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SCANNED AUG 2

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For the	2013 calendar year, or tax year beginning	, 2013, and end	ding		, 20
В	Check if a		ation of West Virg	inia, Inc.	D Employ	er identification number
	Address of					55-6024192
	Name cha		address) Room	/suite	E Telepho	ne number
	Initial retu	m 1116 Smith Street	1			304-340-4253
	Terminate	City or town, state or province, country, and ZIP or foreign post	tal code	-		
	Amended	retum Charleston, WV 25301	G Gross re	eceipts \$ 1,769,667		
	Application	n pending F Name and address of principal officer Matthew G. Ballard	d, President/CEO	H(a) Is this a d	roup return for	subordinates? Yes No
		1116 Smith Street, Charleston, WV 25301	•			s included? Yes No No
$\overline{}$	Tax-exem	pt status.	4947(a)(1) or 527			a list. (see instructions)
J	Website:			H(c) Group	exemption	number > NA
ĸ	Form of or	ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of for			of legal domicile: WV
	art I	Summary				
_	1 1	Briefly describe the organization's mission or most significan	nt activities: Capi	ital Area Devel	opment C	orporation of WV, Inc.
æ	1	offers a wide range of innovative economic and community dev				
Activities & Governance	_	prosperous economy in the greater Charleston, WV metro area.				
e.u	_	Check this box ▶☐ if the organization discontinued its open	ations or dispose	d of more than	1 25% of	its net assets.
Š		Number of voting members of the governing body (Part VI, li	•		3	36
8	1	Number of independent voting members of the governing bo	•	b)	4	36
es		Total number of individuals employed in calendar year 2013	- '		5	15
Ĭ		Total number of volunteers (estimate if necessary)			6	200
Act		otal unrelated business revenue from Part VIII, column (C),	line 12		7a	0
		Net unrelated business taxable income from Form 990-T. المرابعة	// N		7b	0
	•			Prior Y		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g). nvestment income (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c; 9c, 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10	. /@/ · · ·		1,020,414	749,773
	9 1	Program service revenue (Part VIII, line 2g)	/ (i)		958,480	1,016,200
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	70° / 10° /		4,375	3,694
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 10c,	and (10 e)		0	0
	12	otal revenue—add lines 8 through 11 (must equal part VIII, co	Junan A), line 12)		1,983,269	1,769,667
		Grants and similar amounts paid (Part IX, column (A), Ings			0	0
		Benefits paid to or for members (Part IX, column (A)) Ince 4)			0	0
ø	15	Salaries, other compensation, employee benefits (Part IX, colum	nn (A), lines 5-10)		904,264	853,093
Expenses	16a i	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ĝ	Ь.	Total fundraising expenses (Part IX, column (D), line 25) ▶	89,687			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			800,266	758,294
	18	otal expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25) .		1,704,530	1,611,387
		Revenue less expenses. Subtract line 18 from line 12			278,739	158,280
5 %				Beginning of Co		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			5,660,389	5,652,074
AB	21	otal liabilities (Part X, line 26)			1,634,694	1,468,099
25	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		1,025,695	4,183,975
Pa	art II	Signature Block				
		es of perjury, I declare that I have examined this return, including accompan				ny knowledge and belief, it is
tru	e, correct,	and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepa	arer has any know	ledge.	
		MATOM SERVE		<u> </u>	Augu	st 11, 2014
Sig		Signature of officer		Da	ite	
He	re	Matthew G. Ballard, President/CEO				
		Type or print name and title				
Pa	id	Print/Type preparer's name Preparer's signature	T	Date	Check	If PTIN
	eparer				self-em	oloyed
	e Only	1 = .		Fire	n's EIN ▶	
		Firm's address ▶		Pho	ne no	
Ma	y the IR	discuss this return with the preparer shown above? (see in	structions)		<u> </u>	Yes No
For	Paperwo	ork Reduction Act Notice, see the separate instructions.	Cat	. No. 11282Y		Form 990 (2013)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
'	·
	Capital Area Development Corporation of WV, Inc. offers a wide range of innovative economic and community development programs to build a more vibrant community and prosperous economy in the greater Charleston, WV metro area.
	programs to build a more vibrant community and prosperous economy in the greater Charleston, wy metro area.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: NA) (Expenses \$ 532,382 including grants of \$ 0) (Revenue \$ 358,606)
	Economic Development: Programs and projects focus on business retention and recruitment, workforce development, securing or
	developing available and appropriate locations for new business and industry, public investment in supportive infrastructure, offering
	financial incentives which can induce private investment and economic growth, support of entrepreneurship. Deliverables include:
	develop plans to attract target industries to the area; develop international trade alliances for area and member businesses; foster
	and support tourism as a key element to our regional economy; enhance and develop relationships with economic prospects and
	site consultants; develop entrepreneurial networks and support systems.
4b	(Code: NA) (Expenses \$ 363,287 including grants of \$ 0) (Revenue \$ 210,730)
	Operation of business incubator: Program promotes job creation through support of entrepreneurship and small business
	development. Focus is on: improvement of incubator growth for tenants; awareness of the incubator in the geographic area;
	individual/business consultation; central location for small business referrals to small business partners. Deliverables include:
	schedule retention visits upon graduation from business incubator; referrals to small business development partners; semi-annual
	educational meetings with incubator tenants.
4c	(Code: NA) (Expenses \$ 244,004 including grants of \$ 0) (Revenue \$ 15,900)
	Community Development: Programs and projects combine community participation and government/private partnerships to build
	strong communities and enhance the quality of life in the Charleston area through sustainable development, smart growth initiatives,
	and unique educational opportunities. Deliverables include: sustainable development and promotion of downtown area; providing
	educational forums on community development opportunities; revitalization of East End, West Side and downtown business districts.
A ~1	Other program services (Describe in Schodule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 283,589 including grants of \$ 0) (Revenue \$ 430,964)
40	(Expenses \$ 283,589 including grants of \$ 0) (Revenue \$ 430,964)

