

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

	Departm	nent of the	Treasury	1			-		s form as it may be		-			Open to P	
		Revenue					t Form 99	0 and its instruct	tions is at www.irs.					Inspect	ion
				ar year, or					, 2016, and	endi	ng			, 20	
	ВСн	eck if app	licable	C Name of or	ganization (Community	Vorks I	n West Virg	ınia, Inc.				•	oloye <i>t</i> identifi	cation no.
	ᅜᄻ	ldress cha	inge	Doing busi									55-0	706467	
	∐ Na	ıme chanç	ge	Number an	id street (or i	PO boxifmailisi	not delivered to	o street address)		R	oom/suite		E Tele	byoue unwper	г
		bal return		4302	Crede	Drive							(304	965-22	
	∐ Fır	nal retum/	terminated	City or town	n, state or pr	ovince, country, a	nd ZIP or fore:	gn postal code						438,23	38
	∐ Aл	nended re	tum	Charl	eston,	WV 25302							G Gros	s receipts S	
	∐ Ap	plication	pending	F Name and	address of p	nncipal officer					H(a) is this a g	ம் முற்றா	ler subordin	iates? 📙 Yes	, <u>⊠</u> №
											H(b) Are all s	ubordina	tes include	ed? ∐ Yes	s ∐ No
	I Ta	x-exempt	status X	501(c)(3)	501(c) () 4 (insi	ert no)	4947(a)(1) or	527		11	lo " attac	halist (se	e instructions))
	J W	ebsite: 🕨		.commun	tywor	kswv.org					H(c) Group	exemple	n number	<u> </u>	
		rm of orga	anization X	Corporation	Trust	Association	Other ►		L Year of formation	199	1 M S	tate of le	gal domici	e MAA	
	Part	!!	Summar	у											
		1 E	Briefly descri	ibe the orga	nızalıon's	mission or me	ost significa	ant activities s	ee Schedule C) <u>. </u>					
	6)	_													
	anc	i _													
	Ĕ	_													
	Activities & Governance	2 (Check this b	ox ▶ 🔲 if ti	he organi	zation discont	nued its op	erations or dispo	sed of more than 25	% of it	ts net asse	s			
	9	3 1	lumber of v	oting memb	ers of the	governing bo	dy (Part VI,	tine 1a)				3			12
	Se	4 1	lumber of in	ndependent	voting me	mbers of the	governing l	oody (Part VI, line	1b) · · · · · ·			. 4			11
	į	5 T	otal numbe	r of individua	als emplo	yed in calenda	ır year 201	6 (Part V. line 2a)				. 5			4
	Ė	6 T	otal numbe	r of voluntee	ers (estima	ate if necessa	гу)				<i>.</i>	. 6			
	⋖	7a T	otal unrelat	ed business	гечелие	from Part VIII	column (C), line 12 · · ·				. 7	а		0
		bΝ	let unrelate	d business t	axable in	come from Fo	rm 990-T, I	ne 34 · · ·				. 7	ь		0
							DEC		7		Prior Yea	ır		Current Yea	ır
		8 (Contributions	s and grants	(Part VII	l, line (h)	゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙	EIVED			3	06,1	16	37	74,565
	9	9 F	rogram ser	vice revenu	e (Part VI	II, line 2g) 🖟			⊙			82,8			53,673
	Revenue	10 li	nvestment i	ncome (Parl	VIII. colu	mn (A) Tines	3. A jane 74	f)	တ္သုိ						0
	æ	11 (Other reveni	ue (Part VIII	, column ((A), line\$ 5, 6d	, 8c, 9c, 10	c, and the	어 · · · · · · · · ·						
		12 T	îotal revenu	e - add lines	8 throug	h 11 (must eq	ual-Part-VII	I, column (A), line	<u>(</u> (4)		3	89,00	05	43	8,238
		13 (Grants and s	sımilar amot	ints paid (Part IX colum	a	EN UT							0
		14 E	Benefits paid	to or for me	embers (F	Part IX, colum	n (A), line 4)							0
	10	15 5	Salaries, oth	er compens	ation, em	ployee benefi	s (Part IX,	column (A), lines	5-10)		1	74,1	53	24	10,403
	Expenses	16a F	Professional	l fundraising	fees (Par	rt IX, column (A), line 11e	.)							0
	Ď.	ьТ	Total fundra	sing expens	es (Part I	X, column (D)	, line 25)	>	0				\Box		
1	Ä	17 (Other expen	ses (Part IX	. column	(A), lines 11a-	11d, 11f-24	e) · · · · ·			2	06,1	51	23	38,240
Ò	l I	18 1	Total expens	ses Add line	es 13-17	(must equal P	art IX, colu	mn (A), line 25)			3	80,3	04	47	78,643
-		19 F	Revenue les	s expenses	Subtrac	t line 18 from	line 12 ·					8,7			10,405
	ies Ses	1								Beg	inning of Cu			End of Year	
	캶	20 1	Total assets	(Part X, line	16) .						2,8	55,1	88	3,20	5,875
AUG	Not Assets Fund Balanc	21 7	Total liabilitie	es (Part X, III	ne 26)			<i>.</i>		. [8	21,4	01		2,152
Ø	<u> 55</u>		Net assets o	r fund balan	ices Sub	tract line 21 fr	om line 20		· · · · · · · · · · ·		2,0	33,7	37		3,723
	Par	t III	Signatu	ire Block											
SCANNED									ements and to the best of	my kno	wledge and b	shef itis			
\$		unieur Bri	d complete De	ciaration of pre	parer (outer	trian onicer) is bas	ieo on all inter	mation of which prepai	er nas any knowledge						
8												- 1			
Ç	Sign	ا (Signatu	re of officer					<u></u>			D	ale		
G	Here)		_				0.							
			Type or	pnnt name and	title			17:							
			Pnnt/Type pro	eparer's name		Preparer	s signature	// \ //	Date Date		Check	lf	PTIN		
	Paid	l	Shad Al	-		12	0	/ V / > C/l	1 08-03-2017	,	self-em		ł	1463778	
	Prep	arer	Firm's name	>	AAL	PC)	7			-	ım s EIN 🕨				
	Use	Only	Firm s addres	ss >			thouse	Road, #210		\neg	hane no				
						na VA 221		• · · · · · · · · · · · · · · · · · · ·				703-	893-9	644	
	May ti	he IRS	discuss this	return with		rer shown abo		nstructions) · ·							X No

