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# SCANNED SEP 2 3 2016

	990
-om	330

## **Return of Organization Exempt From Income Tax**

2015

OMB No 1545-0047

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.
epartment of the Treasury	Do not blish social socially fidinocis on this form as it may be made public.
ternal Revenue Service	▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Öpen to Public

Internal	Revent	ie Service		▶ Informati	on about Form 99	10 and its instruction	ns is at www.irs.go	v/torr	n990.		Sinspection
A Fo	r the	2015 calend	lar year, or	tax year begir	ning		, 2015, and e	nding			, 20
B Ch	eck if a	pplicable	C Name of o	rganization Comm	unityWorks 1	In West Virgi	nia, Inc.			D	Employer Identification no.
☐ Ad	dress c	hange	Doing bust	ness as						55	5-0706467
	me cha	inge	Number ar	Е	Telephone number						
	ial retu	m	4302	(3	304)965-2241						
$\equiv$		rn/terminated	· · · · · · · · · · · · · · · · · · ·		, country, and ZIP or fore	eign postal code	<del></del>				389,005
_		return	· ·	eston, WV	-					l G	Gross receipts\$
$\vdash$		n pending		address of principa	<del></del>	Skeens	· · · · · · · · · · · · · · · · · · ·				
<b></b> ~	piicabo	in benomia		as C abov		Oveens		H	(a) Is this a grow	up return (	or Yes X No
		npt status.	501(c)(3)	501(c) (	) <b>d</b> (insort no )	□ 4947(a)(4) at □	527	┨.			= =
						4947(a)(1) or	J 327		If "No," (c) Group exert	attach a	ncluded? Yes No list (see instructions)
	ebsite:	E.		ityworksw			T				
		<u> </u>	<del></del>	Trust As:	sociation Other	·	L Year of formation.	1991	M State of	n legal oo	miale: WV
Ran		Summai			.1						
	1	Briefly desci	ribe the orga	anization's miss	sion or most signific	ant activities: <u>se</u>	e Schedule O.		· · · · · · · · · · · · · · · · · · ·		<del></del>
ø						<del></del>					
and											<del></del>
ē											<del></del>
Activities & Governance	2					perations or dispose	ed of more than 25%	of its	net assets.	_ 1	
ತ	3		•	•	erning body (Part \	•		• • •		3	12
es	4			_		body (Part VI, line 1	b)		· · · · ·	4	11
<u>X</u>	5			• •	•	115 (Part V, line 2a)				5	3
Ą	6			ers (estimate if			·····			6	
	7a	Total unrela	ited busines	s revenue from	Part VIII, column (	(C)-line 12	FIDE		<i>.</i>	7a	0
	b	Net unrelate	ed business	taxable incom	e from Form 990-T	Jine 34 - C.		<del></del>		7b	0
					40	1	SS		Prior Year		Current Year
	8 Contributions and grants (Part VIII, line 1h)										306,146
ë	9 Program service revenue (Part VIII, line 2g)									82,859	
Revenue	10	Investment	income (Pai	rt VIII, column (	A), lines 3, 4, and 7	7d)	• • • • • • • • • • • • • • • • • • • •				0
æ	11	Other reven	ue (Part VII	I, column (A), li	ines 5, 6d, 8c, 9c, 1	OC, ANGREN					0
	12	Total revent	ue - add line	s 8 through 11	(must equal Part V	'III, column (A), line 1	2)		367	, 952	389,005
	13	Grants and	similar amo	unts paid (Part	IX, column (A), lin	es 1-3)					0
	14	Benefits pa	id to or for n	nembers (Part	IX, column (A), line	4)					0
	15	Salaries, ot	her compen	sation, employe	e benefits (Part IX	, column (A), lines 5-	.10)		150,553		174,153
Expenses	16a					1e)					0
ĕ	b			• .	olumn (D), line 25)	•	0	Γ.	; ; ;	· · · ·	Jan 19 19 19 19 19 19 19 19 19 19 19 19 19
찣	17			•	ines 11a-11d, 11f-2				242	,766	206,151
	18	•			st equal Part IX, col				393	,319	380,304
	19			-						,367)	8,701
- S	1							Begin	ning of Current		End of Year
ats o	20	Total asset	s (Part X, lir	ne 16)	<i></i>	<b></b>			2,633		2,855,188
ASSI	21		ies (Part X,	•						,812	821,401
Net Assets or Fund Balances	22		•	•		20		$\vdash$	2,025		2,033,787
Par			ure Bloc		A line ZT nonthine.					,	
					ım, including accompany	ring schedules and stateme	ents, and to the best of my	knowled	ige and belief, it i	5	
						rmation of which preparer h					
			$^{\prime}$	11.	X (X6)	oens	/			9	3/22/16
Sign	า	Signal	ture of officer	af	J. XIII	erns-		_		Date	1 4 4 1 4
Her		[			ve Director						
пен	<del>-</del>		y Skeens or print name ar		ve birector	.1					<del></del>
		<del>- 17</del>			[	<del>-//</del> //	Date		Ghan D	if PT	
		"	oreparer's name	•	Preparers signature	/ 11//	<b>,</b>		Check		
Paid		Shad A					08-22-2016	~	self-employe	ฆ	P01463778
Preparer Fim's name ➤ AAL PC Fim's EIN ►											
Use	On	ly Fum's addr	G58 P		d Courthouse	a Road, #210		Ph	one no		2 2644
					VA 22182	1		L	7	J3-89	3-9644
					shown above? (see		<u></u>	<u></u>	· · · · · · · · ·	<u></u>	Yes X No
For F	aper	work Reduc	tion Act No	otice, see the s	separate Instruction	ons.					Form 990 (2015)
EEA											