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

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Part	Checklist of Required Schedules (continued)			3
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or 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		✓
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	✓	<u> </u>
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 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		NA NA
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		NA
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		
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 Schedule L, Part I	25b		<u>√</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	<u></u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? If "Yes," complete Schedule M	30		/
32	Part I	31		✓
33	complete Schedule N, Part II	32		✓
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
250	or IV, and Part V, line 1	34	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	<u> </u>
	-controlled-entity-within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓	
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	36		NZ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	/	✓

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Part				
	Check if Schedule O contains a response or note to any line in this Part V			
٠			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		i	
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	/	
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NZ NZ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		i	İ
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶ NA			Ĭ
	See instructions for 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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
_	gifts were not tax deductible?	6b	/	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		NA
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		NZ
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
Ŭ	required to file Form 8282?	7c		N.A
d	If "Yes," indicate the number of Forms 8282 filed during the year	-,0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N.A
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		N.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N.F
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N.A
8	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		N/
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		NA
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		NA
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] NA Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b NA			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		N.F
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			الب
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√ NA
n	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		TAY

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	for a	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <u>1b</u> 36 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	1	
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	•	1
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	4 5 6	\	√
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
а	the year by the following: The governing body?	8a	•	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
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	√	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		NZ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	√	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	▼	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14		✓
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Ň
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► West Virginia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Debra S. James, 1116 Smith Street, Charleston, WV 25301 Phone: 304-340-4253	of the	e	

		(00.00)	
-orm	990	(2013)	

Page 7

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

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 neither the organization nor	r any related	d orga	anız			ompe	nsa	ited any curren	it officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe d a d	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	troffi the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Patrick A. Bond - Chairman	1	√		>				0	O	_ 0
(2) Michael J. Basile - Vice Chairman	1	\		\				o	o	
(3) Diana Sole Walko - Secretary	1	>		>				o	0	0
(4) J. Mark Bias - Treasurer	11	√		✓				o	0	
(5) Maribeth Anderson - Director	1	√						o	0	(
(6) Gregory A. Burton - Director	11	√						. 0	0	
(7) Stephen P. Dexter - Director	1	√						o	0	
(8) Greg Elliot - Director	1	1					-	0	0	
(9) Terrell Ellis - Director	1	1						0	0	0
(10) Georgette George - Director	1	✓						0	0	
(11) Lois Gillenwater - Director	11	√						0	0	
(12) Julie Gurtis - Director	11	<u> </u>						0	0	
(13) Steven Hedrick - Director	11	·						o	0	
(14) Dr. Brián Hemphill - Director	1	✓			-				0	0

r all	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees		nd F C)	lighe	st C	ompensated E	mployees (continu	ıed)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	ition more	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportab	n from	ame	(F) imated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related Organizatio (W-2/1099-N	ons	comp fro orga and	other ensation on the nization related nization	n İ
(15) v	rginia King - Director	11	1											
(16) C	harles Loeb - Director	1			_	ļ			0		0			0
(17) T	yler London - Director	11	1	-			_		0		- 0			0
ار (18)	effrey McIntyre - Director	11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			_			0		0			0
(19) M	aureen O'Toole - Director	1	,						0		0			0
(20) R	obert Pepper - Director	11	,						0	-	_ 0	-		0
(21) TI	nomas S. Provost - Director	1	\ \ \		┢				0		- 0			0
(22) Ja	ack Rossi - Director	11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0		0			0
(23) S	teven M. Rubin - Director	11	, ,		-				0		0			<u>0</u> 0
(24) H	. G. (Chip) Shaffer III - Director	1									- 0			
(25) N	orman (Trip) Shumate - Director	1							0		0			0
1b c d	Sub-total	•	n A		•	 	•	> > >	0 0 143,879		0 0			0 0 21,607
2	Total (add lines 1b and 1c) . Total number of individuals (including but reportable compensation from the organi	t not limited	to th	iose	list	ed	above	e) w	ho received m	ore than \$10		of		21,607
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	tor, c					•	oloyee, or high	•	nsated	1	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble (con	per	nsatio	n a	nd other comp	ensation fro				
5	individual									 zation or inc	 Iividua	4	✓	
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	or s	such person	<u></u>		5	İ	✓
1	Complete this table for your five highest compensation from the organization. Repyear.													ax —
	(A) Name and business add	Iress		-					(B) Description of s	ervices		(C) Compens		
														NA
								_						
2	Total number of independent contractor							th	ose listed ab	ove) who				