For Paperwork Reduction Act Notice, see the separate instructions.



Form	990 (2016) CommunityWorks In West Virginia, Inc.	55-0706467	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>····[]</u>
1	Briefly describe the organization's mission		
	See Schedule O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	· · · · 🏻 Yes	No No
	If "Yes," describe these new services on Schedule O	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · 🔲 Yes	No No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the control of th	-	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 326,283 including grants of \$) (Revenue	S)
70	See Schedule O.	<u> </u>	 ′
	see schedule v.		
		 	
4b	(Code:) (Expenses S including grants of S) (Revenue	s	
7.5	/ (Lapenses 5) (Nevenue	<u> </u>	
		 	
4c	(Code) (Expenses S including grants of S) (Revenue	S)
		<u></u>	
4d	Other program services (Describe in Schedule O)		
70	(Expenses S including grants of S) (Revenue S)	
40	Total program service expenses 326,283		
EEA		For	m 990 (2016)

EEA

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A 2 Х 2 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 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 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. 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 Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes" 8 Х 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 Х 9 debt negotiation services? If "Yes," complete Schedule D, Part IV 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 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," 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 Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes" complete Schedule D. Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 14b foreign investments valued at \$100,000 or more? If "Yes" complete Schedule F, Parts I and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Page 4

rai	try Checklist of Required Schedules (confinded)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I Parts I and II	21		<u> </u>
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 Schedule I, Parts I and III	22		<u> </u>
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	Ì		
	employees? If "Yes," complete Schedule J	23		<u> X</u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	\	۱ ۱	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees or			
	disqualified persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	\		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ĺ		
	Schedule L, Part IV	28b		Х
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	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ŀ		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·		L	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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,			ĺ
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	i

Гаі	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · · ,	• • •	ᄆ
1a	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not applicable	,	Yes	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 1		ı
		1 1		ı
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and		ν,	ĺ
20	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			İ
	Statements, filed for the calendar year ending with or within the year covered by this return	ł <u>.</u> . I	.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			٠.,
3a h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.		١
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			۱
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
þ	If "Yes " did the organization include with every solicitation an express statement that such contributions or			1
7	gifts were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c).	1 1		ĺ
a	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?			v
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/6	_	├
•	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	'		X
e	Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?	7h		 -
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		х
9	Sponsoring organizations maintaining donor advised funds.	۲		^
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter.			^
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities 10b	1 1		l
11	Section 501(c)(12) organizations. Enter	1		l
а	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		l
	against amounts due or received from them)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year			$\overline{}$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand	1		ł
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>

	Chack if Schodulo O contains a response or note to any line in this Bod \(\frac{1}{2} \).			. 🕅
Sec	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	<u></u>	· [7]
550	don A. Coronning Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	$\overline{}$	162	70
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O		,	
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	[]		
	any other officer, director, trustee, or key employee?	2		х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	i I		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ł
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	X	<u> </u>
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, "		,	i
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	├
15	Did the process for determining compensation of the following persons include a review and approval by	1	1	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	,	ł
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130	-	
16a		ļ	}	1
ıva	with a taxable entity during the year?	165	1	х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	'00		 ^- -
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	•	Ì	Į.
	organization's exempt status with respect to such arrangements?	16h	ĺ	x
Sec	ction C. Disclosure	100	Щ	
17	List the states with which a copy of this Form 990 is required to be filed West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Corporation (304) 965-2241, 4302 Crede Drive, Charleston, WV 25302			

