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Form	J	3	U

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Inspection

	nal Revenu	je Service	► Information	about Form 99	0 and its instructions is	at www.i	irs.go	v/form99	0,	Inspection
Ā	For the	2015 cale	ndar year, or tax year beg	inning	, 2015	, and end	ling			, 20
В		applicable	C Name of organization Capt		pment Corporation of W	/est Virgi	nia		D Employ	er identification number
	Address	change	Doing business as Charle							55-6024192
\Box	Name ch		Number and street (or P O. I			Room/	suite		E Telephor	
$\bar{\cap}$	Initial retu	-	1116 Smith Street			- }				304-340-4253
$\overline{\Box}$		v/terminated	City or town, state or proving	ce, country, and Z	IP or foreign postal code					
\Box	Amended		Charleston, WV 25301						G Gross re	ecepts \$ 1,772,353
ñ		on pending	F Name and address of princip	nal Officer Matt	hew G Ballard, Presider	nt/CEO	Ī.	Hialisihsan		subordinates? ☐ Yes ✓ No
	· ippiicum	o i penoing	1116 Smith Street, Charle		·					s included? Yes No No
	Tayayan	npt status			(insert no.) 4947(a)(1) or	527	{			list (see instructions)
j	Website:		v.charlestonareaalliance.d		(INSERTIO) EL 14341/al/17 GI	<u> </u>		H(c) Group	exemption	number ► NA
ĸ					ther ▶ LY	ear of form		1963		of tegal domicile WV
	art i	Summ								
	_		escribe the organization's	s mission or m	nost significant activitie	s. Capi	tai Ar	ea Develo	opment Co	orporation of WV offers
ø	1		of innovative economic ar		-					********************
Activities & Governance	1		in the greater Charleston			<u> </u>	111010	. VIDIGITE		J dila prosperous
e.			is box ▶☐ if the organiz			disposed	d of m	nore than	25% of	its net assets.
Š	1		of voting members of the						3	38
≈ ধ	1		of independent voting m		• •	VI line 1	b)		4	38
es	i		nber of individuals emplo				- 1		5	15
Σ	6	Total nur	nber of volunteers (estim	ate if necess	TEBLINE	(` ان		6	200
Act	1		elated business revenue			· · 10	<u>يان</u>		7a	0
_			ated business taxable in			air 1	ĊΙ.		7b	0
_		rect dill o	atoa basii losa taxabic iii	icome monini	HAT WALL TO C		पंर्	Prior Y		Current Year
_	8	Contabu	tions and grants (Part VI	ll line 1h)			卧		797,025	639,690
월	1		service revenue (Part VI	ii, line 7ii) Il line 2a)	OGDEN,	TIT	H		1,056,945	1,131,851
Revenue	1	•	nt income (Part VIII, colu	ımn (A) lines '	TOURIN,		╌		926	812
æ	•		renue (Part VIII, column (-		920	0
	ĺ		enue—add lines 8 throug				-		1,854,896	1,772,353
_			nd similar amounts paid			1116 12)	╁╌			1,772,333
	,		paid to or for members (•			}		15,000 0	0
			other compensation, emp				-		822,746	790,044
Expenses	1		onal fundraising fees (Par	-			-		022,740	790,044
ĕ	1		draising expenses (Part				-			
찣	1		penses (Part IX, column			82,788	-		762,813	948,212
	1		enses. Add lines 13-17			 25\	-		1,600,559	
	1		less expenses. Subtract			20, .	-		254,337	1,738,256 34,097
- 10		TICVCITUE	icas expenses. oubliac	time to nom			Beg	inning of C	urrent Year	End of Year
Net Assats or Fund Balances	20	Total acc	ets (Part X, line 16) .					 -	5,867,377	5,703,879
Asse	21		ilities (Part X, line 26)			• • •	-		1,429,065	
2 S	22		ts or fund balances. Sub	tract line 21 fi	rom line 20		}		4,438,312	4,472,409
_	144		ture Block	Maot mic ET in	01111110 20	· · ·	—		4,430,312	4,472,403
_			ry, I declare that I have examin	ed this return inc	luding accompanying schedu	iles and sta	atemen	its and to	the best of	ny knowledge, and helief, it is
tru	e, correct	, and comp	ene. Declaration of preparer (of	her than officer) is	based on all information of v	vhich prepa	arer has	s any know	ledge.	in tale modge wild continue
		I	tube of Ome	4 17					Augus	st 15, 2016
Sig	ın	अवित	ature of officer					Di	ate	2010
He		l Ď	ebra S. James.	CPA Chi	ef Financial O	ffico	w			
			or print name and title	OIN, OIII	<u>ei i manciai o</u>	111111111111111111111111111111111111111	·			
_	•	<u> </u>	pe preparer's name	Preparer	's signature		Date			PTIN
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US	e Only								m's EIN ►	
Ma	v the IR		ddress ► s this return with the pre	narer shows o	hove? (see instruction	61			one no.	Yes No
								4000:	· · · ·	Form 990 (2015)
rur	aperw	DD9M A10	ction Act Notice, see the :	separate instru	ICLIONS.	Cat	t. No 1	1282Y		rorm 330 (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2015) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Capital Area Development Corporation of WV offers a myriad of innovative economic and community development programs to build a more vibrant community and prosperous economy in the greater Charleston, WV metro area.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ 514,895 including grants of \$ 2,500) (Revenue \$ 361,499) Economic Development: Programs and projects focus on business retention and recruitment, workforce development, securing or developing available and appropriate locations for new business and industry, public investment in supportive infrastructure, offering financial incentives which can induce private investment and economic growth, support of entrepreneurship. Deliverables include: attracting target industries to the area; developing international trade alliances for area and member businesses; fostering and supporting tourism as a key element of our regional economy; enhancing and developing relationships with economic prospects and site consultants; developing entrepreneurial networks and support systems
4b	(Code:) (Expenses \$ 366,301 including grants of \$
	(Code:) (Expenses \$ 387,914 including grants of \$ 2,000) (Revenue \$ 116,273) Community Development: Working through partnerships with the public and private sectors, community development programs build strong communities and enhance the quality of life in the greater Charleston area. We provide smart growth and sustainable initiatives, leadership development, resource development and unique educational opportunities. Deliverables include: downtown and neighborhood revitalization; educational opportunities on community development issues; grant research and development; leadership training and execution.
ا	Other program services (Describe in Schedule O.) (Expenses \$ 295,893 including grants of \$ 0) (Revenue \$ 425,211)
4e '	Total program service expanses > 1.566.003