Part	VIII	Statement of Revenue		•		-	
		Check if Schedule O contains a res	ponse or note to			<u></u> .	🗆
	•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	0				
irai our	b	Membership dues 1b	0				
S, C	С	Fundraising events 1c	0				
Giff	d	Related organizations 1d	194,598	İ			
JS,	е	Government grants (contributions) 1e	285,386	1			
tion er S	f	All other contributions, gifts, grants,		i			
Contributions, Giffs, Grants and Other Similar Amounts		and similar amounts not included above 1f	269,789				
on de	g	Noncash contributions included in lines 1a-1f \$	0				
	h	Total. Add lines 1a-1f	>	749,773	·		
Program Service Revenue	_		Business Code				
eve	2a	Membership Dues	900099	368,232	368,232	. 0	
免	b	Rents-Business Incubator	531120	210,351	210,351	0	0
Ξ	C	Rents-Motion Industries	531120	190,630	190,630	0	0
Sc	d	EPI Management Fee Economic/Community Dev. Programs	561000	54,000 192,987	54,000	0	
Jran	e	All other program service revenue.	900099	192,987	192,987 0	0	0
õ	g	Total. Add lines 2a–2f	0	1,016,200			<u> </u>
_	3	Investment income (including divid		1,010,200			
	`		•	3,694	3,694	0	0
	4	Income from investment of tax-exempt b	ond proceeds▶	0	0	0	
	5	Royalties	•	0	0	0	
	ļ	(i) Real	(ii) Personal				
	6a	Gross rents 0	0				
	b	Less: rental expenses 0	0	ļ			
	С	Rental income or (loss)	0				
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of (i) Securities	(II) Other	ł			
		assets other than inventory 0	0				
	b	Less: cost or other basis					
		and sales expenses .	+				
	C	Gain or (loss)0	0			<u> </u>	
a .	d	Net gain or (loss)	•	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ 0					
æ S		of contributions reported on line 1c).		ŀ			
erl		See Part IV, line 18 a	اه				
¥	Ь	Less: direct expenses b	o	i			
•	c	Net income or (loss) from fundraising	events . >	0		0	0
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0				
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming act	ivities ▶	0	0	0	0
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inv		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a			. 0	0	0	0
	b			0	0	0	0
	C	All other recent		0	0	0	
	d	All other revenue		0	0	0	0
	е 12	Total revenue. See instructions.		1,769,667	1,019,894	0	0
				1,100,001	.,010,004		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
8b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraişing expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
(Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
	Benefits paid to or for members	0	0		
	Compensation of current officers, directors, trustees, and key employees	166,238	116,366	24,936	24,936
ı	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				24,000
	Other salaries and wages	516,442	435,357	42,050	30.031
8 1	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				39,03
	Other employee benefits	50,507 62,220	42,612 51,405	4,095 5,568	3,800 5,247
	Payroll taxes	57,686	46,832	5,558	5,296
	Fees for services (non-employees):	0.7000	10,002	0,000	5,230
	Management	0	0	o	(
	Legal	2,841	801	2,040	
	Accounting	16,771	14,903	946	922
	Lobbying		0		
	Professional fundraising services. See Part IV, line 17 Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
	A) amount, list line 11g expenses on Schedule O.)	اه	o	o	
	Advertising and promotion	0	0	0	
	Office expenses	28,361	24,849	1,996	1,516
14 I	Information technology	37,216	34,554	1,347	1,315
	Royalties [0	0	0	C
	Occupancy	115,763	115,763	0	
	Travel	181	43	138	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	.	0	0	0	
	Conferences, conventions, and meetings . Interest	0	0	0	
	Payments to affiliates	40,436	40,436	0	
	Depreciation, depletion, and amortization	192,941	192,066	443	432
	Insurance	13,775	12,240	777	758
	Other expenses. Itemize expenses not covered	10,770	12,240		
	above (List miscellaneous expenses in line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
	A) amount, list line 24e expenses on Schedule O.)				
	Bank and merchant fees	4,370	5	4,365	(
-	Commissions	9,532	9,532	0	
_	Bad debt expense	5,372	5,372	0	
	Employee dues, development and retention All other expenses Programs and Misc	13,942	12,154	1,481	307
	Fotal functional expenses. Add lines 1 through 24e	276,793	267,972	2,698	6,123
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	1,611,387	1,423,262	98,438	89,68
f	undraising solicitation. Check here 🕨 🧻 if				
f	ollowing ŠOP 98-2 (ASC 958-720)	0	0	0	Form 990 (2013

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 22,019 81,644 Savings and temporary cash investments 2 2 1,358,310 1,455,411 3 3 254,151 175,616 4 304,286 339,625 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 O **Assets** 7 7 98,853 9,351 8 8 0 0 9 9 Prepaid expenses and deferred charges . . . 9,344 5,584 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6.483.448 3,591,620 10c 10b l b Less: accumulated depreciation 2,916,701 3,566,747 11 11 0 0 12 12 Investments—other securities. See Part IV, line 11 . 4,650 4,650 Investments - program-related. See Part IV, line 11 13 0 13 0 14 14 17,156 13,446 0 15 15 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 5,660,389 5,652,074 17 133,219 17 118,888 18 18 ol 0 19 334,028 19 310,574 20 20 ol 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 812,992 678,554 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 354,455 25 360,083 26 Total liabilities. Add lines 17 through 25 . 1,634,694 26 1,468,099 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 3,877,714 4,071,744 28 147,981 28 112,231 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0

Retained earnings, endowment, accumulated income, or other funds.