, Form 990 (20	16) CommunityWorks In W	T est Viro	ınıa	ı. :	Inc	٠.				55-07064	67 Page 7
Part VII	Compensation of Officers, Direct	tors, Trus	tees	, Ke	y I	Em	ploy	ees	, Highest Con	pensated Em	ployees, and
<u> </u>	Independent Contractors						•		. •	•	
	Check if Schedule O contains a response or	note to any li	ne ın t	hıs f	art	VII					🗌
Section A.	Officers, Directors, Trustees, Key Employe	ees, and Hig	hest (Com	pen	sate	ed Em	ploy	yees		
1a Complete organization's	this table for all persons required to be listed for tax year	Report comp	ensatio	on fo	r the	e cal	lendar	yea	r ending with or wil	hin the	
	of the organization's current officers, directors, a Enter -0- in columns (D), (E), and (F) if no co	•			/idua	als o	r orga	nıza	tions), regardless o	of amount of	
• List all	of the organization's current key employees, if	anv See ins	tructio	ns fo	or de	efinst	ion of	"kev	emplovee "		
 List the who received 	organization's five current highest compensate reportable compensation (Box 5 of Form W-2 and any related organizations	ed employee	s (oth	er th	an a	an of	ficer, o	irec	tor, trustee, or key		
	of the organization's former officers, key emplo eportable compensation from the organization						d emp	loye	es who received m	ore than	
	of the organization's former directors or trust more than \$10,000 of reportable compensation					•	•			tee of the	
	n the following order, individual trustees or dire	ctors, institut	ional t	ruste	es,	offic	ers, k	ey e	mployees, highest		
_ `	l employees, and former such persons is box if neither the organization nor any related	d organizatio	n com	222	e a to e	d aa-	v c) :::::	ant c	officer director or to	ructoo	
☐ CHECK III	is box in Heither the organization nor any related	J Urganizatio	n com	pens			y curre	ent c	incer, director, or t	ustee	
						(C) sition					
	(A)	(8)	(do r	ot ch			han one		(D)	(É)	(F)
	Name and Title	Average hours per					s both a hrustee		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any	Unic	ei aiit	J a On	iectoi	viozica	,	from	related	other
		hours for related	9 5	5	0	7	QΙ	ייב	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	argin	릙	(W-2/1099-MISC)	(11-21032-11100)	organization
		below dotted	ctor	tiona]	oid	yee yee	1		i	and related
		line)	lsnı	ā		yee	mpe				organizations
			86	stee			Highesi compensalod omployee				
		1				1	8	i '			
					Ì					İ	
(1) Dave C			Х		Х			_	0	0	
	lent Emeritus	-				-		<u> </u>	<u> </u>		0
Secret	McMurray ary		Х						0	0	0
(3) Ropin	Kees										
Treasu			Х	\vdash	X	-	-	├-	0	0	
(4) Scott	A Horchler		Х		х				0	0	0_
	Gentry										
	President Beaver		Х	-	\vdash			\vdash	0	0	<u>o</u> _
Direct			Х						٥	0	0
(7) Debra	Payne										-
Direct		 	Х		<u> </u>	-		-	0	0	
(8) Requas	ald Jones		х						١ .	0	0
	Zuverink				\vdash	Г	 	<u> </u>			
Direct	or		Х		L			L	0	0	00
	ry M Meyer		x					1			
Direct			 ^-	\vdash	\vdash	\vdash		\vdash	<u> </u>	0	0
Direct	Spencer	h	х						,	0	0
	Skeens	 	<u> </u>	T	T	\vdash		T	†		
	tive Director			L	Х	L			67,915	0	3,575
						ا ا					

<u>(14)</u>_

Page 8

Fan	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ind I	igh	est	Comp	ens	ated Employees (continuea)			
	(A) Name and bile	(B) Average hours per week (list any	DOX, U	un!ess	pers	tion ore th	nan one both an Irustee)		(D) Reportable compensation from	(E) Reportable compensation from related	from emount of		
		hours for related organizations below dolted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуве	Highest compensated employee	Formor	the organization (W-2/1099 MISC)	organizations (W-2/1099-fAISC)	or a	mpensat from the ganizati nd relate ganization	ed
<u>(15)</u>				-					<u> </u>		-		
(16)													
<u>(17)</u>													
(18)											T	·	
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													-
(24)													
(25)						-							_
1b c	Sub-total							-					
d	Total (add lines 1b and 1c)								67,915	0	╁		575
2	Total number of individuals (including but not limited												3/3
-	reportable compensation from the organization	3 (0 (11030 1101	ou upo	,	******	100	CIVEGI		. (nan 5 100,000 o	o			
												Yes	No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule						_		pensated		3		х
4	For any individual listed on line 1a, is the sum of rej										۲	+-	+^-
	organization and related organizations greater than		•					•				1	l
	ındıvıdual										4		x
5	Did any person listed on line 1a receive or accrue of	compensation	n from	any	unre	late	d orga	nıza	tion or individual				
	for services rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	rsu	ch p	erson				5_	<u> </u>	X
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compensation.	•											
	year (A)								(B)			(C)	
	Name and business address								Description of	1	Сал	npensab	on
	· · · · · · · · · · · · · · · · · · ·								<u> </u>				
								_					
		 _							- 				
	Table				12								
2	Total number of independent contractors (including received more than \$100,000 of compensation from				IISLE	eo al	oove)	wno					
	Toward more man 3 roo, you or compensation from	www organiz	JUNI	_								000 /	2040)