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		İ	
_	complete Schedule A	1	-, -	 -
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓_	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		N.
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	~	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(iî)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	/
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b II "Yes" to line 20a, did the organization attach a copy of its audied financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Part I and III. 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 21 II "Yes," complete Schedule I, Part II and III. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002 If "Yes," answer lines 2-d through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. If "No," go to line 25a to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? c Did the organization act as an "one behalf of issuer for bonds outstanding at any time during the year? d) Did the organization act as an "one behalf of issuer for bonds outstanding at any time during the year? d) Did the organization ware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II. b is the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified person? If "Yes," complete Schedule L, Part III. D) Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified person? If "Yes," complete Schedule L, Part IV. A current or former officer, director, trustee, or key employee for a family member of any of these persons? If "Yes," complete Schedule L, Part IV. D) Did the organization provide a grant or other assistance to an officer, director	Part	Checklist of Hequired Schedules (continued)		-	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III Did the organization is current and former officer, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV, Isotion A, Irine 3. 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV, Isotion A, Irine 3. 4, or 5 about compensation of the organization and in the state of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24 dand complete Schedule Isother IV, or go to line 25e organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II and the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II and that the transaction has not been reported on any of the organization spage on an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II and that the transaction has not been reported on any of the organization's proof Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II and III and I	20 -	Did the organization operate one or more bosoital facilities? If "Vos." complete Schoolule H	20-	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 11 If "Yes," complete Schedule I, Parts 1 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 27 If "Yes," complete Parts 1 and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. J. State 1 In 1975 of the Organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. If "No," go to line 25a to defease any tax-exempt bonds? d 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 beyond a temporary pende exception? 24d		•		-	 ✓ _ N
Part IX, column (IA), line 27 If "Yes," complete Schedule I, Parts I and III organization answer "Yes" to Part IVI, Section A, Ine 3. 4, or 5 about compensation of the organization saver "Yes" to Part IVI, Section A, Ine 3. 4, or 5 about compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "Tho", go to line 25a organization gerow at any time during the year to defease any tax-exempt bonds? 5 Did the organization invest any proceeds of tax-exempt bonds or defease any tax-exempt bonds? 5 Did the organization invest any proceeds of tax-exempt bonds or defease any tax-exempt bonds? 6 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 7 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year If "Yes," complete Schedule L, Part I I. 8 Did 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 or payables to any current or former officer, directors, trustees, key employees, hiphest compensated employees, or 25b July 17 Part IV Instructions for applicable fling thresholds, conditions, and exceptions; 8 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 Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II Deart IV instructions for applicable fling thresholds, conditions, and exceptions; 8 A current or former officer, director, trustee, or key employee? If "Ye		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pend exception? c Did the organization aniantian an secrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization acts as m' on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 4dd Did the organization acts as m' on behalf of" issuer for bonds outstanding at any time during the year? 5dd Did the organization acts as m' on behalf of" issuer for bonds outstanding at any time during the year? 5dd Did the organization acts as m' on behalf of" issuer for bonds outstanding at any time during the year? 5dd Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in proceed 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-E27 if "Yes," complete Schedule L, Part II of the organization are part to a business, transaction with an of employee, or disqualified persons? If "Yes," complete Schedule L, Part II of the organization provide a grant or other assistance to an officer, director, trustee, or key employees, in the following parties (see Schedule L, Part IV and A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or k	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5a Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction bas not been reported on any of the organization's pnor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereot, 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 IV 2a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereo) was an officer, director, trustee, or furce to make the process of the year of the year of the part IV d) Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV	23	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	1	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a priory year, and that the transaction during the year? If "Yes," complete Schedule L, Part I . 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a priory year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I . 25c 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, indiplest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II II. 27c 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 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 29d Did the organization receive contributions? If "Yes," complete Schedule L, Part IV. 29d Did the organization receive contributions? If "Yes," complete Schedule L, Part IV. 29d Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part II. 30d Did the organization with a discount of the organization engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 30d V 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 31	24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		1
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's proform's 990 or 990-E27 if "Yes," complete Schedule L, Part I . 25b 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 proform's 990 or 990-E27 if "Yes," complete Schedule L, Part I . 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 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 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . 28 Was the organization on party to a business transaction with one of the following parties (see Schedule L, Part IV . 29 Did the organization are or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member ther		Did the organization maintain an escrow account other than a refunding escrow at any time during the year			N N
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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	24d		N
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26	b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		1
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	26	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		1
Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organizations bid the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		1
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization so 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 I did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and	28		1	-	15 T
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 conservation contributions? If "Yes," complete Schedule M 30 Jd the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	С		28c	√	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
complete Schedule N, Part II 32 ✓ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	32		32		✓
or IV, and Part V, line 1		sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		or IV, and Part V, line 1	34		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			NA.
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	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,			
10014 1	38		37	1	<u>*</u>

Dar	V Statements Regarding Other IPS Filings and Tay Compliance			age					
Part									
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.					
40	Enterthe work was add a Box 0 of Four 4000 Fator 0 of set englishing		163						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75		i						
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	•	{						
, C	c Did the organization comply with backup withholding rules for reportable payments to vendors and								
٥-	reportable gaming (gambling) winnings to prize winners?	1c	✓						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .		ļ	_					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		NA					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	i	ŀ						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	- 1						
	account)?	4a		<u>√</u>					
b	If "Yes," enter the name of the foreign country: NA		- 4						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts]						
	(FBAR).		- }						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	1						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b	1						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			: .					
	and services provided to the payor?	7a	1	' NA					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\neg \neg$	NA					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c	- 1	NA					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
ě	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N/					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		NA					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		NA					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-NA					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			 -					
-	sponsoring organization have excess business holdings at any time during the year?	8	THE REAL PROPERTY.	ŇA					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	er gaile :	NA					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		N/					
10	Section 501(c)(7) organizations. Enter:	C-945 2	ين ورين						
а	Initiation fees and capital contributions included on Part VIII, line 12	1.00		*					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NA	H.	14.50	13					
11	Section 501(c)(12) organizations. Enter:	*							
''a	Gross income from members or shareholders	12.1		***					
b	Gross income from other sources (Do not net amounts due or paid to other sources	STATE OF		_					
_	against amounts due as sociled from those	¥ . X	A. S	Ť.					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	A STATE OF	NA					
120 b	remore to the state of the stat			4					
13	L			.Fog					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		NA					
а	Is the organization licensed to issue qualified health plans in more than one state?	S 247	71.4F	<u> </u>					
L.	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	*	DEVE	•					
Ь	the organization is licensed to issue qualified health plans	V#	18	٠,					
_	142	1		₫¥					
C	Enter the amount of reserves on hand	u tak	. 黄油						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	NA					
		Forr	n 990	(2015)					

rom s	590 (2013)			Page U
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗹
Sect	ion 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	38	1,20	1
	If there are material differences in voting rights among members of the governing body, or	1 >.	1-1-12	1
	if the governing body delegated broad authority to an executive committee or similar	fat.	637	1
	committee, explain in Schedule O		#45 4 5	، دد
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	38 / 76 /		1 -
	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		/
6 7a	Did the organization have members or stockholders?	, 6	-	├─
18	one or more members of the governing body?	7a	1	(
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members		 `	_
	stockholders, or persons other than the governing body?	' 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		377	1
	the year by the following:	- 34	ANK.	7, 69
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_	ببا	L
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue C	Yes	No
400	Did the arganization have local shorters branches or affiliates?	10a	163	7
10a b	Did the organization have local chapters, branches, or affiliates?			<u> </u>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ъ		N
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. 3	1 2,1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	V	
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by	16.5	7345	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	+ 13	# ~ . · ~ t	- ·
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	—
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	7	77
16a			2	* ?
	with a taxable entity during the year?	16a		Ĵ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1 1	Mar.	 .
	organization's exempt status with respect to such arrangements?	16b	1 1	N
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	งก 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	tereet	nolicy	and
13	financial statements available to the public during the tax year.	1101001	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecorde	: >	
	Debra S. James, 1116 Smith Street, Charleston, WV 25301 Phone: 304-340-4253	,		