32

33

34

4,183,975

5,652,074

0

0 32

4,025,695

5.660.389

33

Form 990 (2013)	Page 12

Part	XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		1,769,0	667
2	Total expenses (must equal Part IX, column (A), line 25)		1,611,	387
3	Revenue less expenses. Subtract line 2 from line 1		158,2	280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4		4,025,0	<u>695</u>
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			_0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	<u> </u>	4,183,9	<u> 975</u>
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	Yes N	<u>√</u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:		a ✓	
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited of separate basis, consolidated basis, or both:	2 on a	b √	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountal if the organization changed either its oversight process or selection process during the tax year, explain	nt? 2	c 🗸	
3a	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?			
		3	<u>a </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	s. 3		NA
		-	orm 990 (20	013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Attach to Form 990 or Form 990-EZ. Complete if the organization is described below. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Se	ection 501(c)(4), (5), or (6) orga	inizations: Complete Part III		, ,	 ,
	of organization			Employer iden	ntification number
Capita	I Area Development Corpora	ation of West Virginia, Inc.			55-6024192
Part	I-A Complete if the	e organization is exempt und	der section 501(c) or is a section 527 o	organization.
1	Provide a description of t	he organization's direct and indir	ect political campa	aign activities in Part IV.	
2	Political expenditures .			\$	NA
3	Volunteer hours				
Part	Complete if the	e organization is exempt und	der section 501(c)(3).	
1		excise tax incurred by the organiz			NA NA
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			
4a	_		·		
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	der section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organ	zation for section	527 exempt function	
	activities			▶ \$	NA
2	Enter the amount of the	filing organization's funds contri	buted to other org	ganizations for section	
		vities			
3		expenditures. Add lines 1 and 2			
	lıne 17b			<i></i> > \$	
4	Did the filing organization	n file Form 1120-POL for this yea	r?		Yes No
5		ses and employer identification nu			
	organization made payme	ents. For each organization listed	enter the amount	paid from the filing organ	ization's funds. Also enter
	the amount of political co	ontributions received that were pr	omptly and directly	delivered to a separate p	political organization, such
	as a separate segregated	fund or a political action commit	tee (PAC). If addition	onal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	.,			filing organization's funds if none, enter -0	contributions received and promptly and directly
				tunas it none, enter -u	delivered to a separate
					political organization If none, enter -0-
					none, enter-o-
(1)					
					NA NA
(2)					-
				-	
(3)					
(4)					
			-	-	
(5)					
(6)					

Schedule	C (Form	990 or	990-EZ	2013

	edule C (Form 990 or 990-EZ) 2013					Page 2
	Complete if the organization section 501(h)).			, , , ,	•	
	Check ► ☐ if the filing organization belo name, address, EIN, expens	es, and sh	are of excess lobl	oying expenditu	res).	ip member's
В	Check ▶ ☐ if the filing organization chec	ked box A	and "limited cont	trol" provisions	apply.	•
	Limits on Lobbyi				(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amount	s paid or incurred.)	organization's totals	group totals
•	a Total lobbying expenditures to influence p	ublic opinio	n (grass roots lobby	ring)		NA
	b Total lobbying expenditures to influence a	legislative b	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add I	nes 1c and	1d)			
	f Lobbying nontaxable amount. Enter th columns.	e amount	from the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	amount on line 1e.			l.
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the excess	over \$1,000,000.		ł
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	us 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%	•				
	h Subtract line 1g from line 1a. If zero or less	-				
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero or reporting section 4911 tax for this year?		e 1h or line 1i, did	•		Yes No
	4-Year (Some organizations that made columns below. Se	a section		not have to com		
	Lobbying E	xpenditure	s During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning ın)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
- :	2a Lobbying nontaxable amount					NA
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					
					Schedule C (Form	990 or 990-EZ) 2013

	(election under section 501(h)).					
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed in rightion of the lobbying activity.	Yes	a) No	A	(b) mount	 l
	During the year did the filing ergonization oftends to influence ferging natural state on least					
•	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?					NA
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>		
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
' :	Other activities?					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-				
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓	<u> </u>
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	Ц	✓
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	Pari	i III-A,	line :	3, is
1	Dues, assessments and similar amounts from members		1			NA
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		_	İ		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par		•				
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Pa	rt II-A, I	ine 2;	and
Part II	-B, line 1. Also, complete this part for any additional information.	•	•			
NA						
	**					