Page 9

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	ь	Federated campaigns	[1a 1b 4,810 1c				
is, Gifts. Similar A	ď	Related organizations Government grants (contribute	📮	1d 1e 108,652				
ribution Other (f	All other contributions, gifts, grand similar amounts not include		1f 261,103				
Cont	1	Noncash contributions include Total. Add lines 1a-1f		· ———	374,565			
				Business Code				
Ę	2a :	Interest Income		_	52,731	52,731		
Se Se	b !	Training & Program		_	5,000	5,000		
Ş	C	Documentation Fees		_ \	5,942	5,942		
San	d .							
Ë	e				<u> </u>			- · · - · · · · · · · · · · · · · · · ·
Program Sarvico Revenuo	f.	All other program service rever	iue · · · · ·					
<u> </u>	9	Total. Add lines 2a-2f	<u>.</u>		63,673			
	3	Investment income (including d	ividends, inte	rest,	1			
	.	and other similar amounts)						
	4	Income from investment of tax-	exempt bond	proceeds · · · ▶				
	5	Royalties	<u></u> .	<u></u>				
	1		(ı) Real	(ii) Personal				_
	6a	Gross rents] }			
	b	Less. rental expenses · · · ·] [
	C	Rental income or (loss) - · ·			1			
	d	Net rental income or (loss)			1			
		Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other				
		Less cost or other basis and sales expenses						
	С	Gain or (loss)] .			
	d	Net gain or (loss) · · · · ·]			
her Revenue		Gross income from fundraising events (not including \$				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ě		of contributions reported on line	e 1c)	-				
<u> </u>		See Part IV, line 18 · · · ·	•	a	1			
春		Less direct expenses			1 1			
_	1	Net income or (loss) from fundi			1 1			
		Gross income from gaming act	•	<u> </u>				
	1	See Part IV, line 19 · · · ·		a				
	1	Less: direct expenses			1			
	1	Net income or (loss) from gami			† [
	1	, , ,	ing convides		 			
		Gross sales of inventory, less returns and allowances						
	1	Less: cost of goods sold · ·		·	- 1			
	├	Net income or (loss) from sales	of inventory					
	44-	Miscetteneous Revenue		Business Code	4 1			
	11a				 			
	b	·			 			
	C .	All of			 -			
		All other revenue · · · · ·			 			
		Total. Add lines 11a-11d			ļ			
	1 42	Total revenue. See instruction	_	.	1 438.238	63.673	0	l c

Form 990 (2016) CommunityWorks In West Virginia, Inc.

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 a	iny line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			į	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			ļ	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	96,415	f	96,415	
6	Compensation not included above, to disqualified	20,413		20,413	
_	persons (as defined under section 4958(f)(1)) and	}	ľ	1	
	persons described in section 4958(c)(3)(B)		ŀ	1	
7	Other salanes and wages	55,791	55 701		
8	Pension plan accruals and contributions (include	33, 131	55,791		
•	section 401(k) and 403(b) employer contributions)	7 057	0 505	4,470	
9	Other employee benefits	7,057	2,587		
10	Payroll taxes	69,004	25,293	43,711	
11	Fees for services (non-employees)	12,136	4,372	7,764	
	Management				
a b	Legal				
			-		
c	Accounting				
ď	Professional fundrations convices. See Part IV line 17				
e 4	Professional fundraising services See Part IV, line 17				
f	Investment management fees	·			
g	Other (If line 11g amount exceeds 10% of line 25, column		İ		
40	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses	4,544	4,544		
14	Information technology				
15	Royalties				
16	Occupancy	3,417	3,417		
17	Travel	5,620	5,620		
18	Payments of travel or entertainment expenses	1		j	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	↓			
20	Interest	6,523	6,523		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,600	3,600		
23	Insurance	10,793	10,793		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	į			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Volunteer Program	80,000	80,000		
b	Professional Fees	17,936	17,936		
C	WV Housing Policy Program	32,692	32,692		
d	WVPEL Pass through Funds				
0	All other expenses	73,115	73,115		
25	Total functional expenses, Add lines 1 through 24e .	478,643	326,283	152,360	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		ĺ		
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
					Form 000 (2016)

Part X

Form 990 (2016)

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 645,272 634,807 2 2 3 3 39,420 36,336 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 1,886,454 7 2,102,127 Inventories for sale or use Prepaid expenses and deferred charges 6,344 6,807 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 203,850 b Less accumulated depreciation 10b 106,268 10c 102,668 11 11 12 12 13 13 14 14 15 15 181,895 312,665 16 2,855,188 3,205,875 17 17 4,444 1,699 18 18 19 257,000 19 382,746 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 239 1,129 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 23 517,006 23 620,905 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 42,712 205,673 Total liabilities. Add lines 17 through 25 26 ,212,152 821,401 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 410,373 27 363,157 28 264,605 **271,757** 29 1,358,809 1,358,809 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🔲 and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,033,787 33 1,993,723 2,855,188 34 3,205,875

Form	990 (2016) CommunityWorks In West Virginia, Inc.	55-070646	7	Pa	age 12
Pai	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u>. П</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		138,2	238
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4	178,	543
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(40,4	105)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,0	33,	787
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			341
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1,	93,	723
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. D</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŀ	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes" check a box below to indicate whether the financial statements for the year were compiled or		İ		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		İ		
b	Were the organization's financial statements audited by an independent accountant?	. <i></i>	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audiled on a				
	separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
EEA			Form	990 (2016)

SCHEDULE A

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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

