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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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization Capital Area Development Corporation of West Virginia Check if applicable 55-6024192 Address change Doing business as Charleston Area Alliance Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change Initial return 304-340-4253 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Charleston, WV 25301 Amended return 1,682,366 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Application pending Matthew G. Ballard, President/CEO H(b) Are all subordinates included? Tyes No 1116 Smith Street, Charleston, WV 25301 If "No," attach a list (see instructions) Tax-exempt status √ 501(c) (4)
√ (insert no)
√ 4947(a)(1) or
√ 527 www charlestonareaalliance.org H(c) Group exemption number ▶ Form of organization
☐ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation M State of legal domicile wv Part I Summary Briefly describe the organization's mission or most significant activities: Capital Area Development Corporation of WV offers Activities & Governance 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. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 16 Total number of volunteers (estimate if necessary) . 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 639,690 705,902 Revenue 9 Program service revenue (Part VIII, line 2g) 1.131.851 975,692 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 812 772 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1.772.353 1.682.366 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 4,500 4,500 Benefits paid to or for members (Part IX, column (A), line 4 L U 14 0 0 Salaries, other compensation, employee benefits (Part, X, column (A), lines 5-10) 15 790,044 819,417 Professional fundraising fees (Part IX, column (A) Professional fundraising expenses (Part IX, column (D), Ina 25) ▶ 92. Other expenses (Part IX, column (A), lines 11a-1 (d, 11-24e) Ø 0 17 943,712 779,540 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A);-ii 1,738,256 1,603,457 Revenue less expenses. Subtract line 18 from line 12 34.097 78.909 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 5,703,879 5,634,127 21 Total liabilities (Part X, line 26) . 1,231,470 1,082,807 22 Net assets or fund balances. Subtract line 21 from line 20 4,472,409 4,551,320 Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge Sian Here Chief Financial Officer Debra S. James, Type or print name and title Print/Type preparer's name Preparer's signature Date Check [] If Paid self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

☐ Yes ☐ No

Form **990** (2016)

May the IRS discuss this return with the preparer shown above? (see instructions)

Other program services (Describe in Schedule O.) 256,957 including grants of \$ (Expenses \$ o) (Revenue \$ 408,902) Total program service expenses ▶ 1,413,641 Form **990** (2016)

Form **990** (2016)

Part I	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," complete Schedule A				-
•	·	1	_	 	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	<u> </u>	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		✓	
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_	1		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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				Land Assess
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1		•
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? 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		1	-
ď	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	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1		-
	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			-
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	✓		-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1	-
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1	-
	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 fundraising 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	10		1	-

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	✓
21	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	20b	<u> </u>	NA
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/ _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
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		ĺ	
_	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	<u> </u>	NA_
C	to defease any tax-exempt bonds?	24c		NA
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		NA
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or		'	1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30	L	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		<u> </u>
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		<u> </u>
	or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓_	
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	255	1]
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	/	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		NA
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,	_		
38	Part VI	37		-
56	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	1
			n 990	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	}
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b_	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .	l .		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<u> </u>	✓_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_	ļ	N
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ł		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_	ļ	1
L	•	4a		-
b	If "Yes," enter the name of the foreign country: NA	ļ	l	'
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L N
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	Γ	
	organization solicit any contributions that were not tax deductible as charitable 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	L	N/
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		NA
	required to file Form 8282?	7c	ļ	
ď	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	NA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		NA
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	-	NA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			NA
	sponsoring organization have excess business holdings at any time during the year?	8		NA
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		NA NA
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NA	Į		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	[[
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)		ļ	NA
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
b 12	· · · · · · · · · · · · · · · · · · ·	∤	'	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		NA
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		
ь	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]	i '	
С	Enter the amount of reserves on hand	(;	, '	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓ NA
14a	bio the organization receive any payments for indeed tarning convices during the tax year t			