_	n 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
		•

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Capital Area Development Corporation of West Virginia, Inc. 55-6024192 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year NA 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Cat No. 52283D

Schedule D (Form 990) 2013

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

Par	Organizations Maintaining	Collections of	Art, His	storical	Treasures	, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	ords, che	ck any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition		d		n or exchan			•
b	Scholarly research		е	☐ Othe	r NA			
С	☐ Preservation for future generations							
4	Provide a description of the organizate XIII.	on's collections a	and exp	ain how	they further	the or	ganization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta						
Par	Escrow and Custodial Arra		_					
	Complete if the organization 990, Part X, line 21.			•	•	·	•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the f	ollowing t	table:			Amount
С	Beginning balance					10		NA NA
d	Additions during the year					10	1	
е	Distributions during the year					16		
f	Ending balance							
2a	Did the organization include an amoun							
b	If "Yes," explain the arrangement in Pa	irt XIII. Check here	e if the e	xplanatio	n has been	provid	ed in Part XIII	· · · · · <u> </u>
Par	Endowment Funds. Complete if the organization	answord "Voo"	, to Ear	~ 000 I	Dort IV/ line	. 10		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	NA NA	(5) (1	loi your	(c) 1 wo year	3 Dack	(d) Three years bar	(e) i oui years back
b	Contributions	NA	.					
c	Net investment earnings, gains, and losses		-					
d	Grants or scholarships				 			
e	Other expenditures for facilities and programs					-		
f	Administrative expenses			· -				
g	End of year balance		-		<u> </u>			
2	Provide the estimated percentage of the	ne current year en	d balan	ce (line 1	a, column (a)) held	as:	
а	Board designated or quasi-endowmen	t ▶ N/	A %	, ,	•			
b	Permanent endowment ▶	NA%	- -					
С	Temporarily restricted endowment ▶	NA%						
	The percentages in lines 2a, 2b, and 2d							_
3a	Are there endowment funds not in the	possession of th	e organ	izatıon th	at are held	and ad	ministered for t	he
	organization by:							Yes No
	(i) unrelated organizations						• • • .	3a(i) ✓
	(ii) related organizations							3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organize Describe in Part XIII the intended uses							3b
4 Por		<u>-</u>	n s end	owment	unos.			
Part			' to Ear	000 I	Dort IV line	110	Soo Form 000	Part V line 10
	Complete if the organization Description of property							(d) Book value
		(investme			or other basis other)		Accumulated epreciation	
1a	Land				382,446			382,446
b	Buildings				5,966,546		2,802,185	3,164,361
C	Leasehold improvements				0		0	0
d	Equipment			 	134,456		114,516	19,940
e Total	Other	unt novel France	00 Dod		0 (D) /inc 1/	2(0)	0	3 566 747
	ACCUMES LA COCOCOL LE CUMUMO IMIM	us prinal Form W	a., 22/T	▲ (''\) \(\)		I		2 EEE 747

Part VII	Investments—Other Securities			•		
	Complete if the organization answ	wered "Yes" to For	m 990	, Part IV, line	11b. See Fori	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)			Book value	(c) M	fethod of valuation nd-of-year market value
(1) Financial	derivatives					
(2) Closely-ł	neld equity interests			4,650	Cost	
(3) Other						<u> </u>
(A)			ļ			
(B)						
(C)			ļ			
(D)						
(E)				<u>.</u>		
(F)				· · · · · · · · · · · · · · · · · · ·		
(G)						· · · · · · · · · · · · · · · · · · ·
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.) ►		_	4,650	<u> </u>	
Part VIII	Investments—Program Related		000	. Dank IV II	. 11 - 0 5	000 D- +V I' 40
	Complete if the organization answ	wered Yes to For				
	(a) Description of investment		(6)	Book value		Method of valuation nd-of-year market value
(1)				NA		
(2)						
(3)						
(4)		. <u> </u>				
(5)	<u> </u>					
_(6)		<u> </u>				
(7)						
(8)						
(9)	(1)					
	(b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>			
Part IX	Other Assets.		000	Deat N/ Page	. 44-1-0	000 D. LV P. 45
	Complete if the organization ansu	Wered Yes to For Description	m 990	, Part IV, line	e 11a. See For	n 990, Part X, line 15.
(1)	(6	n Description		·	_ _	
(1)						NA
(3)						
(4)						
(5)						
(6)				 .		
(7)						
(8)						
(9)	-					-
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				•
Part X	Other Liabilities.	` <i>,</i>			· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answ	wered "Yes" to For	m 990	. Part IV. line	e 11e or 11f. Se	ee Form 990. Part X.
	line 25.					· · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value				
(1) Federal in	ncome taxes					
(2) Notes p	ayable to related organization	30	50,083			
(3)		-				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		60,083			
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to t	he organization	n's financial stater	nents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Financial Statement With Revenue per Financial Statements With Revenue per Financial Statements With Revenue per Financial Statement With Revenue	Return.	
1	Total revenue, gains, and other support per audited financial statements	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1,805,3	392
		,	
a b	Net unrealized gains on investments		
	Recoveries of prior year grants	ļ	
c d			
-			
e 2	Subtract line 2e from line 1		_
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3 1,764,2	<u> 252</u>
-			
a	· · · · · · · · · · · · · · · · · · ·		
b	· · · · · · · · · · · · · · · · · · ·	4c 5.4	445
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		415
Part		1/333/3	<u> 107</u>
rait	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	netum.	
1	Total expenses and losses per audited financial statements	1 1,611,3	362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	-	
е	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2e	0
3	Subtract line 2e from line 1	3 1,611,3	362
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 0		
b	Other (Describe in Part XIII.)		
С	· · · · · · · · · · · · · · · · · · ·	4c	25
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,611,3	_
Part	XIII Supplemental Information.		_
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		пе
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ormation.	
Part V,	Lines 3a, 3b, 4: CADCO Foundation, Inc., a related 501(c)(3) organization, created as a supporting organization	tion for the Capital Area	
Develo	pment Corporation of WV, Inc. (CADCO) dba the Charleston Area Alliance, maintains a board-designated en	dowment fund held for	
the pu	pose of future economic development projects focused on job creation and retention in CADCO's service ar	rea. The value of the	
endow	ment fund is reported on Form 990 for the CADCO Foundation.		
Dart Y	Line 2: As of December 31, 2013, the Alliance had no uncertain tax positions that qualified for either recogn	nition or disclosure in	
r ait x,	Line 2. As of December 31, 2013, the Amarice had no uncertain tax positions that qualified for claim 1000gh		
the fin	ancial statements.		
	ancian statements.		
Part X	, Line 2d: Net assets released from restrictions \$41,140		
Dart VI	Line 4b: Contributions restricted for future years/specific purpose \$ 5,390		
. uit Al			
	Immaterial error in audit report due to incorrect		
	intercompany elimination of rent allocation 25		