Form	990 (2015) CommunityWorks In West Virginia, Inc.	55-0706467	Page 2
Par	till Statement of Program Service Accomplishments		
	Check If Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	See Schedule O.	<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the	□ v <sub>**</sub>	₽ Na
	prior Form 990 or 990-EZ?	⊔ tes	ίχη μο
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ Ves	₩ No
	If "Yes," describe these changes on Schedule O.		MY WA
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d hv	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		
	the total expenses, and revenue, if any, for each program service reported.		
	, and the state of		
4a	(Code:) (Expenses \$253,068 including grants of \$) (Revenue	\$	)
	See Schedule O.		
			··· <u>-</u> -
			<del></del>
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			······
			<del></del>
			·
	, 4		
4c	(Code: ) (Expenses \$ '.'. including grants of \$ ) (Revenue	\$	)
		<del></del>	
	·		
	1		
	!		
4d	Other program services (Describe in Schedule O.)	,	
	(Expenses \$ including grants of \$ ) (Revenue \$		
40	Total program service expenses ► 253,068	F.	- 000 (0015)
EEA		F0	m <b>990</b> (2015)

1,91			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4		4		Х
=	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
6	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>		
8	complete Schedule D, Part III	8		х
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<del></del> -
9	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	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	H		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	v)	5 50	(2 far
••	VII, VIII, IX, or X as applicable.	1	(A.)	. N. W.
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	İ
ь	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		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	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	Х	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	The state of the s	1		
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	<u> </u>	14a	<u> </u>	X
t				1
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	—	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	₩	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	┼—	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		,,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	.   18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		\ <b>.</b>
	If "Yes," complete Schedule G, Part III	. 19		<u>  x</u>

Checklist of Required Schedules (continued) Part IV Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 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 X 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 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Х 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? Х 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 26 X 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 ........... 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 . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 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 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Dld the organization comply with backup withholding rules for reportable payments to vendors and 10 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7e 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? **7f** f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 ......... Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a ь If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
_	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<u>`</u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>. X</u>
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			93.11 m
	If there are material differences in voting rights among members of the governing body, or		孁	
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.	300		
b	Enter the number of voting members included in line 1a, above, who are independent	1:335	300	医院
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		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	34, CA	装落	
	the year by the following:	74.A		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
10a b	Did the organization have local chapters, branches, or affiliates?	10a		Х
		10a 10b		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b 11a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	£,3%	
11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a	X	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	£,3%	
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a	X	
11a b 12a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a	X X X	
11a b 12a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10b 11a 12a 12b	X X	
11a b 12a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b	X X X X	
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	X X X X	2 15 A
11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13	X X X X	
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b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
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11a b 12a b c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions)  Did the organization Invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Note that the organization follow a written policy or procedure requiring the organization follow a process of the organization of the defe	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
b  11a b 12a c 13 14 15 a b Sec 17	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
b  11a b 12a c 13 14 15 a b Sec 17	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filting the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  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. I	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
b  11a b 12a c 13 14 15 a b Sec 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  Forms 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  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. I	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
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Form 990 (20	15) CommunityWorks In West Virginia, Inc.	55-0706467	Page :
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	<u>.</u>
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 with	in 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.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos ck m s per	son is	nan one s both ar /trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustoo	Officer	Kcy cmployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dave Clark President Emeritus		х		x					0	
(2) Kathy McMurray Secretary		X		-11						
(3) Robin Kees		х		х				(	0	
(4) Scott A Horchler President		Х		X					0	
(5) Kathy Gentry Vice President		х							0	
(6) Marie Beaver Director		х							0	
(7) Debra Payne Director		х							00	
(8) Reginald Jones Director		x_							0	
(9) Evan Zuverink Director		х					_		0	
(10)Jeffery M Meyer Director		х							00	
(11)Della Spencer Director		x			_				00	
(12)Mary Skeens Executive Director				x		х		62,937	7 0	
(13)		-					_			
(14)										