Form 99	10 (2016)		1	Page 6
Part		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			rons. ✓
Secti	on A. Governing Body and Management		<u> </u>	<u> </u>
	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 37	Γ		
	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.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	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		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6	✓_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	-	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	-L		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	-	V
•	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		√
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		N/
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	V	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		\
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the]
	organization's exempt status with respect to such arrangements?	16b		N
	on C. Disclosure			
17 18 <u>,</u>	List the states with which a copy of this Form 990 is required to be filed ► West Virginia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	only
.9	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(در دری	Jiny <i>j</i>
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 re-	cords	•	
	Dahra C. James, 1116 Smith Street, Charleston, WAY, 25201, Dhanes, 204, 240, 4252			

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Form 9	വവ	りつりょ	_

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 noi	any related	d org	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck is pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Steven M. Rubin - Chairman	5	1	į	√		_		0	0	
(2) Steven Hedrick - Vice Chairman	1	1		1				0	0	
(3) Terrell Ellis - Secretary	1	1		1				0	0	
(4) Jack Rossi - Treasurer	1	1		1				0	0	
(5) Ben Thomas - Director	1	1					ľ	0	0	
(6) Eric Hicks - Director	1	1				-		0	0	-
(7) Lyle Smith - Director	1	1						0	0	
(8) Maribeth Anderson - Director	11	1		_			-	0		
(9) Tammy Shingleton - Director	1	1						0	0	
(10) Greg Elliot - Director	1	1						0		
(11) Kathi Richards - Director	1	1						0		
(12) David Ferretti - Director	1	1			_		_	0		
(13) Matthew Bond - Director	1	1		_				0		
(14) Dickinson Gould III - Director	11	1						0		

roill 9	90 (2016)													Page o
Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (c	ontinue	ed)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	official individual	unles	Pos neck ss pe	rson	e than the both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-Mil	from	Estr amo comp fro orga	(F) mated ount of ther ensation m the nization related	n n
		line)	rustee	trustee		yee	npensated					orgar	nization	is
(15) T	essa Carr - Director	11	1						0		0			o
(16) L	oren W. Claypool - Director	1	1						0		0			
(17) E	llen Cappellanti - Director	1	1				-		0		0			
ير (18)	ason Lankford - Director	1	1						0		0			
(19) D	aniel Lauffer - Director	1	1						0		0			
(20) M	aureen O'Toole - Director	111	1						0		0			0
(21) R	obert Pepper - Director	1	1						0		0			
(22) Ti	nomas S Provost - Director	11	1						0		0			
(23) K	atie Rugeley - Director	11	1						0		0			
(24) H	G (Chip) Shaffer, III - Director	11	,						0		0			
(25) W	illiam E. Turner, Jr Director	1	1						0		0			0
1b	Sub-total		• •	•	•	۰			0		0			
C	Total from continuation sheets to Part	-							250,876		0			44,0 <u>35</u>
d	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited					above	► e) w	250,876 tho received m	ore than \$10	0,000	of		44,035
	reportable compensation from the organi	ization ►	-						1				Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compen	sated			
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the							na	nd other comr	ensation fro	m the	3_	_	✓
•	organization and related organizations													
_	Individual			noot	hon	· ·	m anı				vidual	4	✓_	
Э	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individu for services rendered to the organization? If "Yes," complete Schedule J for such person										5		1	
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress				-			(B) Description of s	ervices	c	(C) compens	ation	
		-												NA
	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	the or	gan	ızati	ion I	>		NA					

Form **990** (2016)

Part VII	Compensation of Officers	, Directors,	Trustees,	Key Employ	ees, 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 nor	any relate	d org	anız	_		ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Eric Tikkanen - Director	1	√						o	0	o
(2) Glenn Crotty, Jr , MD - Director	1	✓						0		0
(3) James E. Shupe - Director	1	1						0	0	0
(4) Adam R. Krason - Director	1	√						0	0	
(5) George Smith - Director	1	1						0	, ,	0
(6) Philip A. Wright - Director	1	1						0		0
(7) Dick Callaway - Ex-officio Member	1	√						0		
(8) Diane Strong-Treister - Ex-officio Member	11	1						0		0
(9) Ben Salango - Ex-officio Member	1	1						0		
(10) Danny Jones - Ex-officio Member	1	✓	-					0		
(11) Frank A. Mullens, Jr - Ex-officio Member	1	/						0		
(12) Jack W. Nuckols - Ex-officio Member	11	1						0		
(13) Matthew G. Ballard - President/CEO	40	-		1	1			160,560		25,104
(14) Debra S. James - CFO	40			·	1			90,316		18,931

