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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 2	014 cale	endar year, or tax year beginning , 2014, and endir	na	<u>-</u>	, 20					
<u></u>	Check if a		C Name of organization Capital Area Development Corporation of West Virgin		D Employ	er identification n	umber				
\Box	Address cl	•	Doing business as Charleston Area Alliance	55-6024192							
H		•	Number and street (or P O box if mail is not delivered to street address) Room/su	ute	E Telephone number						
H	Name cha	•	1 · · · · · · · · · · · · · · · · · · ·	Liciopiio							
믐	Initial retur	0.170									
	Final return/										
님	Amended		Charleston, WV 25301		G Gross r		1,854,896				
Ш	Application	n pending	F Name and address of principal officer Matthew G. Ballard, President/CEO			subordinates? Yes					
			1116 Smith Street, Charleston, WV 25301			es included? Tyes					
<u> </u>	Tax-exem	<u> </u>	501(c)(3)		lo," attach	a list (see instruction	ons)				
J Website: ▶ www.charlestonareaalliance.org H(c) Group exemption number ▶ NA											
_		_	✓ Corporation Trust Association Other ▶ L Year of forma	tion 1963	M State	of legal domicile					
P	art I	Summ			_						
	1 8	Briefly di	escribe the organization's mission or most significant activities. Capita	i Area Develo	opment C	orporation of W	V offers				
9	<u>a</u>	wide ra	nge of innovative economic and community development programs to build	d a more vibr	ant comm	nunity and pros	perous				
Activities & Governance	e	conomy	in the greater Charleston, WV metro area								
ē	2 0	Check th	nis box > _ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.					
õ			of voting members of the governing body (Part VI, line 1a)		3	}	35				
æ	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)		4		35				
es	4		mber of individuals employed in calendar year 2014 (Part V, line 2a)		5		19				
Ξ	1		mber of volunteers (estimate if necessary)		6		200				
Ş	I		related business revenue from Part VIII, column (C), line 12	• • •	7a						
•			elated business taxable income from Form 990-T, line 34		7b		0				
	<u> </u>	ver unite	Mateu business taxable income from Figure 990-1, line 94	Prior Ye		Current Y	0				
		Santub	tions and grants (Part VIII line 1h)	71107 14		Carrent					
9			mono and grants (are vin, inte vin)		749,773		797,025				
Revenue	1	-	ent income (Part VIII, line 2g)		1,016,200		<u>1,056,945</u>				
é					<u>3,694</u>	- -	926				
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		0		0				
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line (2)		,769,667		1,854,896				
	E .		ind similar amounts paid (Part IX, column (A), lines 1-3)		0		15,000				
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)		0		0				
Š	15 S	Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		853,093		822,746				
nse.	16a F	rofessio	onal fundraising fees (Part IX, column (A), Ilne 11e)		0						
Expenses	ьт	otal fun	ndraising expenses (Part IX, column (D), line 25) ▶ 78,968								
Δ			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		758,294		762,813				
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1	,611,387		1,600,559				
	1		e less expenses. Subtract line 18 from line 12		158,280		254,337				
≒ 83				Beginning of Cu		End of Ye					
Assets or Balances	20 T	otal ass	sets (Part X, line 16)		5,652,074		5,867,377				
<u>a</u>	21 T		pilities (Part X, line 26)		,468,099		1,429,065				
žŽ.	22		ets or fund balances. Subtract line 21 from line 20		1,183,975		4,438,312				
	art II		ture Block		+,103,373	L	4,430,312				
			ury, I declare that I have examined this return, including accompanying schedules and state	monts and to t	ha bact of	my keeudedaa and	L bolief it is				
			elete Declaration of preparer (other than officer) is based on all information of which prepare			iny knowledge and	i Deller, it is				
		<u> </u>	Max R. A. I		Augus,t	7, 2015					
Siç	-n	Sign	nature of officer	Da		, 2013					
Ηe		,	atthew G. Ballard, President/CEO Whot		57 /\	ノ(丿					
ne	16		e or print name and title	7000	<u>WX</u>						
_			-	ato.		PTIN					
Pa	id	Finiti	ype preparer's name Preparer's signature D	ate	Check	□ #					
Pr	eparer	ļ		-1-	self-em	pioyed					
	e Only	Firm's r	name •	Firm	n's EIN ▶						
		Firm's a	address ►	Pho	one no						
_	-		s this return with the preparer shown above? (see instructions)		<u></u>		s No				
For	Paperwo	rk Redu	action Act Notice, see the separate instructions.	No 11282Y		Form	990 (2014)				

Part	Chatemant of Dunman Camina Accomplishments	-3-
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	. ⊻
•	Capital Area Development Corporation of WV offers a wide range of innovative economic and community development program	s to
	build a more vibrant community and prosperous economy in the greater Charleston, WV metro area	310
		
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	-
		∕ No
	If "Yes," describe these changes on Schedule O.	1
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the c	
	the total expenses, and revenue, if any, for each program service reported.	, ii ici 3,
	, , , , , , , , , , , , , , , , , , , ,	
4a	(Code.) (Expenses \$ 510,948 including grants of \$ 0) (Revenue \$ 343,918)	
	Economic Development: Programs and projects focus on business retention and recruitment, workforce development, securing	
	developing available and appropriate locations for new business and industry, public investment in supportive infrastructure, of	
	financial incentives which can induce private investment and economic growth, support of entrepreneurship. Deliverables inclu	
	develop plans to attract target industries to the area; develop international trade alliances for area and member businesses; fost	.er
	and support tourism as a key element to our regional economy; enhance and develop relationships with economic prospects an	d
	site consultants, develop entrepreneurial networks and support systems.	
4b	(Code) (Expenses \$ 389,370 including grants of \$ 0) (Revenue \$ 232,706)	
	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-ann	uai
	educational meetings with incubator tenants.	

