through 3	180010.	153516.	306895.	357000.	503530.	1500951.
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	]		1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				}		
	column (f)						
	''						1500951.
	Public support. Subtract line 5 from line 4 ction B. Total Support						1300331•
	<del></del>	(-) 0005	(h) 0000	4-1-0007	(4) 0000	(-) 0000	(O Tabal
	endar year (or fiscal year beginning in)	(a) 2005 180010.	(b) 2006 153516.	(c) 2007 306895.	(d) 2008 357000	(e) 2009 503530.	(f) Total 1500951.
	Amounts from line 4	100010.	122210.	300033.	337000.	303330.	1300331.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	10417	70607	60001	67001	E2274	070507
	and income from similar sources	10417.	72607.	69201.	67991.	53371.	273587.
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 IV.)		2000.	2500.	9257.	· ·	13757.
11	Total support. Add lines 7 through 10						1788295.
12	Gross receipts from related activities,	etc (see instruction	ons)		Į	12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectior	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2009 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	83.93 <u>%</u>
15	Public support percentage from 2008	Schedule A, Part	II, line 14		Į.	15	82.00 %
16a	33 1/3% support test - 2009.If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2008. 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 qual	ifies as a publicly s	upported organiza	ation			ightharpoons
178	10% -facts-and-circumstances tes	t - 2009.If the orga	nization did not c	neck a box on line	13, 16a, or 16b, ar	nd line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					•	ightharpoons
t	10% -facts-and-circumstances tes	•	•		-	7a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				="		▶□
18	Private foundation. If the organization						s 🔚
	The state of the s	2.0 .,0. 0.10011 0 1		<u>., .00,u, 0, 170</u>	, 555K alia DOX al	dula A (Corm 000	

Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 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 7¢ from line 6) Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total 9 Amounts from line 6 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 carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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 - 2008. 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

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

Б.		west Virginia, Inc					
Par	<del></del>		nds or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	$\mbox{\rm Did}$ the organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised funds				
	are the organization's property, subject to the organization's	exclusive legal control?	└─ Yes └─ No				
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds car	be used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	ose conferring				
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 99	0, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	ion (check all th <u>at a</u> pply).					
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of ar	historically important land area				
	Protection of natural habitat	Preservation of a	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the fo	orm of a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
d	d Number of conservation easements included in (c) acquired after 8/17/06						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	y the organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	sement is located	<u> </u>				
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling					
	violations, and enforcement of the conservation easements	t holds?	└ Yes └ No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	•					
7	Amount of expenses incurred in monitoring, inspecting, and	•					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section					
	and section 170(h)(4)(B)(ii)?		└ Yes └ No				
9	In Part XIV, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that descri	bes the organization's accounting for				
Do	conservation easements	f Art Historical Tracquires o	- Other Cimiler Assets				
Pai	t III Organizations Maintaining Collections of	-	r Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6.					
_	Kills						
та	If the organization elected, as permitted under SFAS 116, no	•	•				
	treasures, or other similar assets held for public exhibition, e		r public service, provide, in Part XIV, the text of				
	the footnote to its financial statements that describes these						
Ø	If the organization elected, as permitted under SFAS 116, to	•	•				
	or other similar assets held for public exhibition, education,	or research in furtherance of public se	rvice, provide the following amounts relating to				
	these items:		<b>.</b> .				
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
_	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre		nciai gain, provide				
_	the following amounts required to be reported under SFAS 1	to relating to these items	<b>.</b>				
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
D	Assets included in Form 990, Part X		<b>▶</b> \$				