	-
Page	•

0111 330 (201	o) rage •
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office of direct	unles er and	Pos eck s pe	rson	than both sor/trust Highest compensated employee	ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Michael J. Basile · Chairman	5	1	-	_		ă			0	
(2) Steven M. Rubin - Vice Chairman	1	1		1		<u> </u>		0		0
(3) Sally Smith - Secretary	11	1		1						
(4) Patrick A. Bond - Treasurer	1	1		1						
(5) Lyle Smith - Director	1	1							O	C
(6) Maribeth Anderson - Director	11	1						d	0	
(7) Gregory Burton - Director	1	1							0	
(8) Stephen P. Dexter - Director	1	1						0	0	
(9) Greg Elliot - Director	11	1							0	
(10) Terrell Ellis - Director	1	1	<u> </u>	_			<u> </u>		0	
(11) Georgette George - Director	11	1	_						0	
(12) Lois Gillenwater - Director	1	1							0	
(13) Matthew Bond - Director	11	/							0	
(14) Dickinson Gould, III - Director	11	1	L						0	

Form	aan	120	161

Page **7**

Part VII	Compensation of Officers, Directors, 7	Trustees, Key Employees,	Highest Compensated	Employees, and
	Independent Contractors			
	Chack if Schodula O contains a recognica	or note to any line in this Par	+ \/II	\Box

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	aniz			omper	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box, i	unles ar and	s pe	ntion more rson irecti	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
· .	related organizations below dotted line)		Institutional trustee	er	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) William E Turner, Jr - Director	11	1						0	0	0
(2) Eric Tikkanen - Director	11	1						0	o	0
(3) Glenn Crotty, Jr , MD - Director	11	1							o	0
(4) James E. Shupe - Director	1	1						. 0		0
(5) Adam R. Krason - Director	1	1						0		0
(6) George Smith - Director	1	1								0
(7) Philip A. Wright - Director	1	1								0
(8) Dick Callaway - Ex-officio Member	1	1								0
(9) Jack Cavender - Ex-officio Member	11	1						0		0
(10) David J. Hardy - Ex-officio Member	1	1						0	0	0
(11) Danny Jones - Ex-officio Member	11	1								0
(12) Frank A. Mullens, Jr Ex-officio Member	1	1			Γ			0		0
(13) Jack W Nuckols - Ex-officio Member	1	1								0
(14) Matthew G. Ballard - President/CEO	40			1	1			165,504		24,750

Form 990 (2015)

Form 9	90 (2015)							_					Page (
Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (co	tinued	2	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	official strategies	unles er an	Pos heck	rson	e than of the both the both employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation for related organizations (W-2/1099-MISO		(F) Estimated amount of other compensation from the organization and related organization	on n
			stee	rustee			ensated					0.90	
(15) s	teven Hedrick - Director	1	1						0		0		
(16) D	r. Brıan Hemphill - Director	1	1						0		0		
(17) L	oren W. Claypool - Director	11	1						0		0		
(18) c	harles Loeb - Director	1	1						0				
ر (19)	ason Lankford - Director	1	1								1		<u>`</u>
(20) J	effrey McIntyre - Director	1	<u> </u>			_			0		0		
(21) M	aureen O'Toòle - Director	1	√						0		0		(
(22) R	obert Pepper - Director	11	√						<u>0</u>		0		
(23) T	homas S. Provost - Director	1	√						0		0		
(24) K	atie Rugeley	11	✓	Н				_	0		0	<u> </u>	
	G. (Chip) Shaffer, III - Director	1	✓			_		_	0		0	 	0
1b	Sub-total	L	/					_	0		0		0
c	Total from continuation sheets to Part						. 1	-	256,014		0	4	3,243
d	Total (add lines 1b and 1c)							>	256,014		0		3,243
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	bove) wl	ho received mo	ore than \$100,)00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							-	loyee, or high	est compensa	ited [Yes 3	No_
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	ortab	ole c	om	pen	satio	n ar	nd other comp			4	拉門
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	lual 🖟	5	4.1
Section	on B. Independent Contractors												<u> </u>
1	Complete this table for your five highest of compensation from the organization. Rep year.												ıx
	(A) Name and business addr	ress							(B) Description of se	rvices	Corr	(C)	
													NA
							_						
													
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who			4
												Form 990	(2015)

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, a	nd F	lighe	st C	ompensated E	mployees	(continu	ued)	
						C)						_	
	(A)	(B)			neck		than o		(D)	(E)	_,	(F)	
	Name and title	Average hours per	office				is both or/trust		Reportable compensation	Reporta compensation	on from	Estimated amount of	
		week (list any hours for	오늘	큺	♀	ξ _e y	육.표	77	from the	related organizat		other compensate	on
		related	direc	tit ut	Officer	en en	phes	Former	organization	(W-2/1099-		from the	
		organizations below dotted	Ď.	Institutional		employee	t com		(W-2/1099-MISC)	ļ	İ	organizatio and related	i
		line)	Individual trustee or director	trust		8	Highest compensated employee	{	,		İ	organization	ıs
				lee			ated		ì		j		
(15) D	ebra S. James - CFO	40			√	1			90,510		0		18,493
(16)									50,510				
(17)													
(18)								-					
(19)					-			<u> </u>					
(20)				-		Щ		_			_		
(21)													
				_									
(22)										·			
(23)													
(24)													
(25)													
1b	Sub-total		1 · .	<u> </u>	<u>니</u>	<u>ᆜ</u>		>	256,014		0		13,243
C	Total from continuation sheets to Part	•					. 1	▶ [
	Total (add lines 1b and 1c)							<u> </u>					
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	liste	ed a	bove) wt	no received mo	ore than \$1	00,000) of	
3	Did the organization list any former off	icer, direct	tor, o	r tru	uste	e, l	œy e	mpl	loyee, or high	est compe	ensated	Yes	No
	employee on line 1a? If "Yes," complete S											3	
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n ar	nd other comp	ensation fr	om the	1200 14.	13
	organization and related organizations (greater tha	in \$1	50,0	000	7 <i>If</i>	"Yes	," (complete Sch	edule J fo	er such	4	Land.
5	Did any person listed on line 1a receive or	r accrue co	mpen	sati	on i	ron	any	unr	elated organiza	 ation or inc	 dividual		5.0
	for services rendered to the organization?	If "Yes," co	omple	ete S	Sch	edu	le J fo	or si	uch person .	<u> </u>	• •	5	
Section 1	on B. Independent Contractors Complete this table for your five highest c	omponente	od ind	000	ndo	nt c	ontro		ra that rapaliya	d mara the	n \$100	000 of	
•	compensation from the organization. Represent												ЭX
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compensation	
									· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compensa							tho	ose listed abo	ve) who			