		- -
4c	(Code.) (Expenses \$ 281,280 including grants of \$ 15,000) (Revenue \$ 51,513)	
	Community Development: Programs and projects combine community participation and government/private partnerships to but	
	strong communities and enhance the quality of life in the Charleston area through sustainable development, smart growth initial	
	and unique educational opportunities. Deliverables include: sustainable development and promotion of downtown area; provid	
	educational forums on community development opportunities; revitalization of East End, West Side and Downtown business dis	
		·
A -J	Other program conveces (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O) (Expenses \$ 246,726 including grants of \$ 0) (Revenue \$ 428,808)	
4e	an'	
75	Total program service expenses ► 1,428,324	

	90 (2014)			Page 3
Part	IV Checklist of Required Schedules			
1	Is the organization described in section E01(a)/2) or 4047(a)/1) (ather these a project foundation)0 16 11/4 11	Γ	Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	 •
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	<u> </u>	
	candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
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		1
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	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			ı I
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	√	
	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	11b		√
	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	11c		√
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		✓
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	< >	
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, fundraning business investment and program assures as the text of the little of the contract of the little o			
	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	l l		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		✓
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
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		✓
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		✓
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		✓
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		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		NA

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	✓	-
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ň
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		N.
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		NΖ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
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 "Yes," complete Schedule L, Part II	26		1
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 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	√	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, Part II, III, or IV, and Part V, line 1	34	√	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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		N
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</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	
			n 99 0	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49		Yes	No
ь	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ç	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		<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
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 (see instructions)			_
3а	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		NA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
þ	If "Yes," enter the name of the foreign country: ► NA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			, -
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		-
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N2
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ť	
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		NA
d	If "Yes," indicate the number of Forms 8282 filed during the year			- NT 70
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		NA NA
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		— NA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		NA
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	~	NA
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		NA
0	Section 501(c)(7) organizations. Enter	ĺ	1	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b I•	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NA			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
_	against amounts due or received from them \			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ł	NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b NA	120		
3	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		NA
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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		l	
	Enter the amount of reserves on hand]	
		14a]	✓
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	i i	NA

Point 95		and	for a	"No"				
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	ee ins	tructi	ons.				
Section	on A. Governing Body and Management	···		_ننا_				
<u>oecu</u>	on A. Coverning Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35							
	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							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 35							
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	✓					
3								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		✓				
6 72	Did the organization have members or stockholders?		•					
7a	one or more members of the governing body?	7a	1					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	•					
b	stockholders, or persons other than the governing body?	7b		√				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
•	the year by the following.							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	<u></u>				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>				
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?	405		N/				
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1					
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		_				
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	-				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>					
Ŭ	describe in Schedule O how this was done	12c	✓					
13	Did the organization have a written whistleblower policy?	13	1					
14	Did the organization have a written document retention and destruction policy?	14		✓				
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	✓					
b	Other officers or key employees of the organization	15b		✓_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	l		_				
_	with a taxable entity during the year?	16a		✓				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ļ				
	organization's exempt status with respect to such arrangements?	16b		N.				
Section	on C. Disclosure	100	<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed West Virginia	-						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)s	only)				
. •	available for public inspection. Indicate how you made these available. Check all that apply.			• •				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and				
	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >					
	Debra S. James 1116 Smith Street Charleston WV 25301 Phone 304-340-4253							

	-
Dana	7

Earm (200 /	201	4

_								
Part VII	Compensation of Officer	s, Directors	, Trustees,	Key Employees	s, Highest	Compensate	d 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.

- 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 any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee
		(C) Position								
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	neck ss pe d a d	more rson irect	e than o is both or/trust	an ee)	(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	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael J. Basile - Chairman	5	1		1				0	0	0
(2) Steven M. Rubin - Vice Chairman	11	1		1				0	o	
(3) Sally Smith - Secretary	11	1		1				0	0	0
(4) J. Mark Bias - Treasurer	1	√		1				0	0	0
(5) Patrick A. Bond - Director	1	1						0	0	0
(6) Diana Sole Walko - Director	1	1						0	0	0
(7) Marıbeth Anderson - Director	1	1			_			0	0	0
(8) Gregory A. Burton - Director	1	1					_	0	0	0
(9) Stephen P. Dexter - Director	1	1	i					0	0	0
(10) Greg Elliot - Director	1	1						0	0	0
(11) Terrell Ellis - Director	11	· ·						0	0	0
(12) Georgette George - Director	1	·						0	0	0
(13) Lois Gillenwater - Director	1	1						0	0	0
(14) Julie Gurtis - Director	1	<i>,</i>						0		

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
- 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 no	or any relate	d org	anız			ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos neck ss pe	rson Irrect	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Glenn Crotty, Jr , M.D Director	,	stee	ustee			ensated				
(1) Glerin Crotty, 31 , W.D Director	1	1						0	0	o
(2) Jason E. Hatcher - Director	1	1						0	0	0
(3) George Smith - Director	11	1						0	0	0
(4) Philip A. Wright - Director	11	1						0	0	0
(5) Dick Callaway - Ex-Officio Member	1	1						o	0	0
(6) Jack Cavender - Ex-Officio Member	1	1						0	0	. 0
(7) David J. Hardy - Ex-Officio Member	1	1						0	0	0
(8) Danny Jones - Ex-Officio Member	1	1						0	0	0
(9) Frank A Mullens, Jr Ex-Officio Member	11	1						0	0	0
(10) Jack W. Nuckols - Ex-Officio Member	11	1						o	0	0
(11) Matthew G. Ballard - President/CEO	40+	1		1	1			155,729	0	23,251
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, aı	nd t	lighe	st C	ompensated E	mployees (cont	inued)		
					•	C)							
	(A)	(B)	(do n	ot ch		ntion	e than d	ne	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable		Estimate	
		hours per					or/trust		compensation	compensation from	1	amount	of
		week (list any hours for	일등	2	Q	<u>چ</u>	9,5	Ъ	from the	related organizations		other ompensa	tion
		related	흑호	<u>\$</u>	Officer	Key employee	귳울	Former	organization	(W-2/1099-MISC)		from the	
		organizations	og d	₹	٦	큥	ye st c	۳ ا	(W-2/1099-MISC)			organızatı	
		below dotted	¥ 	<u> 필</u>		oye	ੂੰ					and relate	
		line)	Individual trustee or director	Institutional trustee		ď	Highest compensatemployee				"	organizatio	3/15
			0	ee e			sated						
				ļ		ļ	_ ă				-		
(15) St	even Hedrick - Director	11											
			✓						0)		
(16) Dr	. Brian Hemphill - Director	1						l					
			✓						0	1 ()		
(17) Lo	oren W. Claypool - Director	1											
3		†	1						0	1 ((
(18) (1	narles Loeb - Director	1								`	+		`
1.0/0	ialies Loeb - Director	 	1						0	١ ,			C
(40) =			_	┢		_	-			-	' 		
(19) 17	ler London - Dırector	11	,						_				
	-		✓				1	<u> </u>	0	(<u> </u>		
(20) Je	ffrey McIntyre - Director	1 1									}		
			✓						0)		
(21) M	aureen O'Toole - Director	1											
			✓						o	()		(
(22) R	obert Pepper - Director	1								·			
32		†	1						0	(,i		C
(23) TH	iomas S. Provost - Director	1		\vdash				 		`	1		
(20) 11	ionias 3. Provost - Director	 	1								J		
(04)		_	_	├				-	0		'		
(24) Ja	ck Rossi - Dırector	1	,							ļ			
			✓						0		1		
(25) H.	G. (Chip) Shaffer III - Director	11									1		
			✓				L		0)		
1b	Sub-total							▶	0)		(
C	Total from continuation sheets to Part	VII, Sectio	n A					▶	155,729	_(<u>) </u>		23,251
d	Total (add lines 1b and 1c)							▶	155,729)		23,251
2	Total number of individuals (including but				list	ted	above	e) w	ho received m	ore than \$100.0	00 of		
	reportable compensation from the organi							,					
	3											Ye	s No
3	Did the organization list any former of	ficer direc	tor c	or tr	uste	96	kev e	mn	lovee or high	est compensat	ed 🗀		3
•	employee on line 1a? If "Yes," complete											<u>3</u>	, -
	• •										-	<u>-</u>	- ✓
4	For any individual listed on line 1a, is the												
	organization and related organizations									neaule J for su	- 1		-
	ındividual										_	4 ✓	
5	Did any person listed on line 1a receive of									zation or individ	ual	_ .	.
	for services rendered to the organization	? If "Yes," c	ompl	ete	Scr	nedu	ıle J f	or s	such person	<u>.</u>		5	✓ ✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensate	ed ind	dep	end	ent	contr	acto	ors that receive	ed more than \$1	00,000) of	
	compensation from the organization Rep												tax
	year.	•						•	J		J		
	(A)							i	(B)			(C)	
	Name and business add	ress							(B) Description of s	ervices	Com	pensation	1
								 	•				
								 					N/A
								<u> </u>					
								<u> </u>					
								<u> </u>					
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tıon	>		0				