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (cont	ınued)		
		İ	ĺ		•	C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	1	imated ount of	
		week (list any					or/trust		from	1	other		
		hours for	Individual trustee or director	Institutional	Officer	Key	emp High	Former	the	organizations		ensatio	on
		related organizations	l ec	ţ	Ĕ	employee	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	m the inization	1
		below dotted	학교	ona		흥	8 8		(** 2) 1033-111100)			related	
		line)	l st	ŧ		ee	npei				orga	nızatıon	s
			a	trustee	ľ	ĺ	Highest compensated employee	1					
	 				_	<u> </u>	a.	L.			ļ		
(15)		ļ							J				
1.2				_		ļ		<u> </u>			<u> </u>		
(16)		ļ											
		 				<u> </u>		<u> </u>			 		
(17)		ļ 	ļ					ļ					
(4.0)					<u> </u>						 		
(18)		ļ	ĺ					İ			İ		
(40)													
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(22)						-							
(23)		 	}	}			ļ ,)					
(24)						<u> </u>				-	 		
(24)													
(25)				1		-		<u> </u>					
123)		 											
1b	Sub-total	L		L	<u> </u>	<u> </u>	1	_	250,876		,		14,035
C	Total from continuation sheets to Part		n Δ		•		•	•	230,670		'		**,03.
d	Total (add lines 1b and 1c)			•	•	•	•	•			 		
	Total number of individuals (including but				liet	od:	ahove	٠٨٠ (د	ho received m	ore than \$100 0	DO of		
_	reportable compensation from the organi		101	1030	, 1131	.cu i	above	-) * *	no received in	ore man proo,e	00 01		
			_									Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	eе,	key e	emp	loyee, or high	est compensat	ed	100	-110
	employee on line 1a? If "Yes," complete S												
4	For any individual listed on line 1a, is the	sum of re	portal	ble d	com	nper	nsatio	n a	nd other comp	ensation from			
	organization and related organizations												ĺ
	individual										4		
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m any	un.	related organiz	ation or individ	ual		
	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	or s	uch person		5		
Section	on B. Independent Contractors					_							-
1	Complete this table for your five highest of	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than \$1	00,000 o	f	
	compensation from the organization. Rep												ax
	year.												
	(A)								(B)	. ,	(C)		
	Name and business add	ress						L	Description of s	ervices	Compen	sation	
								Ļ					
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from t	he or	gani	izatı	on l	<u> </u>						