	0 (2015) CommunityWorks In W									55-070	5467	Page 8
Part	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est (	Compe	ensa	ted Employees (	continued)	<del></del>	
•			(C) Position (D) (E)									
	(A)	(B)	(do no	ot che			an one		(D)	(E)		(F)
	Name and title	Average hours per					both an		Reportable compensation	Reportable compensation from		slimated mount of
		week (list any			-		trustee)	_	from	related		other
		hours for	or di	<u> </u>	Officer	Ş	휳	Former	the	organizations		npensation
		related organizations	recto	퉑	9	cmp	ost c	Ę	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the gantzation
		below dotted	Individual trustee or director	19 19		Key employee	gmo		,		1	nd related
		line)	66	เกรบไบใเอกอ! trustec			Highost compensated employee				ori	ganizations
			·				boti					
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7,5," -			1									
(16)		<del>                                     </del>	-								<del></del>	
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7-21-			}									
(25)				İ								
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1b	Sub-total							<b>&gt;</b>	· · · · · · · · · ·			
С	Total from continuation sheets to Part VII, Section							-				
d	Total (add lines 1b and 1c)								62,93	· · · · · · · · · · · · · · · · · · ·	0	0
2	Total number of individuals (including but not limite		ted ab	ove)	who	rec	eived	more	e than \$100,000 o		_	
	reportable compensation from the organization								<del></del>		0	Yes No
3	Did the organization list any former officer, director	ortaistee k	ev em	nlov	ee c	ar hir	nhest c	yomn	ensated		<u></u>	Yes No
•	employee on line 1a? If "Yes," complete Schedule		•				•	•			3	X
4	For any individual listed on line 1a, is the sum of rep										1.10	
,	organization and related organizations greater than		-								- 1	\$ 5 C
	Individual				•						4	X
5	Did any person listed on line 1a receive or accrue of											
	for services rendered to the organization? If "Yes,"			-			_		<u> </u>		5	X
Secti	on B. Independent Contractors											
1	Complete this table for your five highest compensate											
	compensation from the organization. Report compe	ensation for th	ne cale	inda	r yea	ar en	iding w	vith c	r within the organi	zation's tax		
	year.								1 45			
	(A) Name and business address	•							(B Description o		Con	(C) apensation
	rading and publicas Bouless	·							- Casapaon o			T-01/00011
				_					_l		<del></del>	- · · · · · · · · · · · · · · · · · · ·
2	Total number of independent contractors (including			hose	e liste	ed a	bove)	who		[,		, , , , ,
	received more than \$100,000 of compensation from	n the organiz	auon	_							. 4.5	124

55-0706467

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) Revenue excluded from tax under sections Related or exempt function Total revenue Unrelated 512-514 1a Federated campaigns . . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1b 6,000 Membership dues . . . . c Fundraising events . . . 1c d Related organizations . . . . . . . 1d e Government grants (contributions) . . 1e 166,550 All other contributions, gifts, grants, and similar amounts not included above 1f 133,596 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f . . . . . . . . **Business Code** Program Service Revenue 61,525 2a Interest Income 61,525 3,132 3,132 b Training & Program 2,554 2,554 c Documentation Fees 15,648 15,648 f All other program service revenue . . . 82,859 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . . . . 6a Gross rents . . . . . . b Less: rental expenses . . . . c Rental income or (loss) . . . d Net rental income or (loss) . (ı) Securities (n) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . c Gain or (loss) . . . . . d Net gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . b Less: direct expenses . . . . . . . . . . c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 . . . . . . . . . . a b Less: direct expenses . . . . . . . . b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . . . . . c Net Income or (loss) from sales of inventory . . . **Business Code** Miscellaneous Revenue 11a d All other revenue . . . . . . e Total. Add lines 11a-11d 389,005 82,859 12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organiz	ations must complete	column (A).	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to ar	y line in this Part IX			<u> </u>
Dono	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundralsing
8b, 9t	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1			
4	Benefits paid to or for members			6 x 20 mm 2 mm 2 mm 2 mm 2 mm 2 mm 2 mm 2	· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	81,359		81,359	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ļ			
7	Other salaries and wages	30,000	30,000		
8	Pension plan accruals and contributions (include	,			
•	section 401(k) and 403(b) employer contributions)	5,689	1,533	4,156	
9	Other employee benefits	48,266	13,003	35,263	
10	Payroli taxes	8,839	2,381	6,458	
11	Fees for services (non-employees):				
а	Management	;			Ì
b	Legal				
C	Accounting				
d	Lobbying				
8	Professional fundraising services. See Part IV, line 17		, to the state of		
f	Investment management fees		<del></del>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	8,864	8,864		
14	Information technology				
15	Royalties				
16	Occupancy	2,804	2,804		
17	Travel	8,577	8,577		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,204	8,204		
21	Payments to affiliates				
22	Depredation, depletion, and amortization	3,635	3,635		
23	Insurance	9,490	9,490		
24	Other expenses. Itemize expenses not covered	,	1		2.1
	above (List miscellaneous expenses in line 24e. If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Volunteer Program	46,356	46,356		
b	Professional Fees	28,802	28,802		
С	WV Housing Policy Program	23,471	23,471		
d	WVPEL Pass through Funds	25,000	25,000		
е	All other expenses	40,948	40,948		
25	Total functional expenses. Add lines 1 through 24e .	380,304	253,068	127,236	0
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	1			
	following SOP 98-2 (ASC 958-720)	1		1	

**Balance Sheet** 

Part X

Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 1 427,629 634,807 2 Savings and temporary cash investments ......... 2 3 65,711 3 39,420 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L . . . . . . . . Notes and loans receivable, net ............. 7 1,886,454 1,936,268 8 9 Prepaid expenses and deferred charges ...... 9,387 9 6,344 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . . 10a 203,850 Less: accumulated depreciation . . . . . . . . . . . . . . . 10b 109,903 10c 106,268 b 97,582 11 11 12 12 Investments - other securities. See Part IV. line 11 ........ 13 13 14 14 15 85,000 15 181,895 16 16 2,633,898 2,855,188 17 17 2,903 4,444 18 18 19 Deferred revenue .............. 98,346 19 257,000 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 10,552 21 239 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 517,006 Secured mortgages and notes payable to unrelated third parties . . . . . . 460,607 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 36,404 42,712 26 608,812 821,401 Organizations that follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 459,248 410,373 28 28 264,605 29 1,565,838 29 1,358,809 Organizations that do not follow SFAS 117 (ASC 958), check here 

under Line and 10 complete lines 30 through 34. 30 30 31 31 Pald-In or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 2,025,086 33 2,033,787 34 2,633,898 2,855,188