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (conti	nued)		
	(A) Name and title		(C) Position (do not check more than box, unless person is bot officer and a director/trus					n an Reportable		(E) Reportable compensation from	am	(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 organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)											_	·	
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total			•	•		•	<u> </u>	155,729	. 0	-	2	3,251
d 2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic					ed a	above	e) w	ho received m	l ore than \$100,00	00 of		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>	ficer, dırec					-	emp	bloyee, or high	nest compensate	ed 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole (con	nper	nsatio				ne 🗀		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individu	-		
Section	on B. Independent Contractors							-	, a c , p c , c c , 1				
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) Compen		
-													
	Table 1					*							
2	Total number of independent contractor received more than \$100,000 of compens							th	lose listed ab	ove) who			

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII	<u> </u>	<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	1a	Federated campaigns 1a			-		
ara our	ь	Membership dues 1b]		
S, C	С	Fundraising events 1c			ì		
를 를	d	Related organizations 1d	244,513				
s, imi	е	Government grants (contributions) 1e	365,237				
tior er S	f	All other contributions, gifts, grants,					
호		and similar amounts not included above 1f	187,275		İ		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	5,173	_			
	h	Total. Add lines 1a-1f	•	797,025			
Пе			Business Code		1		
eve	2a	Membership Dues	900099	374,759	374,759	0	
e E	ь	Rents-Business Incubator	531120	232,478	232,478	0	
ξ	C.	Rents-Motion Industries	531120	192,085	192,085	0	
နိ	d	EPI Management Fee	561000	54,000	54,000	0	
Program Service Revenue	e	Economic/Comm Dev. Programs	900099	203,623	203,623	0	
rog	f	All other program service revenue.					
	g 3	Total. Add lines 2a-2f		1,056,945			
	"			222	222	•	
	4	Income from investment of tax-exempt b	1	926	926	0	
	5	Davidina	ond proceeds				
		Hoyaities	(ii) Personal				
	6a	Gross rents					;
	ь	Less: rental expenses	· · · · · •				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other			-	
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss) .					
	d	Net gain or (loss)	🕨				
venue	8a	Gross income from fundraising events (not including \$					
Other Re		of contributions reported on line 1c). See Part IV, line 18 a					
₹		Less: direct expenses b			ļ	-	
		Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19 a					
	ь	Less: direct expenses					
	C	Net income or (loss) from gaming act			i		
		Gross sales of inventory, less					
	100	returns and allowances a					
	ь	Less: cost of goods sold b	` 				
	c	Net income or (loss) from sales of inv					
	۳	Miscellaneous Revenue	Business Code				<u> </u>
	11a			-			
	b						-
	c				·		
	ď	All other revenue					
	e	Total. Add lines 11a–11d	•				
	آ ۱۹۵	Total revenue See instructions					

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon-		e in this Part IX .	<u> </u>	🗸
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,000	15,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	179,732	125,812	26,960	26,960
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salanes and wages	484,808	416,654	34,786	33,368
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44.04-		2 224	
9	Other employee benefits	41,047	35,564	2,804	2,679
10	Payroll taxes	62,276 54,883	52,125 45,040	5,154 4,982	4,997 4,861
11	Fees for services (non-employees).	34,003	43,040	4,562	4,001
	Management	o	o	o	0
b	Legal	1,128	0	1,128	0
С	Accounting	15,361	13,429	867	1,065
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	1,300	1,300	0	0
13	Office expenses	26,559	22,995	1,751	1,813
14	Information technology	31,028	28,922	948	1,158
15 16	Royalties	0	0	0	0
17	Occupancy	126,144 305	126,144 0	0 251	0
18	Payments of travel or entertainment expenses	305	- 0	251	54
	for any federal, state, or local public officials	0	o	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	24,090	24,090	0	0
21	Payments to affiliates	0	0	0_	0
22	Depreciation, depletion, and amortization	201,589	200,655	419	515
23	Insurance	16,533	14,455	1,104	974
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Bank and merchant fees	3,762	0	3,762	0
b	Commissions Bad debt expense	9,604	9,604	1 200	0
c d	Employee dues, development and retention	27,041 19,780	25,741 17,297	1,300 2,252	
u e	All other expenses Programs and Misc.	258,589	253,497	4,799	293
25	Total functional expenses. Add lines 1 through 24e	1,600,559	1,428,324	93,267	78,968
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				F 990 (994)

Form 990 (2014)