	orm 990) 2013		Page 5
Part XIII	Supplemental Information (continued)		
	Total adjustment line 4b	¢ 5 <i>1</i> 15	
	Total adjustificit fine 40	\$ 5,415	
•			
5 VII 1 :	dhe laran de sial annu sia an dia annu ad an an inc		
art XII, Lin	e 4b: Immaterial error in audit report due to incorrect		
	intercompany elimination of rent allocation	\$ 25	
			·····
	••••••		
		·	
-			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2013 Open to Public

OMB No 1545-0047

Inspection

Employer identification number

55-6024192

Department of the Treasury Internal Revenue Service Name of the organization

Capital Area Development Corporation of West Virginia, Inc.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to NA 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line NΔ 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? NA Page 2

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note The sum of columns (Bill VIII) for each listed individual must equal the total amount of Form 600. Day VIII. Section A. Inc. 12 amolicable columns (Bill VIII) for each listed individual must equal the total amount of Form 600. Day VIII.

Note. The sum of columns (b)(t) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line Ta, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation	II) for ea	ach listed individual mt. (B) Breakdown o	ed individual must equal the total amount of Form 990 (B) Breakdown of W-2 and/or 1099-MISC compensation	ount of Form 990, Pa	In VII, Section A, line	a, applicable colum	n (U) and (E) amount	s for that individual.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Hetirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)+(D)	(F) Compensation reported as deferred in prior Form 990
	E	142,554	1,325	0	15,058	7,976	166,913	1,325
1 Matthew G. Ballard, Pres/CEO	(E)							
2	(ii)							
	9							
3	(ii)							
	€							
4	=							
	9							
r.	=						7 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	€							
9	=							
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	9							
8	E							
	(i)							
6	(ii)							
	(i)							
10	(ii)							
	ε							
11	E							
	(1)	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
12	(ii)							
	(1)							
13	(E)							
	()							
14	(ii)							
	(1)							
15	(ii)							
	(E)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100000000000000000000000000000000000000			,
16	Ξ							
							Sch	Schedule J (Form 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par for any additional information.
Line 5a and 6a: Matthew G. Ballard, President/CEO, participated in a team incentive plan implemented in 2012 and continued in 2013. In 2012, the organization met its goal of exceeding
budgeted membership dues revenue, resulting in incentive accruals at 12/31/12 (paid in February 2013) equal to 1% of each eligible employee's annual salary. Mr. Ballard accrued an
incentive of \$1,325 which was paid in February 2013. This amount is identified above in Part II, Line 1, Column (B)(ii) and (F). Similarly, in 2013, the organization met its goal of exceeding
budgeted net earnings, resulting in incentive accruals at 12/31/13 (paid in February 2014) equal to \$675 per eligible employee. Mr. Ballard accrued an incentive of \$675. This amount is
ıncluded above in Part II, Line 1, Column (C).
Schedule .1 (Form 990) 201

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

28a. 9

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(3) (4) (5) (6) (7) (8) (9) (10) Total ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public