	990 (2015) CommunityWorks In West Virginia, Inc.	55-070646	7 F	Page 12
Par				
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	389,	005
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	380,	304
3	Revenue less expenses. Subtract line 2 from line 1	. 3	8,	,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,025,	,086
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Prior period adjustments	. 8		
9	Other changes In net assets or fund balances (explain in Schedule O)	. 9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-	
	33, column (B))	. 10	2,033,	,787
Par	tXII.∮ Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other		S. 2.	182
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		5 2 2	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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>199</b>	
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			4000
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1.3	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		Z	
	Schedule O.		3 4	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		]   -	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
EEA			Form 990	(2015)

### **SCHEDULE A**

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2015

Open to Public

Employer Identification number

Com	mun	ityWorks In West Virginia,	, Inc.					55-070646	57	
	lt I	Reason for Public Charity		janizations mu	ıst coı	mplete ti	his part.	) See instruction:	S	
The	orgai	nization is not a private foundation becau								
1		A church, convention of churches, or as	sociation of churc	nes described in s	ection	170(b)(1)	(A)(I).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the								
		hospital's name, city, and state:								
5		An organization operated for the benefit	it of a college or u	niversity owned or	r operat	ted by a go	overnment	al unit described in		
		section 170(b)(1)(A)(iv). (Complete Pa	art II.)							
6		A federal, state, or local government or	-							
7	X	An organization that normally receives	a substantial part	of its support from	a gove	ernmental ı	unit or fron	n the general public		
		described in section 170(b)(1)(A)(vi).	•							
8		A community trust described in section								
9	Ш	An organization that normally receives							S	
		receipts from activities related to its ex								
		support from gross investment income						om businesses		
		acquired by the organization after June								
10	님	An organization organized and operate	-					acres out the numero	ac of	
11	Ш	An organization organized and operate								
		one or more publicly supported organi							Oncor	
	_	the box in lines 11a through 11d that de Type I. A supporting organization							na	
	а	the supported organization(s) the								
		organization. You must complete			itilajon	ty Of the C	a cciois oi	trostoco di trio odppe	,, u., g	
	ь	Type II. A supporting organization			ion with	its suppo	rted organ	ization(s), by having		
	-	control or management of the sup							d	
		organization(s). You must comple			<b>o</b> po				-	
	С	Type III functionally Integrated.			in conr	nection with	n, and fund	tionally integrated wi	th,	
	•	its supported organization(s) (see								
	d	Type III non-functionally integra							n(s)	
		that is not functionally integrated.								
		requirement (see instructions). Yo								
	е	Check this box if the organization						Type II, Type III		
		functionally integrated, or Type III	non-functionally in	itegrated supporti	ng orga	anization.				
	f	Enter the number of supported organi	zations	. <i>.</i>						
	g	Provide the following information about	t the supported or	ganization(s).					r · · · · · · · · · · · · · · · · · · ·	
		(i) Namo of supported organization	(II) EIN	(Iii) Type of organi		(iv) is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				(described on line above (see instructi		listed in you docum	-	instructions)	instructions)	
						Van		}		
_						Yes	No			
(A)										
							-			
(B)										
(C)	1									
_										
(D)	)					L	<u> </u>			
(E)								<u></u>		
			135	-		1				
To	tal			1	1					

Schodule A (Form 990 or 990-EZ) 2015 CommunityWorks In West Virginia, Inc. 55-0706467

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

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	697,366	553,663	443,293	293,064	306,146	2,293,532
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	697,366	553,663	443,293	293,064	306,146	2,293,532
5	The portion of total contributions by			July 17 47 4 5 3			
	each person (other than a		The state of the s				
	governmental unit or publicly				AND THE S		
	supported organization) included on	The state of	E. Marine S. S. S. S. S. S. S. S. S. S. S. S. S.				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	Name of the last			13. 200	37	
6	Public support. Subtract line 5 from line 4	1. 40. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	The second secon	2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,293,532
Sec	tion B. Total Support		<del></del>				
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	697,366	553,663	443,293	293,064	306,146	2,293,532
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,611	58,663	61,291	61,673	61,525	298,763
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,461	2,598	2,598	5,348		30,653
11	Total support. Add lines 7 through 10 .	ra.ii	3		the Table		2,622,948
12	Gross receipts from related activities, etc (	see instructions)				12	
13	First five years. If the Form 990 is for the corganization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su	<del></del>				T -: T	
14	Public support percentage for 2015 (line 6,	• •	-			14	87.44 %
15	Public support percentage from 2014 Sche					15	89.00 %
16a							
h	box and stop here. The organization qualifies as a publicly supported organization						► ☑
D	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,						
17a	check this box and stop here. The organization qualifies as a publicly supported organization						
Ira	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization		-	,			▶ □
b	10%-facts-and-circumstances test - 201						
	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization me				•	clv	
	supported organization			-		-	. □
18	Private foundation. If the organization did						· · · · · ·
	·						<b>⊾</b> □
	instructions		<del> </del>	<u> </u>			· · · · · · · ·