Part X Balance Sheet

P	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Pai	rt X		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		81,644	1	416,050
	2	Savings and temporary cash investments		1,455,411	2	1,469,017
	3	Pledges and grants receivable, net		175,616	3	39,537
	4	Accounts receivable, net		339,625	4	320,659
	5	Loans and other receivables from current and				
		trustees, key employees, and highest co				
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar				
		sponsoring organizations of section 501(c)(9) volum				-
əts		organizations (see instructions). Complete Part II of Sche	L	0	_	
Assets	7	Notes and loans receivable, net		9,351	7	
⋖	8	Inventories for sale or use	F	0	8	
	9			5,584	9	11,057
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40-			
		-	10a 6,711,251 10b 3,114,580		40-	
	11	Less accumulated depreciation Investments—publicly traded securities		3,566,747		3,596,671
	12	Investments—other securities See Part IV, line		0		0
	13	Investments—program-related See Part IV, line	F	4,650		
	14	Intangible assets	_	13,446	⊢—	9,736
	15	=		13,446	-	9,730
	16	Total assets. Add lines 1 through 15 (must equa		5,652,074		5,867,377
	17	Accounts payable and accrued expenses .		118,888		102,483
	18	Grants payable		0		0
	19	Deferred revenue	310,574		444,769	
	20	Tax-exempt bond liabilities		0		0
	21	Escrow or custodial account liability Complete I		0	21	0
S	22	Loans and other payables to current and for	ormer officers, directors,			
Ě		trustees, key employees, highest compen				
Liabilities		disqualified persons Complete Part II of Schedu	ile L	0	22	0
=	23	Secured mortgages and notes payable to unrela		678,554		607,535
	24	Unsecured notes and loans payable to unrelated	· -	0	24	0
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines of Schedule D	' ' 1			
	00			360,083	-	274,278
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	, check here ▶ 🗸 and	1,468,099	26	1,429,065
S		complete lines 27 through 29, and lines 33 and				
ĕ	27	Unrestricted net assets	i i	4 071 744	2 7	4 200 070
<u>8</u>	28	Temporarily restricted net assets		4,071,744 112,231		4,366,976 71,336
80	29	Permanently restricted net assets	⊢	0		71,330
5		Organizations that do not follow SFAS 117 (ASC 95				
Ä		complete lines 30 through 34.	"			
ञ	30	Capital stock or trust principal, or current funds	0	30		
Se	31	Paid-in or capital surplus, or land, building, or ed	0		0	
Ą	32	Retained earnings, endowment, accumulated in		_ 0	_	C
Net Assets or Fund Balances	33	Total net assets or fund balances		4,183,975	33	4,438,312
_	34	Total liabilities and net assets/fund balances .	<u> </u>	5,652,074		5,867,377
				_		Form 990 (2014)

Form 9	90 (2014)			Pa	age 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI			•	<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)				54,896
2	Total expenses (must equal Part IX, column (A), line 25)				00,55 <u>9</u>
3	Revenue less expenses Subtract line 2 from line 1				54,337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	\rightarrow		4,1	83,975
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)	\bot			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>		4,4	38,312
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		•	<u>. </u>
		f		Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	nın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	-			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	na I			
	separate basis, consolidated basis, or both:	ļ			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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 accounta		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain	nın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in			
	the Single Audit Act and OMB Circular A-133?	.	3a		✓
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	3b		N.

Form **990** (2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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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.

	organization answered "Yes see separate instructions), t	s," to Form 990, Part IV, line 5 (Proxy	Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga				
Name	of organization	anizations. Complete Part III.		Employer ide	ntification number
Capita	I Area Development Corpor	ration of West Virginia			55-6024192
		e organization is exempt und	er section 501(c) or is a section 527	
1		the organization's direct and indire			
2	Political expenditures			. ̃ ▶ \$	NA NA
3	Volunteer hours				
Part	-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$	NA NA
2		excise tax incurred by organization			3
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				. Yes No
ь	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	· · · · · · · · · · · · · · · · · · ·
	activities				NA
2	Enter the amount of the	filing organization's funds contrib	outed to other org	janizations for section	
	527 exempt function acti	ıvıties		. ▶ \$	
3		expenditures. Add lines 1 and 2	. Enter here and	•	
4	Did the filing organization	n file Form 1120-POL for this year		· · · · · · · · · · · · · · · · · · ·	. Yes No
5		ses and employer identification nur			
•	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
	the amount of political co	ontributions received that were pro	moth and directly	delivered to a senarate r	nolitical organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	-				NA
(2)					
(3)					
(4)					
(5)					
(0)	<u> </u>				
(6)					

Page 2	
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	t II-A Complete if the organization section 501(h)).	-				
	Check ► ☐ If the filing organization below name, address, EIN, expense	es, and sha	are of excess lobb	oying expenditur	es).	up member's
B (Check 🕨 🗌 if the filing organization chec			trol" provisions a	pply.	
	Limits on Lobby (The term "expenditures" mea)	(a) Filing organization's totals	(b) Affiliated group totals
1:				·		NA NA
	Total lobbying expenditures to influence a	•				
		•	· · · · · ·	9)		
	Other exempt purpose expenditures .	and rb) .				
·		ines 1c and	1d)			
1		table in both				
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			1
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		•
	Over \$1,000,000 but not over \$1,500,000	over \$1,000,000		:		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		į
	Over \$17,000,000	\$1,000,000		. –		
	Grassroots nontaxable amount (enter 25%	of line 1f)				
ł	Subtract line 1g from line 1a. If zero or les					
i	Subtract line 1f from line 1c. If zero or less					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Fo						
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a sect See the s	ion 501(h) e eparate ins	tructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
	Lobbying E	xpenditure	s During 4-Year A	veraging Period	r	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2	Lobbying nontaxable amount					NA
ŧ	Lobbying ceiling amount (150% of line 2a, column (e))					
(: Total lobbying expenditures					
(Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

	(election under section 501(h)).					
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed uption of the lobbying activity.	Yes	a) No	Α	(b) mouni	
1	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:		<u> </u>			
а	Volunteers?			1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		ļ			
С	Media advertisements?					N/
d	Mailings to members, legislators, or the public?			<u> </u>		
e	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? .			<u> </u>		
i	Other activities?					
z 2a	Total. Add lines 1c through 1i	<u> </u>				
Za 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)(5). (or se	ction		
	501(c)(6).	,,-,, ·		00		
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		1
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members		1	i III-A,		3, IS NA
2	political expenses for which the section 527(f) tax was paid).	OT				
а	Current year	•	2a			
b	Carryover from last year	•	2b			
C	Total	•	2c			
3 4	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues . If notices were sent and the amount on line $2c$ exceeds the amount on line 3 , what portion of	the	3_			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
5	and political expenditure next year?	•	4			
	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
	e 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 lıs	t); Pai	rt II-A,	lines 1	and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
	NA					

Schedule C (Fo:	rm 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
<u>N</u>	IA	
*		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 2014