B	Part	VIII				5		
Business Code Such in Such			Check if Schedule O contains a re	esponse or note to		(B) Related or exempt function	(C) Unrelated business	excluded from tax under sections
Business Code Such in Such	ıts ts	1a	Federated campaigns 1a	a				
Business Code Such in Such	ra u	b	Membership dues 11	o				
Business Code Such in Such	الج يُ	C	Fundraising events 10	c				
Business Code Such in Such	# #	d		191,646				
Business Code Such in Such	S, E	e						
Business Code Such in Such	io is	f			İ			
Business Code Such in Such	돌		and similar amounts not included above 1	f 260.422	ļ			
Business Code Such in Such	<u> </u>	g	Noncash contributions included in lines 1a-1f		1			
Business Code Such in Such	S E		Total. Add lines 1a-1f	•	705.902			
3 Investment income (including dividends, interest, and other similar amounts) 772				Business Code				
3 Investment income (including dividends, interest, and other similar amounts) 772	le l	2a	Membership Dues	900099	355,203	355,203	0	0
3 Investment income (including dividends, interest, and other similar amounts) 772	æ	b		531120			0	0
3 Investment income (including dividends, interest, and other similar amounts) 772	je	С	Rents-Motion Industries	531120			0	0
3 Investment income (including dividends, interest, and other similar amounts) 772	Ş	d	EPI Management Fee	561000	54,000	54,000	0	0
3 Investment income (including dividends, interest, and other similar amounts) 772	Ĕ	е	Economic/Comm Dev Programs	900099	160,187	160,187	0	0
3 Investment income (including dividends, interest, and other similar amounts) 772	g	f	All other program service revenue.		0	0	0	0
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royathes 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental expenses c Rental income or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Gain or (loss) b Less cost or other basis and sales expenses c Gain or (loss) c See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events see Part IV, line 19 b Less: cirect expenses c Net income or (loss) from gaming activities see Part IV, line 19 b Less: cirect expenses c Net income or (loss) from gaming activities see Part IV, line 19 b Less: cirect expenses c Net income or (loss) from gaming activities see Part IV, line 19 b Less: cirect expenses c Net income or (loss) from gaming activities see Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities b Less: cost of goods sold c Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a b c C All other revenue e Total Add lines 11a-11d 12 Total revenue. See instructions. 1 1,682,366 975,464 0	Ę.	g	Total. Add lines 2a-2f	<u>.</u> >	975,692	_		
4 Income from investment of tax-exempt bond proceeds Royalties		3		idends, interest,				
Second Processing Pr			•	•	772	772	0	0
O Personal O Personal		4	Income from investment of tax-exempt	bond proceeds ►			-	
Ga Gross rents		5	<u> </u>					
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ or contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from fundraising events (loss) from gaming activities See Part IV, line 19 a b Less: direct expenses b b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from gaming activities returns and allowances ab Less: cost of goods sold b c Net income or (loss) from sales of inventory P Miscellaneous Revenue 8usiness Code 11a b C C Miscellaneous Revenue Business Code			(i) Real	(ii) Personal				;
C Rental income or (loss) d Net rental income or (loss) 7 Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Met gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Net income from fundraising events (lost income from fundraising events (lost income or (loss)) from fundraising events Net income or (loss) from fundraising events Net income or (loss) from fundraising events Net income or (loss) from gaming activities See Part IV, line 19 Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a B C All other revenue Total. Add lines 11a-11d Net Total revenue. See instructions. Net Income or (loss) from sales of instructions. Net Income or (loss) from sales of instructions. Net Income or (loss) from sales of inventory. Necellaneous Revenue N		6a			ĺ			j
d Net rental income or (loss)		b						
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss) . b Net gain or (loss) . d Net gain or (loss) . b Less: direct expenses . c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . c Net income or (loss) from fundraising events . D Less: direct expenses . b Less: direct expenses . b Less: direct expenses . b Less: direct expenses . b Less: direct expenses . b Less: direct expenses . b Less: direct expenses . b Less: cost of goods sold . c Net income or (loss) from gaming activities . The first expense . b Less: cost of goods sold . c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b Miscellaneous Revenue Business Code 12 Total revenue . e Total. Add lines 11a–11d . 12 Total revenue. See instructions . b 1,682,366 976,464 0		C	` ' 					
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss) . b Net gain or (loss) . c Net income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			}					
b Less cost or other basis and sales expenses c Gain or (loss)	ĺ	7a	aroos amount from saiso of	(ii) Other				; }
and sales expenses c Gain or (loss) . d Net gain or (loss) . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		L	·					
Total revenue See instructions		D						
d Net gain or (loss)		c	·	 				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			· · · · · · · · · · · · · · · · · · ·					
of contributions reported on line 1c). See Part IV, line 18		_	rect gam or (1000)	·				
of contributions reported on line 1c). See Part IV, line 18	ž.	8a	Gross income from fundraising		i			
of contributions reported on line 1c). See Part IV, line 18	Je J				Ì			
See Part IV, line 18			of contributions reported on line 1c).		:			
C Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b	er		See Part IV, line 18	a	j			
C Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b	둦	b	Less: direct expenses	b	j			
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b c All other revenue	_	C	Net income or (loss) from fundraising	g events . ►			_	
b Less: direct expenses b		9 a						
c Net income or (loss) from gaming activities				a				
10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c								
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b								
b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d		10a			1			
c Net Income or (loss) from sales of Inventory D Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d D 12 Total revenue. See instructions D Miscellaneous Revenue Business Code Business Code Business Code Business Code Business Code Business Code Business Code Business Code Business Code					1			
Miscellaneous Revenue Business Code 11a								<u> </u>
11a		<u> </u>						
b		44-	Wilscellarieous neveride	Business Code				ئـــــــــــــــــــــــــــــــــــــ
c				·				
d All other revenue				·				
e Total. Add lines 11a-11d ▶ 1,682,366 976,464 0				·				
12 Total revenue. See instructions		_		<u> </u>				
1/002/0001 0/0/1011				,	1 502 255	076 464		
Form 99U (201)			. C.a. Totalian Goo mandonoria.		1,002,300	3/0,404		Form 990 (2016)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				<u></u>
8b, 9Ł	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,500	4,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	296,416	223,986	38,964	33,46
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	0	312,053	27.462	20.426
8	Pension plan accruals and contributions (include	377,652		27,463	38,136
_	section 401(k) and 403(b) employer contributions)	30,075	25,073	2,005	2,997
9	Other employee benefits	61,861	49,731	5,396	6,734
10	Payroll taxes	53,413	42,594	5,148	5,671
11 a	Fees for services (non-employees): Management	o			
b	Legal	7,524	3,509	4,015	
c	Accounting	15,973	14,117	934	922
d	Lobbying	0	0	0	<u> </u>
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	0	0	0	
12	Advertising and promotion	0	0	0	·
13	Office expenses	24,863	21,686	1,771	1,406
14	Information technology	36,033	33,941	1,052	1,040
15	Royalties	0	0		
16	Occupancy	131,527	131,527	0	
17	Travel	171	50	121	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	o	0	0	(
19	Conferences, conventions, and meetings .	0	0	0	(
20	Interest	18,075	18,075	0	
21	Payments to affiliates	0	0	0	(
22	Depreciation, depletion, and amortization .	209,474	208,653	413	408
23	Insurance	17,480	15,449	1,022	1,009
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bank & Merchant Fees	2,320	0	2,320	
b	Commissions	9,604	9,604	0	
С	Bad Debt Expenses	16,042	15,157	885	
d	Employee Dues/Development/Retention	16,067	14,080	1,720	267
е	All other expenses Program & Miscellaneous	274,387	269,856	4,290	241
25 26	Total functional expenses. Add lines 1 through 24e 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	1,603,457	1,413,641	97,519	92,297