Employer identification number

_	0, 111		_				55.05064	<u> </u>		
Pa		ityWorks In West Virginia Reason for Public Charity		ganizations must co	omplete	this part	See instruction			
		nization is not a private foundation beca					, 000			
1	Π̈́	A church, convention of churches, or a								
2	Ħ	A school described in section 170(b)(<i>//~//</i> //				
3	Ħ	A hospital or a cooperative hospital se				liis				
4	Ħ	A medical research organization opera	•			•	VAVIII) Enter the			
•	LJ	hospital's name, city, and state	nea in Conjunction	with a nospital described	3 111 300010	170(10)(1	MAMMILLING THE			
5	П	An organization operated for the bene	fit of a college or u	inversity owned or onera	ted by a o	overnment	al unit described in			
•		section 170(b)(1)(A)(iv). (Complete P	_	miversity owned or opera	nec by a g		or arm dood about in			
6	П	A federal, state, or local government of	•	ut described in eaction 1	70/h)/4\/A	1641				
7	칪	An organization that normally receives	•				m the general nublic			
•	K	described in section 170(b)(1)(A)(vi).	•		CITATICITIO	u 01 110	in the general public			
8	П	A community trust described in section	•	•						
9	H	An agricultural research organization of			ited in con	unction wi	th a land-grant colleg	ıe		
•	_	or university or a non-land-grant college						,-		
		university:	ge of agriculture (s	ce manachona, ciner ar	O 1101110, G	iy, and old	to or the conego of			
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross									
	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its									
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		•		· ·		-				
11	acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	Ħ	An organization organized and operat	•	• •			carry out the purpos	ses		
-		of one or more publicly supported orga	•	·						
		Check the box in lines 12a through 12								
	а	Type I. A supporting organization		•• • • •						
	_	the supported organization(s) the		-		•		•		
		supporting organization You mus	• •	• • • • • • • • • • • • • • • • • • • •	•					
	b	Type II. A supporting organization	•	•	n its suppo	rted organ	ization(s), by having			
		control or management of the sup						ed		
		organization(s) You must comp					• • • • • • • • • • • • • • • • • • • •			
	С	Type III functionally integrated.			nection with	n, and fund	tionally integrated wi	lh.		
		its supported organization(s) (see		•						
	d	Type III non-functionally integra	•	· •				n(s)		
		that is not functionally integrated								
		requirement (see instructions). Yo		•						
	е	Check this box if the organization	•	•			Type II, Type III			
		functionally integrated, or Type III								
	f	Enter the number of supported organi	•							
	g	Provide the following information about		rganization(s)						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(Iv) is the o	rganization	(v) Amount of monetary	(vi) Am	ount of	
				(described on lines 1-10	listed in you		support (see	other sup		
				above (see instructions))	docum	ieni /	instructions)) instru	Clions)	
					Yes	No				
70						-				
(A)					L	ļ				
(B)						ĺ	ĺ	[
(0)					<u></u>					
(C)						[1			
(C)			L							
/DI					•			[
(D)						ļ				
/E\										
(E)					ļ					
				[[{		[
Tota	al				L	<u> </u>	L	L		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u></u> ,			
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	553,663	443,293	293,064	306,146	374,565	1,970,731
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	553,663	443,293	293,064	306,146	374,565	1,970,731
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				<u></u>		
6	Public support. Subtract line 5 from line 4	L					1,970,731
	tion B. Total Support Indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	553,663	443,293	293,064	306,146		1,970,731
8	Gross income from interest, dividends.	553,663	443,293	293,064	308,146	374,363	1,970,731
	payments received on securities loans,	'	ĺ			[
	rents, royalties and income from similar sources	58,663	61,291	61,673	61,525	52,731	295,883
_		30,003	01,251	01,015	02,323	32,73	233,003
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,598	2,598	5,348	15,648		26,192
11	Total support. Add lines 7 through 10						2,292,806
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	· · · · · · · · · · · · · · · · · · ·				▶ 🗍
	tion C. Computation of Public St						<u>-</u> -
14	Public support percentage for 2016 (line 6,						85.95 %
15	Public support percentage from 2015 Sche						87.44 %
16a	33 1/3% support test - 2016. If the organiz						. 🖸
	box and stop here. The organization qualif						▶ 🛛
D	33 1/3% support test - 2015. If the organization of					, слеск 	▶ □
172	this box and stop here. The organization q 10%-facts-and-circumstances test - 2016	•					
179	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac				-		
	organization · · · · · · · · · · · · · · · · · · ·		=				▶ 🗍
b	10%-facts-and-circumstances test - 2015						· · · ·
-	15 is 10% or more, and if the organization is	-				···	
	Explain in Part VI how the organization med				•	idy	
	supported organization						▶ □
18	Private foundation. If the organization did						
	instructions		. <u></u>	<u></u>	<u> </u>	<u></u> . <u></u>	▶ 🛮
EEA						Schedule A (Form	990 or 990-F71 2016

Support Schedule for Organizations Described In Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	l					
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	Ĺ.,.,					
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support		,				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the or organization, check this box and stop here				as a section 501(c)(▶ □
Sec	ction C. Computation of Public Su	ipport Percer	ntage				
15	Public support percentage for 2016 (line 8, c	• • • • • • • • • • • • • • • • • • • •	•	(f)) · · · · ·		15	%
16	Public support percentage from 2015 Sched				· · · · · · · · · · · ·	16	<u> </u>
	ction D. Computation of Investme			-l (A)		T .= T	
17 18	Investment income percentage for 2016 (line	**	•	olumn (f))		17	<u>%</u>
	Investment income percentage from 2015 Se					18	%
	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. Th	ne organization qua	difies as a publicly	supported organiza	ation • • •	▶ 🔲
	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a put	olicly supported orga	anization .	
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box	and see instructions		