		ty Works I	n We	st Vir	ginia,	Inc	•	55-07	06467	Page 2		
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	er Simil	ar Asse	ts (contin	ued)		
3												
	(check all that apply):											
а	Public exhibition	C	ı 🛄	Loan or exc	change progr	ams						
b	Scholarly research	•	, 🗀	Other								
С	Preservation for future generations								<del>-</del>			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV											
5												
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	ganization a	inswered "Ye	s" to For	m 990, Pa	art IV, line	9, or			
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributio	ns or other as	sets not	included					
	on Form 990, Part X?								Yes	X No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table <sup>.</sup>								
	•								Amount			
С	Beginning balance						1c					
	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990. Part X. line	21?					X	Yes	No		
	If "Yes," explain the arrangement in Part XIV								_ ,,,,			
Par			nswered	"Yes" to Fo	orm 990, Part	IV, line 1	10.					
·		(a) Current year	7	Prior year	(c) Two yea			vears back	(e) Four v	ears back		
1a	Beginning of year balance	(4)			1		(-/		,,,,,			
b	Contributions									•		
c	Net investment earnings, gains, and losses			<del></del>	<del> </del>							
ď	Grants or scholarships			<del> </del>	<del> </del>			<del></del>				
	Other expenditures for facilities							-	<u> </u>			
•	and programs		ł		1	1			į			
f	Administrative expenses					İ						
g	End of year balance				1							
2	Provide the estimated percentage of the year	r end halance held	ae. I	· · · · · ·	1.				<u> </u>			
a	Board designated or quasi-endowment	ii end balance neld	43. %									
	Permanent endowment	%										
		<sup>70</sup>										
	Are there endowment funds not in the posse	ř. *	ation th	at ara bald	and administration		h					
Оa		sssion of the organiz	auonui	at are rielu	and administr	erea ior i	ne organi	zauon	Г	/a=   N=		
	by:									es No		
	(i) unrelated organizations								3a(i)	<del></del>		
	(ii) related organizations	- !	C-b	-ll DO					3a(ii)	<del></del> -		
	If "Yes" to 3a(ii), are the related organization:								3b			
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building	e organization's end	owment	TUNOS	O Dort V line	10						
I ai									4.0 =			
	Description of investment	(a) Cost or of basis (investigation)		1 ' '	t or other (other)	î .	ccumulate		(d) Book	value		
	I and		000.	Dasis	(Other)	de	preciation		2	0000		
	Land		667.				131	36		0000. 7531.		
	Buildings	00	00/.				131	20.		/331.		
	Leasehold improvements	<del> </del>										
	Equipment	60	20E	<u> </u>			E 0.4	72		060		
	Other	<del></del>	285.	<u> </u>		<u> </u>	594	43.		862.		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pari	X, colur	nn (B), lıne	10(c) )				8	8393.		

Schedule D (Form 990) 2009 Community 1 Part VII Investments - Other Securities. S		st Virginia, ne 12	Inc. 55	-0706467 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of value ost or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
	1		<del></del>	
		"-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	ine 13		
(a) Description of investment type	(b) Book value		(c) Method of value	
		Co	ost or end-of-year ma	rket value
	<del> </del>			
	<del></del>		······································	
	<del></del>			
				·
	<del>                                     </del>			
	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			
T. 1. (0.1/5)	<del> </del> -			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin	<u> </u>			
	a) Description			(b) Book value
	27 DOGG (PRIOT)			(b) Book value
	<del></del>			
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>			<u> </u>
		·	<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	
			<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15 )		<b>•</b>	
Part X Other Liabilities. See Form 990, Part >	K, line 25			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
USDA IRP Revolving Loan		187500	.]	
			]	
			]	
			]	
			]	
Total. (Column (b) must equal Form 990, Part X, col (B) lii		187500		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	ootnote to the organiza	tion's financial statement	ts that reports the or	ganization's liability for