			In West Virgi			55-0706467	Page 3
Par	t III Support Schedule for Org						
	(Complete only if you check						art II.
	If the organization fails to qu	ualify under th	e tests listed be	elow, please co	mplete Part II	.)	<del></del>
	tion A. Public Support					T (10045 T	(O T-1-1
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
:	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				-		
	Total. Add lines 1 through 5					+	·····
	received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7e and 7b						
	Public support. (Subtract line 7c from line 6.)	1	9				
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross Income from interest, dividends, payments received on securilies loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here		second, third, fourth	, or fifth tax year as	a section 501(c)	(3)	▶ ∏
Se	ction C. Computation of Public S						
15	Public support percentage for 2015 (line 8, c			(f))		. 15	%
16	Public support percentage from 2014 Sched				· · · · · · · · · · · · · · · · · · ·	. 16	%
	ction D. Computation of Investme	ent Income Po	ercentage				
17 18	Investment income percentage for 2015 (line Investment income percentage from 2014 S			olumn (f))		. 17	<u>%</u>
	33 1/3% support tests - 2015. If the organ 17 is not more than 33 1/3%, check this box	zation did not che	eck the box on line	14, and line 15 is m	ore than 33 1/3%	, and line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2014. If the organ line 18 is not more than 33 1/3%, check this	ization did not che	eck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	▶□

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

Part V Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Section A	. All Si	upporting	Organizations
--	-----------	----------	-----------	---------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
17.75	FFE TY	#39 1 P.7
1= 134.5	2.7.3	1.5
1		
17,700		Vision 1
	3.3	
1.27.1.41	5 7 50.00	247.72
2		
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3a		
14. Tr		in i
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3c	17 4	
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2	7	3.5
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! 10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying to			structions. All
other Type III non-functionally integrated supporting organizations must comp			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses pald or incurred for production or	7 1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	1	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	ŧ		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	~~,		
factors (explain in detail in Part VI):	3		
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	$\top$		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		1 days	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· 原籍的基础等	
2 Enter 85% of line 1	2	The state of the s	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	A CHARLES TO SHARE OF THE STATE	
5 Income tax imposed in prior year	5	W Constant Contract C	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally	-inte	grated Type III supporting	organization (see
instructions)	•		•

Schedu	to A (Form 990 or 990-EZ) 2015 CommunityWorks In West Vity Type III Non-Functionally Integrated 509(a)(3)		55-07(	06467 Page 7
	tion D - Distributions	Capporting Organic	Lations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exem	int numoses		Ourrent rear
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	, ,		
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions	
	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See Instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	-, -, -, -, -, -, -, -, -, -, -, -, -, -		
2	Underdistributions, if any, for years prior to 2015	7.72	<u> </u>	
	(reasonable cause required-see instructions)	The second second second		
3	Excess distributions carryover, if any, to 2015:	P-8-2 - 1-12 7 1 7A 2		The state of the s
a			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
b		Francisco de la Constitución de		
С			*	CONTRACTOR OF THE PARTY OF THE
d	From 2013	7	र स्ट्रीस	A COMPANY OF THE PROPERTY OF THE PARK OF T
	From 2014	A 2 2 3	-41 -12 , 1 -22	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	1		The state of the state of
	Applied to 2015 distributable amount		81 - Walk 18	
1	Carryover from 2010 not applied (see instructions)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			The particular of the state of
4	Distributions for 2015 from Section			· · · · · · · · · · · · · · · · · · ·
	D, line 7: \$	The state of the s		
а	Applied to underdistributions of prior years	(1) 医小蟹(1) (1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.	,	ريد	Harry Control
5	Remaining underdistributions for years prior to 2015, if	4, 1		कार के जिल्ला कर के किया है। जिल्ला के किया के किया के किया के किया के किया के किया के किया के किया के किया के
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	7 - 3		
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			A Part of the Community
8	Breakdown of line 7:		The state of the s	
а		1275 FF 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.00
b	241	1	, , , , , , , , , , , , , , , , , , , ,	2.4. 6.2.4
С	Excess from 2013			
d	Excess from 2014			· " * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *
	Excess from 2015		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Part VI: Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
01. Qualifies for Public Charity Status Multiple Reasons
The organization has 27 members who provide low income housing in the state of WV. Members
elect the board of directors to manage the organization.

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

► Attach to Form 990.

2015

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization			Employer identification number		
Con	munityWorks In West Virgini	a, Inc.		55-0706467		
Par			er Similar Funds or Ad	counts.		
·	Complete if the organization answered "Ye					
			or advised funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (dunng year) .					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	s in writing that the	assets held in donor advise	d		
-	funds are the organization's property, subject to the organization					
6	Did the organization inform all grantees, donors, and do					
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose					
	conferring impermissible private benefit?					
Pa	t II Conservation Easements.					
	Complete if the organization answered "Y	es" on Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the orga					
•	Preservation of land for public use (e.g., recreation			orically important land area		
	Protection of natural habitat		Preservation of a cert	-		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	nualified conservation	on contribution in the form of	f a conservation		
_	easement on the last day of the tax year.			Held at the End of the Tax Year		
а			<i></i>	2a		
b	Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified histor					
ď	Number of conservation easements included in (c) acqu					
Ū	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferre					
•	tax year ►	,	•	•		
4	Number of states where property subject to conservation	on easement is loca	ted ►			
5	Does the organization have a written policy regarding the					
·	violations, and enforcement of the conservation easeme					
6	Staff and volunteer hours devoted to monitoring, inspec					
	<b>&gt;</b>	•	· ·			
7	Amount of expenses incurred in monitoring, inspecting,	handling of violatio	ns, and enforcing conservat	ion easements during the year		
	<b>▶</b> \$	Ū	•			
8	Does each conservation easement reported on line 2(d	I) above satisfy the	requirements of section 170	(h)(4)(B)(ı)		
9	In Part XIII, describe how the organization reports con-					
	balance sheet, and include, if applicable, the text of the	footnote to the orga	anization's financial statemer	nts that describes the		
	organization's accounting for conservation easements.					
Pa	artilli. Organizations Maintaining Collec	tions of Art, H	istorical Treasures,	or Other Similar Assets.		
	Complete if the organization answered					
1a	If the organization elected, as permitted under SFAS 1	16 (ASC 958), not t	o report in its revenue state	ment and balance sheet		
	works of art, historical treasures, or other similar asset	s held for public ext	nibition, education, or resear	ch in furtherance of		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.					
ь		16 (ASC 958), to re	port in its revenue statemer	it and balance sheet		
	works of art, historical treasures, or other similar asset					
	public service, provide the following amounts relating t					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histori					
_	following amounts required to be reported under SFAS					
a	B to be test on Ferry 2000 B 13 MH Const			<b>&gt;</b> \$		
Ŀ						