Schedule A (Form 990 or 990-EZ) 2016

Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Organizations
------------	-----	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4 a		
	4b		
	-		
}	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9¢		
	10a		
AIF	10b	D or sor	-EZ) 201
- ~10	J 03	031	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

4

5

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A (Form 990 or 990-EZ) 2016 CommunityWorks In West Vi	rginia, Inc.	55-070	06467 Page 7		
Par) Supporting Organi	zations (continued)			
	tion D - Distributions			Current Year		
	Amounts paid to supported organizations to accomplish exen					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			<u></u>		
	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions			
	Amounts paid to acquire exempt-use assets					
	Qualified set-aside amounts (prior IRS approval required)					
_6	Other distributions (describe in Part VI) See instructions					
_7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	e organization is respon	sive			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016					
	(reasonable cause required - explain in Part VI) See	}				
	instructions					
3	Excess distributions carryover, if any, to 2016	-				
a						
b						
C	From 2013					
d	From 2014					
е	From 2015					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2016 from					
	Section D, line 7 \$					
a	Applied to underdistributions of prior years					
_	Applied to 2016 distributable amount					
-	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
	any Subtract lines 3g and 4a from line 2. For result		1			
	greater than zero, explain in Part VI. See instructions	}	ļ			
-6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI See instructions		1			
7	Excess distributions carryover to 2017 Add lines 3)		<u> </u>			
	and 4c		j			
8		 	<u> </u>			
a		 	† 			
	Excess from 2013	 				
	Excess from 2014	 	<u> </u>			
	Excess from 2015	<u> </u>	<u> </u>			
	Excess from 2016	<u> </u>				

Schedule A (Form 990 or 990-EZ) 2016 CommunityWorks In West Virginia, Inc. 55-0706467	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17	o; Part
III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec	ction
B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c,	2a, 2b,
3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sec	tion E.
lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)	
01. Qualifies for Public Charity Status Multiple Reasons	
VI. QUUILIZO EST EMPLE SHULLOY SOUGH HELICIPES HOUSENING	
The organization has 27 members who provide low income housing in the state of WV. Members	
The organization has 27 members who provide low income housing in the state of wv. Nembers	
-land the board of discretion to recover the common trian	
elect the board of directors to manage the organization.	
	

Schedule A (Form 990 or 990-EZ) 2016

EEA

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

► Attach to Form 990.

OMB No 1545-0047 2016

Inspection

Open to Public

Employer identification number Name of the organization CommunityWorks In West Virginia, Inc. 55-0706467 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and Other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during 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? 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 Part II 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 Held at the End of the Tax Year easement on the last day of the tax year Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located - > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. 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 2 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

	t III Organizations Maintaining C						041	55-070	
									Sets (continued)
3	Using the organization's acquisition, accession,	and oth	ner records, o	check any o	f the follow	ving that are	a signific	cant use of its	
	collection items (check all that apply)								
а	Public exhibition		d 🗌 Loa	n or excha	nge progra	ims			
b	Scholarly research		e 🗍 Oth	er					
С	Preservation for future generations								
4	Provide a description of the organization's collect	dione a	nd evolein b	ow they fur	her the or	nanizalion'e e	vemnt r	urnose in Part	
•	XIII	ciions a	ind explain in	ow they full	iter tile oli	yanızadonse	svenihi h	ui pose in Fait	
5	During the year, did the organization solicit or re								п., п.,
	assets to be sold to raise funds rather than to be			of the orga	nızalıon's	collection?	• • •		- Yes No
Par	t IV Escrow and Custodial Arrang								
	Complete if the organization an	nswer	ed "Yes" o	n Form 9	990, Par	t IV, line 9,	, or rep	orted an amo	unt on Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or othe	r intermediar	y for contrib	outions or	other assets	not		
	included on Form 990, Part X?								- · Yes X No
b	If "Yes," explain the arrangement in Part XIII and	d comp	lete the folloy	vino table					
								An	nount
С	Beginning balance						10		
_									
d	· .								
e	Distributions during the year						<u></u>		
f	Ending balance								
2a	Did the organization include an amount on Form	n 990, F	Part X, line 21	l, for escro	w or custo	dial account l	iability?		· · · 🛚 Yes 🔲 No
_b	If "Yes," explain the аггапдетенt in Part XIII Ch	eck he	re if the expla	anation has	been prov	uded on Part	XIII	<u></u>	
Pai	t V Endowment Funds.								
	Complete if the organization ar	nswer	ed "Yes" o	n Form 9	990, Par	t IV, line 10	0		
		(a) (Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				7	(-)		(-,	33,,
ь	Contributions								
c	Net investment earnings, gains, and			1					
٠	- -	l							
	losses	 							
d	Grants or scholarships								
e	Other expenditures for facilities and	l					1		
	programs								
f	Administrative expenses								
g	End of year balance							•	
2	Provide the estimated percentage of the current	t year e	nd balance (i	line 1g, colu	ımn (a)) h	eld as			
а	Board designated or quasi-endowment		%	_					
b	Permanent endowment > %								
c	Temporarily restricted endowment		%						
_	The percentages in lines 2a, 2b, and 2c should	egual 1	- '''						
2-	-			- that are b		dan and a said f			
3a	Are there endowment funds not in the possession	יוט טו נוו	e organizatio	m mat are r	ieio ano a	oministerea 1	or the		<u> </u>
	organization by								Yes No
	(i) unrelated organizations · · · · · · · ·					• • • • • •			- 3a(i)
	(ii) related organizations								· 3a(ii)
þ	If "Yes" on 3a(ii), are the related organizations li	sted as	required on	Schedule F	२७			. <i></i>	· 3b
4	Describe in Part XIII the intended uses of the or	ganıza	tion's endowr	ment funds					
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization ar	nswer	ed "Yes" o	on Form 9	990, Par	t IV, line 1	1a. Se	e Form 990, P	art X, line 10.
	Description of property		(a) Cost or oth		I.	r other basis		Accumulated	(d) Book value
	France England		(investin		1	olper)		epreciation	(-)···
1a	Land					· · ·			20.000
	Buildings			20,000	<u> </u>			20. 777	20,000
b	•		1	09,161	 		<u> </u>	32,538	76,623
C	Leasehold improvements	}							
d	Equipment	\cdots		72,876	L			66,831	6,045
<u>e</u>	Other		··········	1,813	<u> </u>		L	1,813	
Tota	 Add lines 1a through 1e (Column (d) must equ 	ual Fort	n 990, Part X	(, column (E	3), line 10c)		<u> ▶ </u>	102,668