Sche	dule D (Form 990) 2009 Community Works In West V				06467 Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 t	to Audited I	inancial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		598547.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		554062.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		44485.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10	_	44485.
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	nents With I	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	598547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		4	
b	Donated services and use of facilities	2b		<b>-</b>	
С	Recoveries of prior year grants	2c	<del></del>	-	
d	Other (Describe in Part XIV.)	2d		-	•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	598547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
b	Other (Describe in Part XIV)	4b		4.1	0
_C	Add lines 4a and 4b			4c	<u>0.</u> 598547.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  It XIII Reconciliation of Expenses per Audited Financial State	monte With	Evnenses no	5 Peturn	330341.
	·	inelite with	Expenses pe	7	554062.
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	334002.
2	Donated services and use of facilities	2a			
a	Prior year adjustments	2b		┥ し	
0	Other losses	2c		┥ ┃	
d	Other (Describe in Part XIV)	2d		┥ !	
e	Add lines 2a through 2d				0.
3	Subtract line 2e from line 1			3	554062.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	554062.
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also cor				
		-			
					-
		- · · · · ·			
			<del></del>		

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

**Employer identification number** 

Community Works In West Virginia, Inc. 55-0706467 Form 990, Part I, Line 1, Description of Organization Mission: families throughout West Virginia." In fulfilling this mission, Community Works supports the success of its members by offering training, technical assistance, advocacy and loan Products. Form 990, Part III, Line 1, Description of Organization Mission: advocacy and loan Products. Form 990, Part VI, Section B, Line 12c: The Organization reviews and ertifies the policy annually

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 Page 10

990

Current Year Deduction	2021.	0	1021.	0	0	3042.		. —						
Current Sec 179	_		_			0		<b>,</b>						
Accumulated Depreciation	11115.		52371.	4218.	1813.	69517.								·
Basis For Depreciation	80667.	20000.	54254	4218.	1813.	160952.								
Reduction In Basis						0								
Bus % Excl							<del>. <u>.</u> .</del>			<del>-</del>			· ·	
Unadjusted Cost Or Basis	80667.	20000.	54254.	4218.	1813.	160952.								
No	16	16	16	16	16				 		_			•
Life	39.5016	000.	5.00	5.00	5.00									
Method	TS	SL												
Date Acquired	010106SL	010106SL	010106SL	010107SL	010107SL				 	 				
Description	1Building	2Land	lipment	   	ire &	* Total 990 Page 10 Depr								
Asset No	ਜ	7	m	4	Ŋ							•		

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons X						
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)							
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868						
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete							
	Part I only								
All othe	All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time								
	ncome tax returns								
noted ( (not au you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or courst submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files of the signed page 2 (Part II) of Form 8868.	cally if	(1) you want the additional ated Form 990-T. Instead,						
Type o	Name of Exempt Organization	Employer identification num							
print	Community Works To Work Windings To	FF 0706467							
File by th			5-0706467						
due date filing you return Se	for Number, street, and room or suite no. If a P.O. box, see instructions 4302 Crede Drive								
instructio									
Check	type of return to be filed (file a separate application for each return):								
X	Form 990 Form 990-T (corporation) Form 47	700							
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52								
_	Form 990-EZ Form 990-T (trust other than above) Form 60								
	Form 990-PF Form 1041-A Form 86								
	OIII 990-11 CIII 1041-7A CIII 1041-7A								
	Mary Skeens								
• The	books are in the care of ▶ 4302 Crede Drive - Charleston, WV 25302								
Tele	phone No ► 304-965-2241 FAX No ►								
• If th	e organization does not have an office or place of business in the United States, check this box								
• If th	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	ıs ıs foi	r the whole group, check this						
box 🕨	If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb	ers the extension will cover.						
_	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt August 15, 2010 , to file the exempt organization return for the organization named a		The extension						
	s for the organization's return for:								
	► X calendar year 2009 or								
ı	tax year beginning, and ending								
2	f this tax year is for less than 12 months, check reason.		Change in accounting period						
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
-	nonrefundable credits. See instructions.	3a	\$						
	f this application is for Form 990 PF or 990 T, enter any refundable credits and estimated		_						
-	ax payments made Include any prior year overpayment allowed as a credit.	_3b	\$						
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,								
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		37/3						
	See instructions	3c	\$ N/A						
Courtie	in If you are going to make an electronic fund withdrawal with this Form 8868, soo Form 8453 FO and Form	9970	EO for payment inethictions						