Pari	VIII								
		Check if Schedule O	contains	a res	ponse or note to				<u> </u>
			•	-	, , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a		'			
Grants	b	Membership dues		1b],		•	,
s, C	С	Fundraising events .		1c		, ,		,	
Giff lar	d	Related organizations	;	1d	89,712				1
imi	е	Government grants (con		1e	335,771	,			,
mbutions, Gifts, Grants Other Similar Amounts	f	All other contributions, gi				1 .	,		
혈		and similar amounts not incl			214,207]			}
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions includ		-1f [.] \$	0	,		/ 1	ļ; <i>r</i>
<u>ā</u>	h	Total. Add lines 1a-1	f	<u>. </u>	<u> </u>	639,690	<u>, </u>		
Program Service Revenue					Business Code		,		
eve	2a	Membership Dues			900099	364,757	364,757	0	0
95 H	b	Rents-Business Incuba			531120	228,868	228,868	0	0
Ž	d	Rents-Motion Industrie	5		531120	192,085	192,085	0	0
Š	e	EPI Management Fee Economic/Comm Dev F	Ornarame		561000	54,000	54,000	0	0
ğ	,	All other program serv		10	900099	292,141	292,141		<u> </u>
Pro	g	Total. Add lines 2a-2				1,131,851	<u> </u>	1	L
	3	Investment income		dıvid	ends, interest,	1,131,001		<u> </u>	
		and other similar amo			▶	812	812	l 0	0
	4	Income from investment	t of tax-exe	mpt be	ond proceeds ▶				
	5	Royalties			>				
		1	(ı) Real		(ii) Personal	, <u> </u>			
	6a	Gross rents .				[· · · · · · · · · · · · · · · · · · ·		[
	b	Less: rental expenses				,			
	с	Rental income or (loss)						مستعدا فسند الجدعا	
	d	Net rental income or (▶	ļ			
	7a	Gross amount from sales of	(i) Secunt	168	(ii) Other	<u> </u>		Same Arm	4.2
		assets other than inventory					,	sperthamity are	أداء المحاجدة المجاورين
	b	Less: cost or other basis			ĺ	re i i i i		2 392	minima or frank
		and sales expenses				3		March States	أ ، إ قوم استركه في
	С	Gain or (loss)	L		L	·			الت د معالمت سالتنفسيس
	d	Net gain or (loss) .		• •	· · · · <u>P</u>	A HET MA IS TO	<u> </u>	 	, , , ,
Ф	8a	Gross income from fu	ındraicına				A STATE OF STREET	Semestin Line	100
ell	""	events (not including \$	inuraising			12	246	The same of the same	
ě	Ì	of contributions reporte	ed on line 1	<u>~</u>		المنافقة المنافقة	Con the same		
ther Revenue		See Part IV, line 18 .		دی. · aı		-		S. PUPPER	
튶	Ь	Less: direct expenses		b		-			
0	c	Net income or (loss) for		 usina	events . ►		100		
		Gross income from ga					CALLED NO. 1	M. ANDRES	The second
		See Part IV, line 19 .				The second second			新新山山山
	ь	Less: direct expenses	3	. b			-	A TOWN	
	С	Net income or (loss) for	rom gamin	g act	vities 🕨				
	10a	Gross sales of in	ventory,	less			STATE OF PERSONS ASSESSMENT	CARLES AND A	
	İ	returns and allowance	es	· a	<u> </u>	CHECK TO SEE	** S 5 1 1 5 1		
	b	Less: cost of goods s		. b				e de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp	
	<u> </u>	Net income or (loss) fi		of inv				<u> </u>	
		Miscellaneous R	levenue		Business Code	And the second second			
	11a				ļ	 			
	b				<u></u>		ļ	 	ļ
	C	***************************************						<u> </u>	
	d			•	L				ASSESSMENT OF THE PARTY AND ADDRESS.
	e 40	Total. Add lines 11a-				<u> </u>		CHEST SA	
	12	Total revenue. See in	ISTRUCTIONS	· · ·	<u> *</u>	1,772,353	1,132,663	. 0	Form 990 (2015)
									rom: 330 (2015)

Form 990 (2015) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Ø Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (A) Total expenses (D) Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expense Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,000 2,000 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . 2,500 2,500 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 300,703 226,946 39,621 34,136 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 7 Other salaries and wages 25,693 25,860 371,228 319,675 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,184 14,860 581 743 Other employee benefits . . . 9 50,546 42,010 4,256 4,280 10 51,383 41,980 4,880 4,523 11 Fees for services (non-employees): Management а 0 Legal h 2,022 1,941 81 0 Accounting C 15,436 13,488 1,021 927 Lobbying 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees O 0 0 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 0 0 0 Advertising and promotion 12 3,254 0 0 3,254 Office expenses 13 23,771 21,881 924 966 14 Information technology . . . 970 31,864 29,842 1,052 Royalties 15 0 0 0 16 Occupancy . . . 121,031 121,031 0 0 Travel . . . 17 610 0 190 420 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 0 0 0 0 20 20,781 0 20.781 0 21 0 0 0 22 Depreciation, depletion, and amortization . 209,316 208,353 505 458 23 Insurance . 1,152 17,415 1.045 15,218 24 Other expenses, Itemize expenses not covered • 64 above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column ..-. (A) amount, list line 24e expenses on Schedule O.) Bank and Merchant Fees 0 2,986 0 2,986 Commissions 9,604 0 9,604 n Bad Debt Expense 17,766 17,766 0 0 Employee Dues, Development and Retention 13,686 15,916 1,906 324 All other expenses Programs & Misc 4,882 451,940 441,441 5,617 Total functional expenses. Add lines 1 through 24e 1,738,256 1,565,003 90,465 82,788 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

☐ if following SOP 98-2 (ASC 958-720)