	chedule D (Form 990) 2015 CommunityWorks In West Virginia, Inc. 55-0706467 Page 2						
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3、	Using the organization's acquisition, accession, a	ind other records, ch	eck any of	the following that a	re a signific	ant use of its	
	collection items (check all that apply).						
a	Public exhibition	d 🗌 Loar	n or exchan	ge programs			
ь	Scholarly research	e 🗌 Othe	ЭГ				
c	Preservation for future generations	_				<del></del>	
4	Provide a description of the organization's collec	tions and explain ho	w thev furth	er the organization	n's exempt p	urpose in Part	
	XIII.		,			•	
	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
	Part IV/ Escrow and Custodial Arrangements.						
<u> u.</u>	Complete if the organization an		Form 9	00 Part IV line	9 or ren	orted an amou	at on Form
	990, Part X, line 21.	3110100 100 01		, , , d, , , , , , , , , , , , , , , ,	. o, oop	onto an amou	
1a	Is the organization an agent, trustee, custodian o	s other intermedians	for contribut	ione or other seed	ts not		
141							. 🗌 Yes 🖾 No
							. Lites Mino
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:			1 A	A
					-		ount
	Beginning balance					<del></del>	
	Additions during the year						
	3	• • • • • • • • •			<u> </u>		
	Ending balance					<u> </u>	
	Did the organization include an amount on Form						_
	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	nation has	been provided on l	Part XIII	<del></del>	<u></u>
Par	<del></del>						
	Complete if the organization an	swered "Yes" or	n Form 9	90, Part IV, line	e 10.	<u>,</u>	
		(a) Current year	(b) Prio	ryear (c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions					i	
С	Net investment earnings, gains, and						
	losses						İ
d	Grants or scholarships	-					
	Other expenditures for facilities and	···	1			*	<del>                                     </del>
•	programs		1			}	
f	Administrative expenses		<del></del>				<del> </del>
	End of year balance						
g o	Provide the estimated percentage of the current		ne to colu	nn (a)) held ee:		J	·———
2		-	ne ig, widi	iiii (a)) iiciu as.			
a	Board designated or quasi-endowment	%					
þ	Permanent endowment > %	04					
С	Temporarily restricted endowment	%					
_	The percentages in lines 2a, 2b, and 2c should equal 100%.						
За	Are there endowment funds not in the possessi	on of the organization	on that are h	eld and administer	ed for the		
	organization by.						Yes No
	(i) unrelated organizations			<b>.</b>		• • • • • • • •	. 3a(i)
	(.,,						. 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations I	isted as required on	Schedule F	₹?			. 3b
_4	4 Describe in Part XIII the Intended uses of the organization's endowment funds.						
Pa	Part VI Land, Buildings, and Equipment.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or ot	her basis	(b) Cost or other bas	ils (c)	Accumulated	(d) Book value
	-	(investn	nent)	(other)		depreciation	
1a	Land		20,000			4. 7 , 7	20,000
b	Buildings	·	09,161			29,766	79,395
~	Leasehold improvements	1					
d	Equipment		72,876		-	66,003	6,873
			1,813			1,813	
E Pota	Other			\ line 10c \			106,268
Tota	ii. Add siles la tilough le (Coullit (d) must equ	uai i Uitii 230, i ali A	,	<u>,, </u>	· · · · · ·		chedule D (Form 900) 2015