Open to Public Inspection

Name o	the organization		Employer	r identification i	number
	Area Development Corporation of West Virginia			55-6024	192
Par			nds or A	ccounts.	
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds		(b) Funds and ot	ther accounts
1	Total number at end of year			NA	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year) .		1		
4	Aggregate value at end of year		1		
5	Did the organization inform all donors and dono	r advisors in writing that the assets h	neld in do	nor advised	 ·
_	funds are the organization's property, subject to ti	_			☐ Yes ☐ No
6	Did the organization inform all grantees, donors,				
•	only for charitable purposes and not for the bene				
	conferring impermissible private benefit?				
Par			<u>· · · · · · </u>		
r ar	Complete if the organization answered	"Ves" to Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the				
•			f a biotar	aallu maaat	ent land area
	Preservation of land for public use (e.g., recrea	· <u> </u>		• •	
	Protection of natural habitat	☐ Preservation o	ir a certifi	ea nistoric st	ructure
_	Preservation of open space			.	-
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribution	on in the		
	easement on the last day of the tax year.		<u> </u>		End of the Tax Year
а			· [2a	NA
b	Total acreage restricted by conservation easemer	nts	· · 13	2b	
С	Number of conservation easements on a certified	· ·	· -	2c	
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a		
	historic structure listed in the National Register		· [:	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ten	mınated t	by the organi	zation during the
	tax year ►				
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re-				
	violations, and enforcement of the conservation e	asements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, and enforcing conservation	easeme	nts during the	e year
	>				
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation ease	ements d	unng the yea	ar
	▶ \$	-			
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and exp	ense statem	ent, and
	balance sheet, and include, if applicable, the text				
	organization's accounting for conservation easem	ents.			
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other S	Similar Ass	ets.
	Complete if the organization answered				
	If the organization elected, as permitted under SI			statement a	and balance sheet
	works of art, historical treasures, or other similar				
	public service, provide, in Part XIII, the text of the				
b	If the organization elected, as permitted under s	SFAS 116 (ASC 958), to report in its	revenue	statement a	nd balance sheet
-	works of art, historical treasures, or other similar				
	public service, provide the following amounts rela	•	,		
	(i) Revenue included in Form 990, Part VIII, line 1	•		▶ \$	NA
	(ii) Assets included in Form 990, Part X			· • •	
2	If the organization received or held works of ar				gain provide the
-	following amounts required to be reported under			manda	gam, provide the
_				▶ •	
a	Revenue included in Form 990, Part VIII, line 1			. 5	
<u>b</u>	Assets included in Form 990, Part X	. <u></u>		5	

_			•
Pa	a	A	4

Part										
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of th	e follov	ving that are a	significan	t use of	its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research		е	☐ Other	NA NA					
С	Preservation for future generations									
4	Provide a description of the organiza XIII.	tion's collections	and expla	ain how ti	ney further	the org	janization's ex	empt purp	ose in Pa	art
5	During the year, did the organization	solicit or receive	e donation	s of art,	historical tr	easure	s, or other sim	ılar		
	assets to be sold to raise funds rather	r than to be maint	tained as j	part of the	e organizati	on's co	ellection?	. 📋 Y	es 🗌 N	0
Part									_	
	Complete if the organization	answered "Ye	s" to Forr	n 990, P	art IV, line	9, or ı	reported an a	mount on	Form	
	990, Part X, line 21.	 					 			
1a	Is the organization an agent, trustee			-				_		
	· ·					•		. L Y	es ∐ N	0
b	If "Yes," explain the arrangement in P	art XIII and comp	ete the to	illowing ta	abie:	Γ		Amount		—
_	Paginning balance					10	-	7 tillouin		_
c d	Beginning balance					1d				<u>NA</u>
e	Distributions during the year					1e				
f	Ending balance					1f	-+			
2a	Did the organization include an amount				scrow or cu			tv? 🗆 Y	es 🗆 N	0
	If "Yes," explain the arrangement in P									
Par										_
	Complete if the organization	answered "Yes	s" to Forr	n 990, P	art IV, line	10.			_	
		(a) Current year	(b) Pn	or year	(c) Two year	s back	(d) Three years ba	ck (e) Fou	r years bacl	k_
1a	Beginning of year balance								N	IA_
b	Contributions									_
С	Net investment earnings, gains, and									
	losses									
	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance				•					
2	Provide the estimated percentage of t	-	end balanc	e (line 1g	, column (a)) held :	as:			
а	Board designated or quasi-endowme		NA%							
b	Permanent endowment >	NA%								
С	Temporarily restricted endowment ▶									
2-	The percentages in lines 2a, 2b, and 2			zation thi	st are held	and ad	munictored for	tha		
3a	Are there endowment funds not in the organization by:	e possession or	trie organi	zation the	at are netu	and ad	ministered for	li le	Voc N.	
	(i) unrelated organizations							3a(i)	Yes No	_
	(ii) related organizations							. 3a(ii)	-	_
b	If "Yes" to 3a(ii), are the related organ			on Schedi	ule B?			. 3b	7	
4	Describe in Part XIII the intended uses					• •				_
Part										_
	Complete if the organization		s" to Fori	n 990, P	art IV, line	11a. S	See Form 990	, Part X, I	ine 10.	
	Description of property	(a) Cost or (investi	other basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Boo	-	
	Land	.	0	 	382,446	. (,)	· Carles Co		382,44	46
b	Buildings		0	1	6,189,607		2,992,633		3,196,97	_
c	Leasehold improvements		0	1	0,100,007		0			0
ď	Equipment		0		139,198		121,947		17,25	
e	Other		0	 	0	*	0			0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part	X, column)c.) .	▶		3.596.67	— 71

Part VII	Investments – Other Securities Complete if the organization ans		m gai	n Part IV line	a 11h See For	m 990 Part Y line 12
	(a) Description of security or category (including name of security)		1) Book value	(c) I	Method of valuation end-of-year market value
(1) Financial	derivatives			NA		
(2) Closely-h	neld equity interests					
(3) Other						**
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12) ▶					
Part VIII	Investments - Program Related					
	Complete if the organization answ	wered "Yes" to For	m 990), Part IV, line	11c. See For	m 990, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation and-of-year market value
(1) Investme	ent in closely held member organization	- trade for dues and				
(2) supp	ort in previous years			4,650	Cost	
(3)						
(4)		-				
(5)						
(6)						
(7)						
(8)			l			
(9)						
	b) must equal Form 990, Part X, col (B) line 13.)			4,650		
Part IX	Other Assets.					
	Complete if the organization answ	wered "Yes" to For	m 990), Part IV, line	11d. See For	m 990, Part X, line 15.
	(a) Description				(b) Book value
(1)						NA NA
(2)					<u>-</u>	
(3)						
(4)						
(5)						
(6)		·				
_(7)						
_(8)						
(9)					<u></u>	
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u></u>	<u> </u>	<u> </u>
Part X	Other Liabilities.					
	Complete if the organization answ	wered "Yes" to Fori	m 990), Part IV, line	11e or 11f. S	ee Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in			0			
(2) Notes pa	yable to related organization	27	4,278			
(3)						
(4)						
(5)		 -				
(6)						
(7)		<u> </u>				
(8)						
(9)	1					
	n) must equal Form 990, Part X, col. (B) line 25.) ▶	27	4,278			
2. Liability for	uncertain tax positions. In Part XIII, providence	de the text of the footn	ote to t	the organization	i's financial statei	ments that reports the