Form 990 (2016)

		Check if Schedule O contains a response or	note to an	y inte in this i a			· · · · · <u>· · · · · · · · · · · · · · </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			384,352	1	442,65
-	2	Savings and temporary cash investments			1,486,180	2	1,471,60
	3	Pledges and grants receivable, net		[78,587	3	92,60
	4	Accounts receivable, net		[317,830	4	326,96
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co Complete Part II of Schedule L			 0	5	
	6	Loans and other receivables from other disqualified pers	sons (as define	ed under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volume	ntary employe				
3		organizations (see instructions) Complete Part II of Sche	edule L		0	6	
Clock	7	Notes and loans receivable, net			0	7	
(8	Inventories for sale or use		[0	8	
	9	Prepaid expenses and deferred charges		[7,863	9	10,73
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	10a	6,778,860			
	b	Less: accumulated depreciation	10b	3,525,640	3,418,391	10c	3,253,22
	11	•				11	
1	12	Investments-other securities. See Part IV, line			0	12	
	13	Investments-program-related. See Part IV, line			4,650		4,65
- 1	14	Intangible assets		÷	6,026	14	11,52
- 1	15	Other assets. See Part IV, line 11			0,020	15	20,15
- 1	16	Total assets. Add lines 1 through 15 (must equa			5,703,879		5,634,12
	17	Accounts payable and accrued expenses			128,527		129,25
- 1	18	Grants payable		F	120,327	18	123,23
- 1	19	Deferred revenue		320,708		260,69	
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	-	0			
				-	8,996		11,21
	22	Loans and other payables to current and for trustees, key employees, highest compen					
5		disqualified persons. Complete Part II of Schedu	ule L		0	22	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	23	Secured mortgages and notes payable to unrela	ited third pa	rties	534,671	23	459,91
	24	Unsecured notes and loans payable to unrelated	third partie	s	0	24	
- 1:	25	Other liabilities (including federal income tax,	payables to	related third			
1		parties, and other liabilities not included on lines				1	
		of Schedule D		·	238.568	25	221,73
- 1:	26	Total liabilities. Add lines 17 through 25			1,231,470		1,082,80
T		Organizations that follow SFAS 117 (ASC 958), check he	re ▶ 🗸 and	1,201,110		1,002,00
Section of the Parising Section 1985		complete lines 27 through 29, and lines 33 and					
	27	Unrestricted net assets		[4,374,318	27	4,494,10
	28	Temporarily restricted net assets		[98,091		57,21
<u>.</u>	29	Permanently restricted net assets	0	29			
5		Organizations that do not follow SFAS 117 (ASC 9	58), check he	ere▶ 🔲 and [
:		complete lines 30 through 34.		_			
	30	Capital stock or trust principal, or current funds			0	30	
3	31	Paid-in or capital surplus, or land, building, or ed		F	0	31	
	32	Retained earnings, endowment, accumulated in		-	0	32	
	33	Total net assets or fund balances					
	34	Total liabilities and net assets/fund balances			4,472,409		4,551,32
	54	Total habilities and het assets/fund balances .		<u>· · · · </u>	5,703,879		5,634,12 Form 990 (2016