Part		437		
	Check if Schedule O contains a response or note to any line in this Pal		· ·	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	416,050	1	384,352
2	Savings and temporary cash investments .	1,469,017	2	1,486,180
3	Pledges and grants receivable, net .	39,537	3	78,58
4	Accounts receivable, net	320,659	4	317,83
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	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 organizations (see instructions). Complete Part II of Schedule L		6	,
7	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	· • • • • • • • • • • • • • • • • • • •	11,057	9	7,863
10				
1	b Less accumulated depreciation 10b 3,320,186	3,596,671	10c	3,418,391
11	L		11	3(1,0)30
12	· •		12	
13	· · · · · · · · · · · · · · · · · · ·	4,650	13	4,65
14	. =	9,736	14	6,02
15		5,730	15	0,02
16	· · · · · · · · · · · · · · · · · · ·	5,867,377	16	5,703,87
17		102,483	17	128,52
18	· ·	102,403	18	120,32
19	•	444,769	19	320,70
20		444,705	20	320,70
21			21	9.00
1 -	· · · · · · · · · · · · · · · · · · ·			8,99
j 22	trustees, key employees, highest compensated employees, and	- '	1 1	
[disqualified persons. Complete Part II of Schedule L	•	22	
22				
		607,535		534,67
24			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
ł	of Schedule D		25	
26		274,278		238,56
120	Total Ilabilities. Add lines 17 through 25	1,429,065	20	1,231,47
3	complete lines 27 through 29, and lines 33 and 34.			
27		4,366,976		4,374,31
28	,	71,336		98,09
2 29			29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
3 30	' ' ' '		30	
វ្ត 31	, , , , , , , , , , , , , , , , , , , ,		31	
32	•		32	
33	Total net assets or fund balances	4,438,312	33	4,472,40
34	Total liabilities and net assets/fund balances	5,867,377	34	5,703,87

om 9	90 (2015)			Page 1	12
Par	t XI Reconciliation of Net Assets				_
	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		1,772,35	53
2	Total expenses (must equal Part IX, column (A), line 25)	2		,738,25	_
3	Revenue less expenses. Subtract line 2 from line 1	3		34,09	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,438,31	12
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		,472,40	<u>9</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	<u> </u>
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	olain ın	Your Francisco	es No	
	Schedule O.		277	+ 14	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp		7,52	*1 = =	-=
	reviewed on a separate basis, consolidated basis, or both:		Side was	* .	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		· 1	* P	
b	Were the organization's financial statements audited by an independent accountant?		2b √	,	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	JANES N.	77	_
	separate basis, consolidated basis, or both:		- Table 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		LEUG)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c 🗸	'	
	If the organization changed either its oversight process or selection process during the tax year, expectable O.	olain in	PROPERTY AND A		_
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in	, ,,	7.3	•
J u	the Single Audit Act and OMB Circular A-133?		За	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an the	 	-+*	-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		NA

NΑ

Form **990** (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2015

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B · Section 527 organizations Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization Employer identification number Capital Area Development Corporation of West Virginia Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address filing organization's contributions received and funds If none, enter -0-. promptly and directly delivered to a separate political organization If none, enter -0-. (1) NA (2)(3) (4) (5) (6)

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Dago	٠,

Sch	edule C (Form 990 or 990-EZ) 2015					Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt	under section 5	i01(c)(3) and file	ed Form 5768 (el	ection under
A	Check ► ☐ if the filing organization be name, address, EIN, expe	elongs to an a	iffiliated group (a are of excess lob	nd list in Part IV bying expenditu	each affiliated gr res).	oup member's
В	Check ▶ ☐ if the filing organization cl	necked box A	and "limited con	trol" provisions	apply.	
	Limits on Lob	bying Expendi	tures	· · · · · · · · · · · · · · · · · · ·	(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts	s paid or incurred	.)	organization's totals	group totals
<u> </u>	a Total lobbying expenditures to influence	e public opinior	(grass roots lobb	vina)	T	NA
	b Total lobbying expenditures to influence					
	c Total lobbying expenditures (add lines	la and 1b) .				
	d Other exempt purpose expenditures .					
	 Total exempt purpose expenditures (ad 	d lines 1c and	1d)			
	f Lobbying nontaxable amount. Enter columns.	the amount	from the followin	g table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amour	nt is:		المراجعة المستراطية
	Not over \$500,000	20% of the a	mount on line 1e.		一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000	A SHIP TO PERSON	The second secon
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.	. with the complete and	li i
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	over \$1,500,000.	· ·	المُ المُولِيَّةِ المُولِيَّةِ المُولِيَّةِ المُولِيَّةِ المُلِيَّةِ المُلْكِينِيِّةِ المُلْكِينِيِّةِ المُلْكِينِيِّةِ المُلْكِينِيِّةٍ المُلْكِينِينِي المُلْكِينِينِينِينِينِينِينِينِينِينِينِينِينِ
	Over \$17,000,000	\$1,000,000.				内 新洲山西 · ·
	g Grassroots nontaxable amount (enter 2	•				
	h Subtract line 1g from line 1a. If zero or l	•				
İ	Cabacaca and in contains to a zoro or a					<u> </u>
j	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did			Yes No
	(Some organizations that made a se	ction 501(h) el	Period Under sed ection do not hav ructions for lines	e to complete al	l of the five colum	ns below.
	Lobbyin	Expenditures	During 4-Year A	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
						NA.
	Lobbying ceiling amount (150% of line 2a, column (e))	for an angle	Contract of the	table to the second		
	Total lobbying expenditures					
ď	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))	ı			,	
f	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	led F	orm	5768		
For e	each "Yes," response on lines 1a through 1ı below, provide ın Part IV a detailed	(a)		(b)	
	· · · · · · · · · · · · · · · · · · ·	Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	-				
а	Volunteers?		Ì			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					NA.
đ	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities?					—
)	Total Add lines 1c through 1i		ŀ			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ı	}			
d C	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		}			
Part		(5), (r se	ction		
	501(c)(6).	(0), (
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		✓
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."		Part		line	3, is
1	Dues, assessments and similar amounts from members	٠.	_1_			<u>N</u> A
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			_
ь	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ıng				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5			
Provid	Supplemental Information le the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grouinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	Jp lis	t); Par	t IJ-A,	lines	and
NA						
						• • • • • • • • • • • • • • • • • • • •
				•••••		
•••••				•••••		•
			•••••			

	m 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	


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••••••	**************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************	
	***************************************	
	***************************************	
	•	
***********		
•••••		

### 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.

on answered "Yes" on Form 990, 1b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