Part		łeturn.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1 1,895,795
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1,093,793
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 40,899
3	Subtract line 2e from line 1	3 1,854,896
4	Amounts included on Form 990, Part VIII, line 12, 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	Add lines 4a and 4b	4c 0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,854,896
Part		r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1,600,563
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	2e 4
е 3	Subtract line 2e from line 1	3 1,600,559
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7,000,333
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
	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 1,600,559
Part	XIII Supplemental Information.	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional inf	formation
Part V	, Lines 3a, 3b, 4. CADCO Foundation, Inc., a related 501(c)(3) organization, created as a supporting organiza	ition for the Capital Area
Develo	ppment Corporation of WV (CADCO) dba Charleston Area Alliance, maintains a board-designated endowmer	it fund held for the purpose
of futu	ire economic development projects focused on job creation and retention in CADCO's service area The val	ue of the endowment fund
is repo	orted on Form 990 for the CADCO Foundation.	
		,
Dart V	Line 2: As of December 31, 2014, the Alliance had no uncertain tax positions that qualified for either recog	nition or disclosure in
Lairy	, Line 2. As of December 31, 2014, the Amarice had no directain tax positions that quantity for extrem 1000g	THE OTHER PROPERTY.
the fin	ancial statements.	
2110-1111		,
Part X	I, Line 2d: Net assets released from restrictions \$ 40,895	
	Rounding 4	
	Total \$ 40,899	
Part X	II. Line 2d: Rounding \$ 4	

Schedule D (Fol	11 990) 2014	Page Q
Part XIII	Supplemental Information (continued)	
NA		
··		.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014 Open to Public Inspection

Employer identification number 55-6024192

OMB No 1545-0047

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

Capital Area Development Corporation of West Virginia Part I General Information on Grants and Assist	on Grants and	Assistance					55-6024192
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in records to subsaward the grants of	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility	for the grants or assistanc	be, and
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fu	nds in the United	States.		_
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz	ations and Dom	nestic Governm Il can be duplica	ients. Complete ated if additional	if the organization ansv space is needed.	Complete if the organization answered "Yes" to Form 990, additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Crawford Holdings, LLC - 303 Washington St. W, Chas WV 25302	46-5635306	NA	15,000		NA NA	NA	Preservation of historic
							Structure and redevelop-
							ment for enhancement of
							Community
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	ernment organizat in the line 1 table	tions listed in the li	ne 1 table			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		ပိ	Cat. No. 50055P		Schedule I (Form 990) (2014)

Page 2		sistance								u,s	ealth	bus					n 990) (2014)
00 00 1	art IV, line 22.	(f) Description of non-cash assistance								oric building on Charlesto	g to increased economic h	s an active partner in seek					Schedule I (Form 990) (2014)
- C C C	Individuals. Complete it the organization answered "Yes" to Form 990, Part IV, line 22. is needed.	(e) Method of valuation (book, FMV, appraisal, other)							and the second s	n and redevelopment of an hist	e commercial space contributin	building's developers to ensure progress toward completion of the project, and remains an active partner in seeking					
	e organization answe	(d) Amount of non-cash assistance						i	100	acquisition, preservation	mically viable mixed us	progress toward compl					
3. 40 0	iais. Complete if the d.	(c) Amount of cash grant					:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	wford Holdings LLC in	spital, will be an econor	developers to ensure	:				
	Domestic Individua nal space is needed	(b) Number of recipients								early partner with Crav	uilding, formerly a hos	arly with the building's	romotion of the project.				
rm 990) (2014)	Grants and Orner Assistance to Domestic Part III can be duplicated if additional space i	(a) Type of grant or assistance			10 min - 10				Cumplemented Information Described the information and in Date I land O Date III actions (b) and and other additional information	Capital Area Development Corporation of WV was an early partner with Crawford Holdings LLC in acquisition, preservation and redevelopment of an historic building on Charleston's	West Side Upon completion of redevelopment, the building, formerly a hospital, will be an economically viable mixed use commercial space contributing to increased economic health	and vibrancy of the communty. CADCO meets regularly with the	sources of funds for the redevelopment budget and promotion of				
Schedule I (Form 990) (2014)	Faltelli		1 NA	2	က	4	zs	9	7	Capital Area	West Side	and vibranc	sources of f				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990.

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number 55-6024192 Capital Area Development Corporation of West Virginia Part | Questions Regarding Compensation 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account 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 NA 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 Dunng 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: a Receive a severance payment or change-of-control payment? . . 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 5b 1 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: The organization? 6a 6b If "Yes" to line 6a or 6b, describe in Part III. 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

NA

Page 2

Schedule J (Form 990) 2014

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 (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Brookdown of	(B) Brookdown of W. 2 and/or 1000 MIC componention					
		(b) Dreakdown or	W-Z arid/Or 1099-IVIIC	oc compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred in prior
				compensation				Form 990
	8	155,054	675	0	16,368	8,435	180,532	675
1 Matthew G. Ballard, Pres/CEO	€							
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Schedule J (Form 990) 2014

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Part I

. Also complete this part	
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 pa	
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in Sa and Sa. Mathew G. Ballard, President/CEO, participated in a team incentive plan first implemented in 2012 and continued brough 2014. In 2013, the organization met its goal of account a incentive of \$53 which was pass in February 2014. This amount is identified above in Part III. Line 1, Columns (B)(i) and (E). Similarly, in 2014, the organization met its goal of exceeding budgeted net earlings, insulting in incentive and a secured an incentive of \$800. This amount is included above in Part III. Line 1, column (C).