Schedule D (Form	990) 2015 CommunityWorks	In West Virginia, I	nc. 55-07064	167 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	10
(1) Financial	derivatives			
	eld equity interests			
(3) Other	. ,			
(A)				
(B)				<del></del>
(C)		1		
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (8) line 12 )			Jan 100 100 100 100 100 100 100 100 100 10
Part VIII	Investments - Program Related.	7		
<u></u>	Complete if the organization answered	d "Yes" on Form 990. Pa	art IV. line 11c. See Form 990. P	art X. line 13.
				<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market valu	Je
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)			*	
(8)				
(9)·			-	
	o) must equal Form 990, Part X, col. (B) line 13 )			2.17.2.2
Part IX	Other Assets.		<u> </u>	
7 455 154	Complete if the organization answere	d "Yes" on Form 990. Pa	art IV. line 11d. See Form 990. F	Part X. line 15.
		Pescription		(b) Book value
(1) Wheel	ling Properties			181,89
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 1	5.)		181,89
Part X	Other Liabilities.	<u> </u>		
الـــــــــــا	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11e or 11f. See Form	990, Part X,
	line 25.			•
	IIIO ZO.			on the feet of the state of
1.		(b) Book value		
1. (1) Federa	(a) Description of liability	(b) Book value		
(1) Federa	(a) Description of Hability al income taxes		1	
(1) Federa (2) Dues	(a) Description of Hability al income taxes to Lenders	20,89		
(1) Federa (2) Dues (3) WV H	(a) Description of Hability al income taxes			
(1) Federa (2) Dues (3) WV H (4)	(a) Description of Hability al income taxes to Lenders	20,89		
(1) Federa (2) Dues (3) WV H (4) (5)	(a) Description of Hability al income taxes to Lenders	20,89		
(1) Federa (2) Dues (3) WV H (4) (5) (6)	(a) Description of Hability al income taxes to Lenders	20,89		
(1) Federa (2) Dues (3) WV H (4) (5) (6) (7)	(a) Description of Hability al income taxes to Lenders	20,89		
(1) Federa (2) Dues (3) WV H (4) (5) (6) (7) (8)	(a) Description of Hability il income taxes to Lenders	20,89		
(1) Federa (2) Dues (3) WV H (4) (5) (6) (7) (8) (9)	(a) Description of Hability il income taxes to Lenders	20,89		

	olo D (Form 990) 2015 CommunityWorks In West Virginia, Inc.		55-0706467	Page 4
Pai	tXI Reconciliation of Revenue per Audited Financial Stateme		er Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	389,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		- 10 A	
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoverles of prior year grants	2c		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	389,005
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1555	3037003
		40		
a	Investment expenses not Included on Form 990, Part VIII, line 7b	4a		
р	Other (Describe in Part XIII.)	4b		
_ C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			389,005
Pa	Reconciliation of Expenses per Audited Financial State		s per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1 1	380,304
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	Si. Safe	
d	Other (Describe in Part XIII.)	2d	142	
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	380,304
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		(A) 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	N. S.	
b	Other (Describe in Part XIII.)		<del> </del> [:	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			380,304
	rt XIII. Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	'	300,304
-	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, III	noc 1h and 2h: Bart V line 4:	Part Y line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Tare A, into	
۷, ۲	art XI, lines 20 and 40, and Fart XII, lines 20 and 40. Also complete this part to provide any	additional intestructors.		
	<del></del>			
		<del></del>		
				<del></del>
		<del></del>	····	<del></del>

### 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2015 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CommunityWorks In West Virginia, Inc.	55-0706467
01. Member election for additional members (Part VI, line 7a)	
The organization has 27 members who provide low income housing in the	state of WV. Members
elect the board of directors to manage the organization.	
02. Governing body decisions (Part VI, line 7b)	
The organization has 27 members who provide low income housing in the	state of WV. Members
elect the board of directors to manage the organization.	
03. Form 990 governing body review (Part VI, line 11)	
The Executive Director and the Fee Accountant, both review the Form 99	0. Then the
Executive Director approves, signs and file the Form 990.	
04. CEO, executive director, top management comp (Part VI, line 15a)  The Board of Directors determines the compensation.	
05. Other officer or key employee compensation (Part VI, line 15b	
The Board of Directors determines the compensation.	
06. Governing documents, etc, available to public (Part VI, line 19)	
The documents are made avilable to the public upon request.	
07. Explanation of other changes in net assets or fund balances (Part	XI, line 9)
The organization posted a prior period adjustment to record release o	f net assets from
permanently restricted net assets to temporarily restricted net asset	s

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization	Employer identification number	
CommunityWorks In West Virginia, Inc.	55-0706467	
08. General explanation attachment		
Form 990 - Part I - Line 1 and Part III - Line 1		
CommunityWorks in West Virginia creates housing and community development	solutions for	
all West Virginians through a network of member organizations. Every member	er, director,	
officer and employee of the organization is required to declare if there	exists any	
conflict of interest in a transaction and he/she is a part of that transaction	ction. Form 990 -	
Part III - Line 4a		
HISTORY OF THE ORGANIZATION		
CommunityWorks in West Virginia, Inc.(CWWV) is a statewide membership org.	anization made up	
of 27 local agencies that provide housing-related services throughout the	state of West	
Virginia. CWWV was established in 1991 and is certified by the United sta	tes Department of	
the Treasury as a Community Development Financial Institution(CDFI). CWWV	has been	
chartered member of NeighborWorks America since 1996. The mission of CWWV	is to create	
housing and community development solutions for all West Virginians throu	gh a network of	
member organizations.		
CWWV carries out its mission by providing effective training and techinca	al assisstance to	· <del></del>
local housing organizations; developing sustainable capital investments i		
advocating for sound housing policies; and increasing public awareness of	local housing	
issues throughout West Virginia.	<del></del>	
CWWV has been the leader and driving force in the affortable housing indu	stry in the state	
for 25 years. The organization was instrumental in the adoption of legisl	lation that not	
only created the West Virginia Affortable Housing Trust Fund, but also le	gislation that	