Schedule D (Form 990) 2016 CommunityWorks	In West Virginia, I	nc. 55-070)6467 Page
Part VII Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990. Pa	art IV line 11b. See Form 990	. Part X. line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	on .
(including name of security) (1) Financial derivatives		Cost or end-of-year market	Value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	· · · · · · · · · · · · · · · · · · ·		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990 Part X col. (B) line 12)			
Part VIII Investments - Program Related. Complete if the organization answere	d "Ves" on Form 990 D	art IV line 11c. See Form 990	Part Y line 13
		T	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)		Cost of and co-year market	1000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990 Part X col (B) line 13)		l	
Part IX Other Assets.	d "Voo" on Corm 000 D	art IV line 11d See Form 000	Dort V. line 15
Complete if the organization answere		artiv, line 110 See Form 990	
	Pescription		(b) Book value
(1) Wheeling Properties & Improvements (2) Philippi/Foster Property	······································		190,109 38,649
(3) Mound Manor/Malone Property		· 	83,91
(4)			03,31.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	<u>)</u>	<u></u>	312,66
Part X Other Liabilities.			000 D-4 V
Complete if the organization answere	a "Yes" on Form 990, P	artiv, line 11e or 11f. See For	m 990, Part X,
line 25.	T 2		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes (2) Dues to Lenders	A 645	\exists	
(3) WV Housing Conference Funds	4,648 31,359		
(4) Undisbursed IRP Loan Funds	146,229	1	
(5) Undisbursed NWA Rehap Loan	19,308		
(6) Others	4,129		
(7)	1		

(3) WV Housing Conference Funds	31,359
(4) Undisbursed IRP Loan Funds	146,229
(5) Undisbursed NWA Rehap Loan	19,308
(6) Others	4,129
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X col (B) line 25)	205,673

^{2.} Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2016 CommunityWorks In West Virginia, Inc.	55-0706467	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	438,238
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	1 1	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	7 [
d	Other (Describe in Part XIII)	-	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	438,238
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	-	430,230
a			
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b	┥╻┃	
C		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	438,238
Га		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	478,643
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
C	Other losses	7 1	
d	Other (Describe in Part XIII)		
6	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	20	341
3	Subtract line 2e from line 1	3	478,302
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIII)	7	
С	Add lines 4a and 4b	- 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	478,302
Pa	rt XIII Supplemental Information.		470,302
	nde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; art XI, lines 2d and 4b Also complete this part to provide any additional information	Part A, line	
			
		•	
		-	
			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Employer Id entification number Name of the omanization 55-0706467 CommunityWorks In West Virginia, Inc. 01. Member election for additional members (Part VI, line 7a) CommunityWorks in West Virginia, Inc (CWWV) is a statewide mempership organization made up of 27 local agencies that provide housing-related services throughout the state of West Virginia. CWWV was established in 1991 and is certified by the United States Department of the Treasury as a Community Development Financial Institution (CDFI). Members elect the board of directors to manage the organization 02. Governing body decisions (Part VI, line 7b) The organization has 27 members who provide low income housing in the state of WV. Members elect the board of directors to manage the organization. 03. Form 990 governing body review (Part VI, line 11) The E.ecutive Director and the Fee Accountant, both review the Form 990. Then the Executive Director approves, signs and file the Form 990. 04. CEO, executive director, top management comp (Part VI, line 15a) Every member, director, officer and employee of the organization is required to declare if there exists any conflict of interest in a transaction and he/she is a part of that transaction. The Board of Directors determines the compensation. 05. Other officer or key employee compensation (Part VI, line 15b The Board of Directors determines the compensation. 06. Governing documents, etc, available to public (Part VI, line 19)

The documents are made avalable to the public upon request.