Schedule J (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	al Area Development (Corporation of W	lest Virginia							55-	60241	92		
Pai		efit Transaction ne organization	ns (section 50° answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV,	and 50 line 29	01(c)(29) organiz 5a or 25b, or Fo	ations rm 99	only 0-EZ,). Part	V, line	∍ 40b	
1	(a) Name of disqualified	Inerson	(b) Relationship b			person and		(c) Description	n of trai	neactio			(d) Cor	rected?
	(a) Name of disquamed	person		organiza	ation			(c) Description	iii Oi ti ai	isacio			Yes	No
<u>(1)</u>	NA												<u></u>	
(2)														
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2	Enter the amount under section 4958 Enter the amount of	3							ırıng t 	he ye · ·	▶ \$	<u></u>		
Par	Complete if th	l/or From Interne organization eported an amo	answered "Ye	s" on l	Form 990 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form 9	90, Pa	urt IV,	line 2	?6, or	if the	
(a) N	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal ar		(f) Balance due	(g) In o	default?		proved pard or nittee?		ntten ment?
				То	From	İ			Yes	No	Yes	No	Yes	No
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Par		sistance Benet ne organization	fiting Interest answered "Ye	ed Pers" on i	rsons. Form 990	0, Part IV, I	ine 27	7.	_					
(a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance	1	(d) Type of assistance	се	(e)) Purpo	ose of a	ssistan	ce
(1)	NA													
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1) Ther	e are no reportable transactions in					
	ss of applicable thresholds. See					
	V below for additional information.					
(4)					_	
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Part V	Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	instructions)	·	
The follow	ing directors of the organization wer	e also officers, directors, tri	ustees, or direct or ir	direct owners of unrelated entitie	s doing	
business v	with this organization. No transaction	ns are reported above in Pa	rt IV because they do	o not exceed applicable reporting	threshol	lds
All transac	tions between the reporting organizations	ation and such unrelated en	tities were conducte	d in the normal course of busines	s under	
terms exte	nded to the general business comm	unity and public. No transa	ctions resulted in lac	k of independence for the directo	rs listed	
below with	respect to this reporting organization	on.				
Philip A. W	right, officer of Appalachian Power (Company - public utility ser	vices		••	
Gregory B	urton, officer of Brickstreet Insuranc	e - Workers Compensation	insurance services			
J. Mark Bia	as, officer of BB&T - banking service	s				
Michael J.	Basile, member of Spilman, Thomas	& Battle, PLLC - legal servi	ces			
Sally Smitl	h, member of Bowles Rice LLP - lega	l services				
Jeffrey Mc	Intyre, officer of WV American Water	Company - public utility se	rvices			
Jason E H	latcher, officer of JPMorgan Chase B	ank - banking services				
Diana Sole	: Walko, owner of Motion Masters - vi	deo production services	••••			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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

Name of the organization Employer identification number Capital Area Development Corporation of West Virginia 55-6024192 Page 1, Part 1, 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. Approximate number of volunteers are: Economic Development - 125, Workforce/Education - 10, Community Development - 25; Administration/Member Services - 40; Total - 200 Page 2, Part III, Line 4d: Other program services include benefits and opportunities provided to member businesses such as networking events, seminars, trade shows, referrals and marketing. Program expenses were \$246,726 including grants of \$0 and revenues of \$428,808. Page 4, Part IV, Line 28c: Several directors of the organization are affiliated with unrelated entities doing business with and/or contributing to the organization See Schedule L, Part V for a list of those directors. There were no reportable transactions in excess of applicable thresholds. Page 6, Part VI, Line 2: The following directors/officers of this organization reported the following relationships with other directors/officers. J. Mark Bias - business relationships with Matthew G. Ballard, Patrick Bond, Michael Basile, Gregory Burton, Terrell Ellis, Georgette George, Lois Gillenwater, David Hardy, Charles Loeb, Jeffrey McIntyre, Robert Pepper, Jack Rossi, Steve Rubin, George Smith, Diana Sole Walko Steven Hedrick - business relationship with Matthew G. Ballard H. G. Shaffer, III - business relationship with Matthew G Ballard Jason Hatcher - business relationships with Michael Basile, Sally Smith, Danny Jones, Georgette George, Steven Hedrick, Charles Loeb, Page 6, Part VI, Line 6: Approximately 600 area businesses are members of the reporting organization. Page 6, Part VI, Line 7a: The voluntary Board of Directors of the organization is comprised of business and community leaders elected by the membership of the organization. Page 6, Part VI, Line 9: See attached list of Board of Directors for mailing addresses.

Name of the organization	Employer identification number
Capital Area Development Corporation of West Virginia	55-6024192
Page 6, Part VI, Line 11a and 11b: The organization's chief financial officer prepared Form 990 Authority	to review and approve Form 990
has been delegated to the Board's Finance Committee, which reviewed and approved the form prior to file	ng. The Board's Executive
Committee and remaining members of the Board are invited to contact the chief financial officer to obtain	a copy of Form 990 which is
emailed upon request.	
Page 6, Part VI, Line 12c: Conflicts of interest with respect to officers, directors and employees of the org	anization and its affiliates is
addressed in the organization's Bylaws, Accounting Manual and Personnel Policies The organization's c	onflict of interest policy is
presented to directors and employees at periodic training and orientation sessions. Directors and employ	rees are charged with professional
conduct which includes self-monitoring and reporting of potential or perceived conflicts of interest Mana	gement and the Board of Directors
advise as to whether or not the perceived conflict is valid. Directors are asked to remove themselves from	n discussions or decisions in
matters where there may be conflict of interest. The organization has a Code of Ethics statement which is	accepted via signature by
directors and employees.	
Page 6, Part VI, Line 15: The organization's Executive Committee annually reviews the performance of an	d determines compensation of
the organization's President/CEO. The last such review was conducted in 2014. In 2011, the Executive Co	ommittee charged the Human
Resources Committee with engaging the services of an independent consultant to review and perform co	mparative analyses of executive
compensation. The results of the independent review and comparative analyses were used to establish m	narket rate executive compensation
	<u></u>
Page 6, Part VI, Line 19. The organization makes its governing documents, conflict of interest policy and	Financial statements available to
the public upon request, either by providing copies or by inspection at its office	
the public upon request, entier by providing copies of by inspection at its office	•••••
Page 10, Part IX, Line 24e [.] All other expenses include: (A) (B) (C) (D)	
Program expenses \$253,790 \$253,497 \$ 0 \$ 293	
Governance & Misc \$ 4,799 \$ 0 \$ 4,799 \$ 0	
Total Line 24e \$258,589 \$253,497 \$ 4,799 \$ 293	
Page 12, Part XII, Line 2: The organization's CFO compiled the financial statements. An independent CPA	firm audited the consolidated
financial statements of this organization and its affiliates. Finance Committee selects the audit firm and o	rovides oversight

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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.