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

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

Par	2 U Organizations Maintaining	- Collections of	A-A U	dominal.	Tennalise	0	ther Cimilar	Acceto	(conti	ound)
3	Using the organization's acquisition,									
Ū	collection items (check all that apply)		onici reco	nus, che	CK arry Or i	116 10110	wing that are	a signific	ant as	0 01 110
•	Public exhibition	•		□ Lone	or avabar	aa proa	ramo.			
a b	Scholarly research		u		or exchar					
C	Preservation for future generation	<b>.</b>	0	□ Othe	NA		*******************			
4	Provide a description of the organiza		and ove	lain how	thou furtho	r the or	ranization's e	rompt ni	ILDOGO	in Parl
7	XIII	ation's conections	and exp	idiii HOW i	mey furthe	r tile Oil	Janizalion S e	tempt pt	npose	III I CATE
5	During the year, did the organization	solicit or receive	donatio	ns of art	bistorical	treasure	s or other sir	nılar		
•	assets to be sold to raise funds rathe								Yes	☐ No
Par	t IV Escrow and Custodial Arr	angements.		<u> </u>						
	Complete if the organization	•	s" on Fo	rm 990. l	Part IV. lir	ne 9. or	reported an	amount	on Fo	orm
	990, Part X, line 21.		· · · · · ·	000,		,	.oponoa a.,	a,,,,,,,,,,,,	•.,	
1a		, custodian or ot	her interi	nediary f	or contribu	itions of	r other assets	not		
	included on Form 990, Part X?							. $\Box$	Yes	√ No
ь	If "Yes," explain the arrangement in F							_		_ ·
_							1	Amount		
С	Beginning balance					10	-			NA
d	Additions during the year					10				
е	Distributions during the year					1e				
f	• •					11				
2a	Did the organization include an amou		-					litv? 🔽	Yes	No
	If "Yes," explain the arrangement in P									Ø
	t V Endowment Funds.									
	Complete if the organization	n answered "Yes	on Fo	rm 990, l	Part IV, lin	e 10.				
		(a) Current year	(b) Pr	or year	(c) Two yea	ars back	(d) Three years b	ack (e) F	our year	s back
1a	Beginning of year balance		ĺ							NA
	Contributions		T							
C	Net Investment earnings, gains, and									
	losses				ŀ			ı		
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance								_	
2	Provide the estimated percentage of t	the current year er	nd balanc	e (line 1g	, column (a	a)) held a	as:			
а	Board designated or quasi-endowme									
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.							
3a	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held	and add	ministered for	the		
	organization by:									No
	(i) unrelated organizations							. 3a	(i)	<u> </u>
	(ii) related organizations					•		. 3a(	ii) 🗸	1
	If "Yes" on line 3a(ii), are the related o					٠		. <u>3t</u>	<u>)                                    </u>	<u></u>
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.					
Part										
	Complete if the organization	answered "Yes	" on For	<u>m 990, F</u>	Part IV, lin	e 11a \$	See Form 99			
	Description of property	(a) Cost or ot			r other basis		Accumulated	(d) E	Book valu	18
		(investm	ent)	(01	ther)		preciation			
1a	Land		0		382,446	A STATE OF	-		3	82,446
b	Buildings	·	0		6,214,574		3,190,598		3,0	23,976
C	Leasehold improvements	·	0		0		0			0
d	Equipment	·	0		141,557		129,588			11,969
θ_	Other	·	0	<u> </u>	0	<u> </u>				0
Total.	Add lines 1a through 1e. <i>(Column (d) n</i>	nust <b>equal</b> Form 9	90, Part )	(, column	(B), line 10	Oc.)	▶		3,4	18,391

Part VII	Investments - Other Securities.	Investments – Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.											
_	(a) Description of security or category	(b) Book value		d of valuation									
	(including name of security)	(b) Book value		f-year market value									
(1) Financial	derivatives	,											
	neld equity interests			· · · · · · · · · · · · · · · · · · ·									
(3) Other													
(A) (B)													
(C)													
(D)			<del></del>										
(E)	~,												
(F)	***************************************												
(G)													
(H)													
	b) must equal Form 990, Part X, col. (B) line 12.} ▶	NA											
Part VIII	Investments—Program Related.	rm 000 Part IV lin	a 11a Saa Farm (	000 Dort V line 12									
	Complete if the organization answered "Yes" on For	(b) Book value	<del>,</del>	ed of valuation									
	(a) description of threstment	(b) Dook value	, , ,	f-year market value									
(1) Investm	ent in closely held member organization - trade for dues and	4.650	Cost										
	t in previous years	,,,,,,,	000.										
(3)													
(4)													
(5)			***************************************										
(6)													
<u>(7)</u>													
(8)			<del> </del>	<del></del>									
(9) Total (Column (	b) must equal Form 990, Part X, col. (B) line 13.} ▶	4,650											
Part IX	Other Assets.	4,050	17	. Sieter									
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lir	e 11d. See Form 9	990, Part X, line 15.									
	(a) Description			(b) Book value									
(1)													
(2)													
(3)		<u> </u>											
_(4)													
<u>(5)</u>													
(6)													
<u>(7)</u> (8)													
(9)													
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · ·		N/									
Part X	Other Liabilities.												
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	e 11e or 11f. See	Form 990, Part X,									
1.	line 25. (a) Description of liability (b) Book value	· · · ·		··· <del>··································</del>									
(1) Federal in													
		U 38,568		*									
(3)	ayable to related organization 2												
(4)			the restrict three these	क्षियं शर्भ र अपूरि १ .									
(5)				After a manage for the contract									
(6)			e year of the s	्रमीयांक्रिकामीयां क्रिक समी									
(7)			• ;										
(8)			e for a set of	) p									
(9)			dan ania arenda	STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY									
		38,568	-1- financial states	A. Ab. A									
	r uncertain tax positions. In Part XIII, provide the text of the footr s liability for uncertain tax positions under FIN 48 (ASC 740). Ch												
organization.	s hability for uncertain tax positions under him 46 (ASC 740). On	COV HELS II THE TEXT OF	the foothors has been	PIOVIDED III FAIL AIII									

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Retur	n.
1	Total revenue, gains, and other support per audited financial statements		v, mio 124.	11	1 772 500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del> </del>	1,773,598
		10-1	_	[ ]	
a	Net unrealized gains (losses) on investments	2a	0	<b>1</b> . I	
Ь	Donated services and use of facilities	2b	0	1 1	
C	Recoveries of prior year grants	2c	0	1 1	
d	Other (Describe in Part XIII.)	2d	1,245	1 1	
e	Add lines 2a through 2d			2e	1,245
3	Subtract line 2e from line 1	<i>:</i> ' '		3	1,772,353
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	1 - 1	
ь	Other (Describe in Part XIII.)	4b	0	<u> </u>	
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,772,353
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,738,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
а	Donated services and use of facilities	2a	0	ļ [	
b	Prior year adjustments	2b		1 54	
c	Other losses	2c	0	1 1	
ď	Other (Describe in Part XIII.)	2d	0	1	
	Add lines 2a through 2d			أمدا	
ө	Subtract line 2e from line 1			20	
3		i . ı			1,738,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	1 1	
ь	Other (Describe in Part XIII.)	4b	0		
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	1,738,256
	Supplemental Information.		·····		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	vide any additional int	formati	ion.
Part IV,	Line 2a and 2b: Capital Area Development Corporation of WV serves as fisca	l agent	for the Kanawha Valle	y Busi	ness Forum (KVBF),
collecti	ng dues payments from KVBF members and remitting payment to KVBF vend	ors for	KVBF meeting expens	es.	
Part V	Lines 3a, 3b, 4: CADCO Foundation, Inc., a related 501(c)(3) organization, cre-	at hote	a cunnorting organiza	ation fo	r the Canital Area
1.011.11.	cares out out 4. On DOO 1 out addition, and, a related so 16/0/ organization, cre	nien na	a supporting organiza	111011110	
Davida	oment Corporation of West Virginia (CADCO) dba Charleston Area Alliance, m				ment found hold for
Develo	mient corporation of west virginia (CADCO) and Charleston Area Amarice, in	aiiifaiii	s a board-designated t	SUCOW	ilent idila nela idi
				-	-1 Cal
the pur	pose of future economic development projects focused on job creation and re	tentior	in CADCO's service a	rea. II	ne value of the
endown	nent fund is reported on Form 990 for the CADCO Foundation				
	······································				
Part X,	ine 2: As of December 31, 2015, the Alliance had no uncertain tax positions	that qu	alified for either recog	nition c	or disclosure in
the fina	ncial statements.				
	***************************************				
	**************************************				
Part YI	Lind 2d: Net assets released from restrictions \$1,245				
1.411.07.	and an increasing released from resulted 5 1,240			********	