Capital Area Development Corporation of West Virginia, Inc. 55-6024192 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) NA (2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) in default? (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? From Yes No Yes No (1) NA (2)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NA				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Par	Business Transactions Involvi Complete if the organization ans	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.	'	aye Z
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	anng of zation's nues?
					Yes	No
(1)	There are no reportable					
(2)	transactions in excess of					_
(3)	applicable thresholds.					
	See Part V below for					<u> </u>
<u> </u>	additional information.	ļ			_	
(6)					_	
(7)					_	<u> </u>
(8)	 -					
(9)		<u> </u>				
(10) Par	t V Supplemental Information			<u>L</u>		
	ollowing directors of the organization wer					
busin	ness with this organization. No transaction	ns are reported above in Pa	art IV because they d	o not exceed applicable reporting	threshol	ds.
All tra	ansactions between the reporting organiza	ation and such unrelated e	ntities were conducte	ed in the normal course of busines	s under	
terms	s extended to the general business commu	unity. No transactions resu	ulted in lack of indep	endence for the directors listed be	low with	l
respe	ect to this reporting organization.				******	
Virgir	nia King, ownership interest in Terradon C	ommunications - website r	management and cor	sulting services		
Grego	ory Burton, officer of Brickstreet Insurance	e - Workers Compensation	insurance services			
J. Ma	rk Bias, officer of BB&T - banking service	5				
Charl	les Loeb, member of Jackson Kelly - legal	services				
Norm	nan (Trip) Shumate, officer of Charleston N	ewspapers - advertising a	nd subscription serv	ices		
Sally	Smith, member of Bowles Rice LLP - lega	l services				
Jeffre	ey McIntyre, officer of WV American Water	- public utility services				
		····				
			***************************************			<u></u> -
- -						

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Capital Area Development Corporation of West Virginia, Inc.	55-6024192
Page 1, Part I, Line 6: Community leaders and citizens comprise the organization's voluntary Board of	Directors, advisory committees and
task forces of many economic and community development programs carried out by the organization.	Volunteers assist with planning,
organizing and implementation of various projects. No compensation is paid to any volunteers. Appr	oximate number of volunteers are:
Economic Development - 125; Workforce/Education - 10; Community Development - 25; Administration	n/Member Services - 40; Total - 200.
Page 2, Part III, Line 4d: Other program services include benefits and opportunities provided to member	per businesses such as networking
events, seminars, trade shows, referrals and marketing. Program expenses were \$283,589 including of	rants of \$0 and revenues of \$430,964.
Page 4, Part IV, Line 28c: Several directors of the organization are affiliated with unrelated entities do	ing business with the organization.
See Schedule L, Part V for a list of those directors. There were no reportable transactions in excess o	f applicable thresholds.
Page 6, Part VI, Line 2: The following directors of this organization reported the following relationship	os with other directors.
J. Mark Bias - business relationship with Matthew G. Ballard, Patrick Bond, Michael Basile, Gregory B	Burton, Terrell Ellis, Georgette George,
Lois Gillenwater, David Hardy, Virginia King, Charles Loeb, Jeffrey McIntyre, Robert Pepper, Jack R	ossi, Steve Rubin, Norman (Trip)
Shumate, William Signorelli, George Smith, Diana Sole Walko	
Steven Hedrick - business relationship with Matthew G. Ballard	
H. G. Shaffer, III - business relationship with Matthew G. Ballard	
Virginia King - business relationship with J. Mark Bias	
Page 6, Part VI, Line 6: Approximately 600 area businesses are members of the reporting organization	<u>1.</u>
Page 6, Part VI, Line 7a: The voluntary Board of Directors of the organization is comprised of busines	s and community leaders elected by
the membership.	
Page 6, Part VI, Line 9: See attached list of Board of Directors for mailing addresses.	

Page 12, Part XII, Line 2: The organization's CFO compiled the financial statements. An independent CPA firm audited the consolidated

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Capital Area Development Corporation of West Virginia, Inc.

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

55-6024192

Open to Public Inspection 2013

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 ² (f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling
entity (e) End-of-year assets 11a type I NA NAN NA NA Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. • (d) Exempt Code section 501(c)(6) 501(c)(6) 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity Economic Development WV Economic Development WV Economic Development WV one or more related tax-exempt organizations during the tax year (b)
Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity 55-0680725 55-0714069 23-7061206 (a)Name, address, and EIN of related organization (3) Interregional Chamber of Commerce, Inc. 1116 Smith Street, Charleston, WV 25301 1116 Smith Street, Charleston, WV 25301 1116 Smith Street, Charleston, WV 25301 (2) Enterprise Properties, Inc. (1) CADCO Foundation, Inc. (4) (2) Part I Part II (1) NA **æ** ପ 9 © <u>0</u> 9 8

Schedule R (Form 990) 2013

(f) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (k)
Percentage
ownership ž Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (j) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) (i) Code V – UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? Yes No (f) Share of total Income (g) Share of end-of- Dyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year. (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV (1) NA (1) NA 8 **£** ල 9 9 € 9 <u>S</u> 2 0 E ପ