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

Open to Public Inspection 2014

OMB No 1545-0047

Employer identification number

(f)
Direct controlling
entity 55-6024192 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Capital Area Development Corporation of West Virginia

(2)

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(1) NA

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Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization	ızatıon	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	Direct controlling entity	(9) Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
							Yes	ş
(1) CADCO Foundation, Inc.	55-0680725							
1116 Smith Street, Charleston, WV 25301		Economic Development WV	W	501(c)(3)	11a Type 1 NA	Ą.	>	
(2) Enterprise Properties, Inc.	55-0714069							
1116 Smith Street, Charleston, WV 25301		Economic Development WV	W	501(c)(6)	AN	NA NA	>	
(3) Interregional Chamber of Commerce, Inc. 23-7061206	23-7061206							
1116 Smith Street, Charleston, WV 25301		Economic Development WV	w	501(c)(6)	AN	NA NA	>	
(4)		$\overline{}$						
(9)								
(6)								
(2)								
For Paperwork Reduction Act Notice, see the Instructions for Form 99	ructions for Form	.066	N teO	Cat No 50135V		Schodule B (Form 000) 2014	8	8

(i) Section 512(b)(13) controlled entity? (k) Percentage Yes No 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. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. General or managing partner? Yes No (h) Percentage ownership (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Share of end-of- Dsproportionate year assets allocations? ŝ (f) Share of total income Yes (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (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 (b) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV AN (I) (I) NA Ε 8 9 ପ € <u>@</u> 8 3 3 9 ε 9

Schedule R (Form 990) 2014

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014 Part V Transacti

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 Dunng 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 orga	ınızatıons lısted in Part	S II–IV?	
				1a /
b Gift, grant, or capital contribution to related organization(s)				1b <
c Gift, grant, or capital contribution from related organization(s)			•	1c 🗸
d Loans or loan guarantees to or for related organization(s)			- - - -	1d /
Loans or loan guarantees by related organization(s)				1e >
			l	
f Dividends from related organization(s)				>
				1g /
h Purchase of assets from related organization(s)				+
i Exchange of assets with related organization(s)				-
j Lease of facilities, equipment, or other assets to related organization(s)			· · · · · · · · · · · · · · · · · · ·	1j
k Lease of facilities equipment or other assets from related organization(s)				
Performance of services or membership or fundraising				> \ \
m Performance of services or membership or fundraising solicitations by related organization(s)				1 = 1
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s).				t >
o Sharing of paid employees with related organization(s)				10 🗸
p Heimbursement paid to related organization(s) for expenses				4
q Reimbursement paid by related organization(s) for expenses				1q
			1	
			· · · · ·	1r /
				1s <
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, incl	luding covered relation	ships and transaction	n thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount involved
(1) CADCO Foundation, Inc.	S	244.513	244.513 See Part VII	
(2) CADCO Foundation, Inc.	9	(84,995)	(84,995) See Part VII	
(3) Interregional Chamber of Commerce, Inc.		6,144	See Part VII	
(4) Enterprise Properties, Inc., CADCO Foundation, Inc., Interregional Chamber of Commerce. Inc.	0	54 730	54 730 See Part VII	
(5) Enterprise Properties, Inc., CADCO Foundation, Inc., Interregional Chamber of Commerce, Inc.	r, s	20,717	20,717 See Part VII	
(9)				
			Schedule R (Schedule R (Form 990) 2014

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) triat was not a related organization. See instructions regarding exclusion for certain investment partitions.	gailization. See	IIISITUCIIONIS TE	ggarding exclusion	5		Sullein par	mersinps.	1	0	9	13
(a) Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(u) Predominant income (related, unrelated, excludec from tax under	Are all partners section 501(c)(3) organizations?		Share of total income	(9) Share of end-of-year assets	Oisproportionate allocations?	ate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(K) Percentage ownership
			sections 512-514)	Yes No	9			Yes No	0	Yes No	·1
(1) NA											
(2)											
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(15)											
(16)											
									Sch	edule R (For	Schedule R (Form 990) 2014

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
Part V, Line	e 2(1): The reporting organization received grants from the CADCO Foundation to support operation of the organization's business
incubator b	ouilding. Total grants received in 2014 were \$244,513.
Part V, Line	2(2): The reporting organization owed two separate notes payable to the CADCO Foundation. These funds were borrowed from
the Founda	tion's board-designated endowment for the purpose of improvement to the business incubator building owned and operated by
the reportir	ng organization. Funds are repaid monthly to the Foundation's endowment, based on amortization schedules computed with
competitive	e fixed rates of interest. At 12/31/14, total notes payable to the CADCO Foundation were \$274,278. Total payments to the CADCO
Foundation	on these notes payable in 2014 were \$49,995 including interest of \$9,190. In a separate transaction, the reporting organization
received in	2013 a \$45,000 loan from CADCO Foundation as seed funding for a Building Maintenance Fund. A \$35,000 payment on the loan
was made i	n 2014, leaving a balance of \$10,000 to be repaid in 2015.
Part V, Line	2(3): The reporting organization receives monthly rental income from the Interregional Chamber of Commerce for reimbursement
of occupan	cy costs incurred in support of Chamber activities. Total rents received from the Chamber in 2014 were \$6,144.
Part V, Line	2(4): 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 without
charge to C	ADCO Foundation, at cost to the Chamber and for an annual management fee of \$54,000 to Enterprise Properties
Part V, Line	2(5): As with many related organizations managed by shared staff and utilizing shared resources, CADCO Foundation,
Enterprise l	Properties and the Interregional Chamber of Commerce use intercompany due to/from accounts with the reporting organization
to capture t	ransfers and other transactions during the normal course of recordkeeping. The net increase in the Foundation's payable to
the reportin	g organization in 2014 was \$4,979. The net increase in Enterprise Properties' payable to the reporting organization in 2014 was
\$86. The ne	et decrease in the Chamber's receivable from the reporting organization in 2014 was \$15,652.
	·

Officers

Chair

Michael J. Basile Spilman, Thomas & Battle P. O. Box 273 Charleston, WV 25321 304-340-3854 phone 304-340-3801 fax mbasile@spilmanlaw.com

Vice Chair

Steven M. Rubin
Blue Creek Gas Company
1700 Pennsylvania Avenue
Charleston, WV 25302
304-0141 phone
304-342-0142 fax
srbluegas@gmail.com

Secretary

Sally Smith Bowles Rice P. O. Box 1386 Charleston, WV 25325 304-347-1100 phone 304-343-3058 fax ssmith@bowlesrice.com

Treasurer

J. Mark Bias BB&T P. O. Box 1793 Charleston, WV 25326 304-348-7368 phone 304-341-1037 fax mbias@bbandt.com

Directors

Maribeth Anderson Chesapeake Energy P.O. Box 6070 Charleston, WV 25362 304-391-5535 phone 304-353-5093 fax maribeth anderson@SWN.com

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