	Employer identification number
CommunityWorks In West Virginia, Inc. 5	5-0706467
07. Explanation of other changes in net assets or fund balances (Part XI, li	ne 9)
The organization posted a prior period adjustment to record release of net a	ssets from
permanently restricted net assets to unrestricted net assets.	
08. General explanation attachment	
Form 990 - Part I - Line 1 and Part III - Line 1	
CommunityWorks in West Virginia (CWWV) creates housing and community develop	ment solutions
for all Most Virginians through a portion of member oversities. Child care	rusa aut sa
for all West Virginians through a network of member organizations. CWWV car	ries out is
mission by providing effective training and technical assistance to local ho	usina
Organizations; developing sustainable capital investments in local housing;	advocating for
sound housing policies; and increasing public avareness of local housing iss	ues throughout
West Virginia. Form 990 - Part III - Line 4a	
HISTOPY OF THE ORGANIZATION	
CommunityWorks in West Virginia, Inc (CWWV) is a statewide membership organi	zation made up
of 27 local agencies that provide nousing-related services throughout the st	ate_of West
Virginia. CWWV was established in 1991 and is certified by the United states	. Department of
	_
the Treasury as a Community Development Financial Institution(CDFI). CWWV ha	is been
chartered member of NeighborWorks America since 1996. The mission of CWWV is	to create
housing and community development solutions for all West Virginians through	a network of
member organizations.	
CWWV carries out its mission by providing effective training and techincal a	ississtance to
local housing organizations; developing sustainable capital investments in l	oçal housing;
advocating for sound housing policies, and increasing public awareness of lo	ocal housing

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
CommunityWorks In West Virginia, Inc.	55-0706467
issues throughout West Virginia.	
CWWV has been the leader and driving force in the affortable housing inquis	try in the state
for 25 years. The organization was instrumental in the adoption of legislation	tion that not
only created the West Virginia Affortable Housing Trust Fung, but also leg	islation that
provided a dedicated source of revenue to resource the Trust Fund. CWWV al	so coordinates
the West Virginia Housing Policy Group that conducted the necessary research	ch and analysis
to develop a comprehensive West Virginia Housing Policy Framwork in September	ber 2013.
The Purpose of the Housing Policy Framwork is establish broad goals and di	rection related
to the state's housing policy, and to assist in coordination between state	agencies,
between state and local government, and between the private and public sec	tor. The Housing
Policy Framwork helps ensure that policy responses to West Virgini's housi	ng issues are
not precemeal, but instead link together to form a cohesive and comprehens	ive strategy.
CWWV is also the lead host of the West Virginia Housing Conference.	
REVOLVING LOAN FUNDS	
CWWV Home Ownership Revolving Loan Fund capitalized with funds received from	om NeighborWorks
America since 1996. These funds are made available to the member organizat	ions to provide
their clients with homeowner opportunities, and existing home owner with re	enovations to
address health and safety code violations. Since 2006 CMWV has invested \$3	,142,000 finance
new homeowners, and provided \$238,246 in rehab loans to existing homeowner.	s
During 2016, CommunityWorks and its network of member organizations provide	ed the following
services to clients:	
Pre and Post Purchase Housing Counseling to 1,219 clients	
Rehab of Owner occupied properties 35 clients	·
Assisted in purchasing a home for 78 families	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization CommunityWorks In West Virginia, Inc.	Employer identification number 55-0706467
CWWV RLF financing \$127,937	
Leveraged from conventional lenders \$1,870,268	
Total direct Investment \$1,998,204	
CWWV Commercial Loan Fund has loan \$763,160 to its member organizations fo	r Commercial
business activities. Coalfield Development Corporation purchased a buildi	ng containing 7
rental unit rental in Wayne. MV; the Housing Authority of Wayne County pur	chased the
Urlings Building in downtown Wayne, MV renovation included 8 rental units	on the second
floor, and the commercial space into office's and a Coffee Shop. August D	evelopment
Corporation developed the August Pines subdivision adjacent to the city of	Fairmont, WV.
Coalfield Development Corporation acquired the (old Corbin Factory Warehou	se)in the West
Moreland section of Huntington, WV converting it into the West Edge Factor	y containing a
varehouse of reclaimed properties, an Art Place, and other development ven	tures. PROGRAMS
SUPPORT ITS MISSION	
Nonprofit Capacity Building Initiative	
CommunityWorks in West Virginia has launched the NonProfit Capacity Buildi	ng Initiative.
Despite all the training and technical assistance efforts by CWWV, West Vi	rqinia
nonprofits in the housing field continue to "leave money on the table" bec	ause they do not
have the capacity to apply for and manage funds, develop and complete proj	ects, navigate
the comole: and ever-changing housing rules and regulations and develop or	ganızatıonal
sustainanbility strategies. Because housing affordability and housing qual	ity are
significant challenges for nearly one-fifth of West Virginia households, s	trong and
visible housing orgnalizations are needed to meet the unique challenges of	the State.
This issue has been identified and examined by the West Virginia Housing P	olicy Work Group
(a group of experienced colleagues representing federal, state, and local	stakeholders
within the housing industry). While developing the West Virginia Housing P	olicy Framework,
the group researched and analyzed issues unique to the State, informed by	a survey of 206

Schedule O (Form 990 or 990 EZ) (2016)	Page 2
Name of the organization	Employer identification number
CommunityWorks In West Virginia, Inc.	55-0706467
recognized the important connection of housing to health, economic development	ment, and social
stability. (3) Promote statuide planning coordination and integration of hou	ising with other
state improvement efforts. (4) Elevate the importance of progressive housing	nolicy among
policy among policy makers and key stakeholders.	
	