Name of the organization	Employer identification number	
CommunityWorks In West Virginia, Inc.	55-0706467	
, and the second		
provided a dedicated source of revenue to resource the Trust Fund. CWWV a	iso coordinates	
the West Virginia Housing Policy Group that conducted the necessary research and analysis		
to develop a comprehensive West Virginia Housing Policy Framwork in September 2013.		
The Purpose of the Housing Policy Framwork is establish broad goals and d	irection related	
to the state's housing policy, and to assist in coordination between state	e agencies,	
between state and local government, and between the private and public sector. The Housing		
Policy Framwork helps ensure that policy responses to West Virgini's hous	ing issues are	
not piecemeal, but instead link together to form a cohesive and comprehen	sive strategy.	
CWWV is also the lead host of the West Virginia Housing Conference.		
REVOLVING LOAN FUNDS		
CWWV Home Ownership Revolving Loan Fund capitalized with funds received f	rom NeighborWorks	
America since 1996. These funds are made available to the member organiza	tions to provide	
their clients with homeowner opportunities, and existing home owner with	renovations to	
address health and safety code violations. Since 2006 CWWV has invested \$	3,142,000	
creating 74 new homeowners, and provided \$204,682 in rehab loans to 17 ex	isting	
homeowners.		
During 2015 CommunityWorks and its member organizations provided:		
933 Families with Pre and Post Purchase Housing Counseling		
38 Rehabilitation Loans to owner occupied families		
69 Families Home Ownership Opportunities		
164 Owner Occupied Repairs		
\$9,655,263 Leveraged from conventional lenders		
\$9,859,823 directly invested in housing in West Virginia CWWV Commercial	Loan Fund has	
loan \$792,366 to its member organizations for business activities. Coalfi	eld Development	
Corporation purchase a building containing 7 rental units rental in Wayne	. WV; the Housing	

survey indentified the need for technical assistance. The factors most frequently selected

as inhibiting housing development were related to the lack of planning at the local level

and a lack of recognition of the importance of housing as component of economic and

Page 2 Schedule O (Form 990 or 990-EZ) (2015) Employer Identification number Name of the organization 55-0706467 CommunityWorks In West Virginia, Inc. community development. A series of recommendations were made, including expanding funding sources for the preservation and rehabilitation of existing housing stock; increasing access to capital and technical assitance to nonprofit housing organizations; and establishing a technical assistance program to provide consulting services in the areas of compliance, community development and financing, contract management, and marketing plan devlopment. To address these recommendations, CWWV developed the Noprofit Capacity Building Initiative (NCBI) so that member organizations will have the skills and expertise to successfully develop housing opportunities and support community development efforts throughout West Virginia. The goal of the NCBI is to build the capacity of State housing organizations for full utilization all federal and state funding available. The NCBI will provide the following specialized project development and technical assistance to 10 targeted Nonprofit Member Organizations to achieve immediate high impact: Volunteer Program CommunityWorks in West Virginia , a statewide intermediary of nonprofit organizations provided suppport for local, volunteer-based housing organizations in their efforts to assist low income and elderly homeowners with needed repairs and rehabilitation of their homes during the past year. Assistance is provided to local organizations in the form of relatively small grants for needed construction materials, tools, transportation of volunteers to work sites, or other tangible items necessary to suport the volunteer labor available to these local programs. Availabale funds are distributed to local volunteer organizations through small grants to purchase materials, supplies and other items needed in order to take full advantge of volunteer heip in rehabilitating housing. CWWV provided

volunteer-based programs with financial assistance during 2014-2015 resulting in the

rehabilitation of an estimated 224 housing units and 7 new homes constructed located in

number of different counties in West Virginia. Owner occupied rehabilitation located in a

Employer Identification number

55-0706467

The Housing Policy Group outlined specific strategies to undertake in 2015 to move the
housing policy frmework forward (1) Continue to convene, support, and facilitate and
expanded, diverse policy work group and ongoing structure to carry out policy priority
recommedations. (2) Increase resources and develop specific strategies for housing
development, preservation, and rehabilitation to meet housing demands. (3) Promote statwide
planning coordination and integration of housing with other state improvement efforts.
(4) Elevate the importance of progressive housing policy among policy makers
and key stakeholders.
West Virginia Housing Conference 2015
In 2015 a collaboration of oragizations including CommunityWorks in West Virginia, Inc.
the lead organization, Habitat for Humanity of West Virginia, West Virginia Community
Action Partnership; West Virginia Coalition to End Homelessness, West Viginia Partnership
for Elder Living, West Virginia Affordable Housing Trust Fund, West Virginia Housing
Development Fund planned and hosted the 2nd Annal West Virginia Housing Conference 2015
held Deptember 2014, at the Embassy Suites in Chaleston, West Virginia. The purpose of the
conference was to:
- Assess the changing landscape of housing in WV, collectively understand our current
housing needs across the state, and share new ideas to meetthe housing demands;
- Provide training and networking opportunities for housing providers across traditional
agency and service-organization lines;
- Explore restructuring our approaches to housing development to make the best use of
limited resources;
- Plan for the affordable housing needs of all West Virginia families, including but not
limited to, the elderly, persons with disabilities, veterans, and transitional and
homeless populations.

Schedulo O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer Identification number
CommunityWorks In West Virginia, Inc.	55-0706467
- Prepare for a new generation of renters and homeowners that need access	to financial
counseling and management tools;	
Counselling and management coulty	
- Recongize that housing is a critical component of economic development,	and needs to be
- Recondize that housing is a critical component of economic developments,	
discounted in planning at the local and state levels	
incorported in planning at the local and state levels.	
	C-11
The Housing Conference was very successful with over 240 nonprofit staff,	rederal, state,
city and county government representatives, realtors, bankers, home build	er association,
and manufactured housing organizations were represented.	

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