Page <b>5</b>	eduie D (Form 990) 2015	Schedule D (For
<u> </u>	rt XIII Supplemental Information (continued)	Part XIII
		<u> </u>
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#### SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

55-6024192 Capital Area Development Corporation of West Virginia Part I Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to NA 1b . . . . . Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line NA 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? . . . . . . 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . c Participate in, or receive payment from, an equity-based compensation arrangement? . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? . . If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? **b** Any related organization? . . . . . . . . If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe . . . . . . . . 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that Individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation	2	(B) Breakdown of	W-2 and/or 1099-Mis	SC compensation	יווי לפסיוסור לי ווויוס	a, applicable colum	ii (a) ario (r/ aliiouric	יוסו מומר וויסואוסיפוי
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	(C) Retrement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)()+(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
Matthew G. Ballard/President/	E !	164,704	800	0	17,395	8,960	191,859	800
1 CEO	3							
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Schedule J (Form 990) 2015

#### **SCHEDULE L** (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

2015

OMB No 1545-0047

Name of the organization Employer Identification number Capital Area Development Corporation of West Virginia Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b Part I (b) Relationship between disqualified person and (d) Corrected? (a) Name of disqualified person (c) Description of transaction organization Yes No (1) NA (2)(3) (4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) in default? (h) Approved (ı) Written (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes No Yes Nο (1) NA (2) (3) (4)(5) (6) (7) (8) (9)(10)Total **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1) NA (2) (3) (4) (5) (6) (7) (8) (9)

(10)

Sched	ule L (Form 990 or 990-EZ) 2015				- 1	Page 2
Par	Business Transactions Involvi Complete if the organization ans		), Part IV, line 28a, 2	28b, or 28c		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
					Yes	No
(1)	There are no reportable transactions in					
	excess of applicable thresholds. See					<u> </u>
	Part V below for additional information.	<del>                                     </del>		<del></del>		<del> </del>
(4)						├
<u>(5)</u> _(6)		<del> </del>		<del></del>		<del> </del>
(7)					+	$\vdash$
(8)						<u> </u>
(9)						
(10)					L	<u> </u>
Par	V Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
The fo	ellowing directors of the organization were	e also officers, directors, tru	stees, or direct or in	direct owners of unrelated entition	es doing	
busin	ess with this organization. No transaction	ns are reported above in Par	t IV because they do	not exceed applicable reporting	threshol	lds.
Ali tra	ensactions between the reporting organizations	ation and such unrelated er	tities were conducte	d in the normal course of busine	ss under	
terms	extended to the general business comm	unity and public. No transa	ctions resulted in lac	k of independence for the direct	ors listed	1
below	with respect to this reporting organizatio	n.				
			**			
Philip	A. Wright, officer of Appalachian Power C	Company - public utility serv	ices			
Grego	ry Burton, officer of Brickstreet Insurance	- Workers Compensation i	nsurance services			
Micha	el J. Basile, member of Spilman, Thomas	& Battle PLLC - legal servic	es			
Sally S	mith, member of Bowles Rice LLP - legal	services				~******
Jeffre	McIntyre, officer of WV American Water	Company - public utility ser	vices			
James	E Shupe, officer of JPMorgan Chase Bar	nk - bankıng services		*************************		
Charle	s Loeb, member of Jackson Kelly PLLC -	legal services	******************			
Adam	Krason, member of ZMM - architectural se	ervices				
		******************************		*************************************		~····
					·	
	***************************************					<b></b>

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Capital Area Development Corporation of West Virginia	55-6024192
Page 1, Part I, Line 6: Community leaders and citizens comprise the organization's voluntary Board of	Directors, advisory committees and
task forces of economic and community development programs. Volunteers assist with planning, org	anizing and implementing projects. No
compensation is paid to any volunteers Approximate number of volunteers are: Economic Developm	nent - 125; Workforce/Education - 10;
Community Development - 25; Administration/Member Services - 40, Total - 200	
Page 2, Part III, Line 4d: Other program services include benefits and opportunities provided to member	er businesses such as: networking,
professional development, referrals, and marketing.	
Program expenses were \$295,893 including grants of \$0 and revenues of \$425,211	
······································	
Page 4, Part IV, Line 28c: Several directors of the organization are affiliated with unrelated entities doi	ng business with and/or contributing to
the organization. See Schedule L, Part V for a list of those directors. There were no reportable transactions	ctions in excess of applicable
thresholds, and no impairment of independence with respect to the organization.	
Page 6, Part VI, Line 2: The following officers/directors of this organization reported the following rela	tionships with other directors/officers.
Steven Hedrick - business relationship with Patrick A. Bond	
H. G. Shaffer, III - business relationship with Matthew G. Ballard	
Matt Bond - family relationship with Patrick A Bond	
Page 6, Part VI, Line 6: Approximately 600 area businesses are members of the reporting organization	
Page 6, Part VI, Line 7a: The voluntary Board of Directors of the organization is comprised of business	and community leaders elected by
the membership of the organization.	
······	
Page 6, Part VI, Line 9: See attached list of Board of Directors for mailing addresses.	

	,
Schedule O (Form 990 or 990-EZ) (2015)	Page Z
Name of the organization	Employer identification number
CADCO Foundation, Inc.	55-0680725
Page 6, Part VI, Line 11a and 11b: The organization's chief financial officer prepared Form 990. Authority	to review and approve
Form 990 has been delegated to the Board's Finance Committee, which reviewed and approved the form p	rior to filing. The Board's
Executive Committee also approved Form 990 prior to filing Remaining members of the Board are invited	to contact the chief financial
officer to obtain a copy of Form 990 which is emailed upon request	
Page 6, Part VI, Line 12c: Conflicts of interest with respect to officers, directors and employees of the organization	anization and its affiliates is
addressed in the organization's Bylaws, Accounting Manual, and Personnel Policies  The organization's c	onflict of interest policy is
presented to directors and employees at periodic training and orientation sessions. Directors and employ	ees are charged with professional
conduct which includes self-monitoring and reporting of potential or perceived conflicts of interest Mana	gement and the Board of Directors
advise as to whether or not the perceived conflict is valid. Directors are asked to remove themselves from	discussions or decisions in
matters where there may be conflict of interset. The organization has a Code of Ethics statement which is	accepted via signature by
disasters and employees	
directors and employees.	·····
Page 6, Part VI, Line 15: The organization's Executive Committee annually reviews the performance of and	determines compensation of
the organization's President/CEO The last such review was conducted in 2015 In 2011, the Executive Co	mmittee charged the Human
Resources Committee with engaging the services of an independent consultant to review and perform con-	nparative analyses of executive
compensation in order to establish market rate executive compensation for the organization. The study w	ill be repeated in 2016.
Page 6, Part VI, Line 19: The organization makes its governing documents, conflict of interest policy and f	inancial statements available to
the public upon request, either by providing copies or by inspection at its office.	
Page 10, Part IX, Line 24e: All other expenses include: (A) (B) (C) (D)	
Program expenses \$446,323 \$441,441 \$ 0 \$ 4,882	
Governance & Misc \$ 5,617 \$ 0 \$ 5,617 \$ 0	
Total Line 24e \$451,940 \$441,441 \$ 5,617 \$ 4,882	