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	e or more related orgar	izations listed in Part	s II–IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	<u> </u>	
_				9	-	>
c Gift, grant, or capital contribution from related organization(s)				2	>	
d Loans or loan quarantees to or for related organization(s)				1d	>	
e Loans or loan guarantees by related organization(s)				1e	>	
f Dividends from related organization(s)				=		>
g Sale of assets to related organization(s)				19		>
h Purchase of assets from related organization(s)				두	<u> </u>	>
i Exchange of assets with related organization(s)				;=		>
j Lease of facilities, equipment, or other assets to related organization(s)			•	÷	\	
				:		
k Lease of facilities, equipment, or other assets from related organization(s)				1¥	1	\setminus
l Performance of services or membership or fundraising solicitations for related organization(s)	(6			=	\$	
m Performance of services or membership or fundraising solicitations by related organization(s)				투	1	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				£	7	ı
o Sharing of paid employees with related organization(s)				9	>	
				+		į
p Reimbursement paid to related organization(s) for expenses				4		>
q Reimbursement paid by related organization(s) for expenses				5	1	>
r Other transfer of cash or property to related organization(s)				=	7	
s Other transfer of cash or property from related organization(s)				18	7	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, ınclı	uding covered relation	nships and transactic	on thre	spold	٠,
(a)	ê	(3)	5			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	j amount	involve	જ
(1) Enterprise Properties, Inc.	a, d	999'89	68,666 See Part VII			
(2) CADCO Foundation, Inc.	U	194,598	194,598 See Part VII			
(3) CADCO Foundation, Inc.	ຍ	-4,995	-4,995 See Part VII			
(4) Interregional Chamber of Commerce, Inc.		5,784	See Part VII			
(5) Enterprise Properties, Inc., CADCO Foundation, Inc., Interregional Chamber of Commerce, Inc.	l, n, o	54,730	54,730 See Part VII			
(6) Enterprise Properties, Inc., CADCO Foundation, Inc., Interregional Chamber of Commerce, Inc.	s'i	-42,401	42,401 See Part VII			
			Cohodulo	(E) im	Ş	į

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or areas revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) General or Percentage managing ownership	Yes No																
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	_																
(h) Disproportionate allocations?	Yes No																
(g) Share of end-of-year assets																	
(f) Share of total income																	
(e) Are all partners section 501(c)(3) organizations?	ş																
Are all p sect 501(Yes No																
(d) Predominant income (related, unrelated, excluded from tax under	sections 512-514)		<u>.</u>														
(c) Legal domicile (state or foreign country)																	
(b) Primary activity																	
of entity																	
(a) (b) (c) (d) (d) (e) (f) (g) (g) (g) Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners Share of Share of (state or foreign income (related, exciton total income end-of-year country) country) (figure action total income end-of-year coun		(1) NA	(2)	(6)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Schedule R (Form 990) 2013	Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
Part V, Line 2(1): The reporting organization loaned \$67,654 in 2012 to Enterprise Properties, Inc. (EPI) to assist with paying off a mortg	<u>age</u>
balance owed by EPI to an unrelated entity. EPI repaid the loan in full, including interest of \$1,012 in 2013 for total payments of \$68,666.	j <u>.</u>
Part V, Line 2(2): The reporting organization received grants from the CADCO Foundation to support operation of the organization's but	ısiness
incubator building. Total grants received in 2013 were \$194,598.	
Part V, Line 2(3): The reporting organization owed two separate notes payable to the CADCO Foundation. These funds were borrowed	from
the Foundation's board-designated endowment for the purpose of improvement to the business incubator building owned and operated	d by
the reporting organization. Funds are repaid monthly to the Foundation's endowment, based on amortization schedules computed with	<u> </u>
competitive fixed rates of interest. At 12/31/13, total notes payable to the CADCO Foundation were \$315,083. Total payments to the CAI	DCO
Foundation on these notes payable were \$49,995 in 2013, including interest of \$10,624. In a separate transaction, the reporting organization	ation
received a \$45,000 loan from CADCO Foundation as seed funding for a Building Maintenance Fund. The loan will be repaid within two y	years
as the net balance in the fund accumulates.	•
Part V, Line 2(4): The reporting organization receives monthly rental income from the Interregional Chamber of Commerce for reimburs	ement
of occupancy costs in support of Chamber activities. Total rents received from the Chamber in 2013 were \$5,784.	
Part V, Line 2(5): The reporting organization received nominal membership dues totaling \$730 from CADCO Foundation and Enterprise	!
Properties. All administrative and management functions of the related entities are performed by staff of the reporting organization with	hout
charge to CADCO Foundation, at cost to the Chamber and for an annual management fee of \$54,000 to Enterprise Properties.	
Part V, Line 2(6): As with many related organizations managed by shared staff and utilizing shared resources, CADCO Foundation,	
Enterprise Properties and the Interregional Chamber of Commerce use intercompany due to/from accounts with the reporting organization	ion
to capture transfers and other transactions during the normal course of recordkeeping. The net decrease in the Foundation's payable to	.о
the reporting organization in 2013 was \$3,685. The net increase in Enterprise Properties' payable to the reporting organization in 2013 was	was
\$25. The net increase in the Chamber's receivable from the reporting organization in 2013 was \$38,741.	

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