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

SCHEDULE R (Form 990)

Ospartment of the Treasury Internal Revenue Service Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. Related Organizations and Unrelated Partnerships

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

Inspection Employer identification number

55-6024192

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Capital Area Development Corporation of West Virginia

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NA					
(2)					
(3)				,	
(4)					
(9)					
(9)					
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	nplete if the organization	answered "Yes" or	Form 990, Par	t IV, line 34 beca	luse it had

because it had one or more related organizations treated as a partnership during the tax year.	e or more related o	rganizations	reated as a pe	artnership o	uring the t	ax year.						
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ant Shar ated, in d, rom er er 2-514)	Share of total Sh income	(g) Share of end-of- year assets	(h) Disproportionale allocations?	(i) Code (1–UB) amount in box 20 of Schedule K-1 (Form 1065)	31 Genv 20 man	General or managing partner?	(k) Percentage ownership
(1) NA										מ ט	O Z	
(2)					_					-		
(6)												
(4)												
(5)												
(9)										-		
ري س					-							
Part IV Identification of line 34 because it	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Corpora ations treated	ation or Tra	ust Comple pration or tr	ete if the or ust during	ganization the tax yea	answer	ed "Yes" on	Form 99	10, Par	t IV,
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ge Section	(i) Section 512(b)(13) controlled entity?
											Yes	S No
(1) NA												
(z)												-
(6)											_	<u> </u>
(4)											<u> </u>	
(5)			-								-	<u> </u>
(9)												
ω												
							-					

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2015

Part V Transaction

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
	ne or more related orga	nizations listed in Part	s II–IV?
<ul> <li>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> <li>b Gift grant or capital control ution to related organization(s)</li> </ul>		•	- 1a
c Gift, grant, or capital contribution from related organization(s)			10
d Loans or loan guarantees to or for related organization(s)			/ Pt
e Loans or loan guarantees by related organization(s)		•	
f Dividends from related organization(s)	•		
g Sale of assets to related organization(s)			/ 1g · · ·
h Purchase of assets from related organization(s)			1h /
i Exchange of assets with related organization(s)			· · · · · · · · · · · · · · · · ·
			+
Lease of racinities, equipment, or other assets from related organization (s)	· · · · · · · · · · · · · · · · · · ·		
m Performance of services or membership or fundraising solicitations by related organization(s)	s)		1m /
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			→ ut
o Sharing of paid employees with related organization(s)			10 1
p Reimbursement paid to related organization(s) for expenses			1p /
q Reimbursement paid by related organization(s) for expenses ,			, 1q /
(A) and document to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second			*
Other transfer of cash or property to related organic	· · · · · · · · · · · · · · · · · · ·		\$
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, inc	luding covered relation	iships and transaction thresholds.
(а) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CADCO Foundation, Inc.	U	89,712	89,712 See Part VII
(2) CADCO Foundation, Inc.	0	(53,435)	(53,435) See Part VII
(3) Interregional Chamber of Commerce		6,324	6,324 See Part VII
(4) Entermise Pronenties CADCO Foundation, Interrectional Chamber of Commerce	J. p. 0	54.730	54.730 See Part VII
(5) Enterprise Properties, CADCO Foundation, Interregional Chamber of Commerce	r,s	16,290	16,290 See Part VII
(9)			
			Schedule R (Form 990) 2015

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

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

(a) (b) (c) (d) (e) fill (a)	Ð	(0)	(P)	(e)	£	(a)	æ	6	15	L
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all parmers	S	ţ	Disproportionate	Code V-UBI		_
		country)	income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?			allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	
			(L) 310 010000	Yes No		1	Yes No		Yes No	
(1) NA										
(2)										
(3)										
(4)										
(6)										
(9)										
<u>(i)</u>										
(8)										
(6)										
(01)				-					-	
(11)										
(12)										
(13)										
(14)			į							
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2015

Schedule R (F	orm 990) 2015 Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
Part V, Line	2(1) The reporting organization received grants from CADCO Foundation to support the operation of the organization's business
incubator b	uilding Total grants received in 2015 were \$89,712.
Part V, Line	2(2). The reporting organization owed two separate notes payable to CADCO Foundation. These funds were borrowed from the
Foundation	's board-designated endowment for the purpose of improvement to the business incubator building owned and operated by the
reporting of	ganization. Funds were repaid monthly and semi-annually to the Foundation's endowment account, based on amortization
schedules	computed with competitive fixed rates of interest. At 12/31/15, total notes payable to CADCO Foundation were \$238,568. Total
payments to	CADCO Foundation on these notes payable in 2015 were \$43,435 including interest of \$7,725. In a separate transaction, the
reporting of	ganization received in 2013 a \$45,000 loan from CADCO Foundation as seed funding for a Building Maintenance Fund. A
\$35,000 pay	ment on the loan was made in 2014, with the remaining \$10,000 balance repaid in 2015
Part V, Line	2(3). The reporting organization receives monthly rental income from the Interregional Chamber of Commerce for reimbursement
	cy costs incurred in support of Chamber activities. Total rents received from the Chamber in 2015 were \$6,324.
Part V, Line	2(4): The reporting organization received nominal membership dues totaling \$730 from CADCO Foundation and Enterprise
Properties.	All administrative and management functions of the related entities are performed by staff of the reporting organization without
charge to C	ADCO Foundation, at cost to the Chamber, and for an annual management fee of \$54,000 to Enterprise Properties.
***************************************	
Part V, Line	2(5): As with many related organizations managed by shared staff and utilizing shared resources, CADCO Foundation, Enterprise
Properties :	and the Chamber use intercompany due to/from accounts with the reporting organization to capture transfers and other
transaction	s during the normal course of recordkeeping. The net increase in the Foundation's payable to the reporting organization in 2015
was \$5,043	The net increase in Enterprise Properties' payable to the reporting organization in 2015 was \$475. The net increase in the
Chamber's	receivable from the reporting organization in 2015 was \$21,808