	90 (2016)			Pa	ige 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>·</u> ·	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	+-			32,366
2	Total expenses (must equal Part IX, column (A), line 25)				3,457
3	Revenue less expenses. Subtract line 2 from line 1	-			8,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	+		4,4	2,409
5	Net unrealized gains (losses) on investments	+			
6	Donated services and use of facilities	+			0
7	The state of the s				0
8	Prior period adjustments	+			0
9 10	one orange in her accord of faile balances (explain in concern of the balance of	- 			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))				
Dod				4,5	1,320
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •	· ·	<u>√</u>
1	Accounting weathed would a group of the Force 000. The Cook of Account			Yes	No
ı	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	<u> </u>			
	Schedule O.	1 111			· ·
2-			2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled		_2a		
	reviewed on a separate basis, consolidated basis, or both:	Oi			
	Separate basis Consolidated basis Both consolidated and separate basis				1
.	Were the organization's financial statements audited by an independent accountant?		2b	-	
IJ	If "Yes," check a box below to indicate whether the financial statements for the year were audited o		20	<u> </u>	
	separate basis, consolidated basis, or both:	ια			
	☐ Separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	aht			
C	of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain		_20		
	Schedule O.	, ,,,			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ın			
Jd	the Single Audit Act and OMB Circular A-133?	1 111	3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the	_oa		
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		N

Form **990** (2016)

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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

		, on Form 990, Part IV, line 5 (Proxy	rax) (see separati	e instructions) or Form	1 990-EZ, Par	t v, line 3	C (Proxy
	see separate instructions), t						
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III			. ! al		
	· ·			Employer	dentification		
	Area Development Corpor		504/	, , , , , , , , , , , , , , , , , , , 	55-6024		
Part		e organization is exempt und					
1	definition of "political car	f the organization's direct and in- mpaign activities")	direct political ca	mpaign activities in	Part IV. (see	e instruct	ions for
2	Political campaign activit	y expenditures (see instructions) .			\$		NA
3		cal campaign activities (see instruc					
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	-		
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955	\$		NA
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶	· \$		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	[Yes	No No
4a	Was a correction made?				[_ Yes	☐ No
<u>b</u>	If "Yes," describe in Part						
Part		e organization is exempt und					
1		ly expended by the filing organiz			n		
					\$		NA
2		filing organization's funds contrib	•				
3	•	vities			•		
3		expenditures. Add lines 1 and 2.					
4		n file Form 1120-POL for this year				Yes	No
5		ses and employer identification nur			_		_
5		ents For each organization listed,					
		ontributions received that were pro-					
		fund or a political action committee					
				<u></u>	1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's		mount of po utions receiv	
				funds If none, enter -	0- prom	ptly and dir	ectly
						ered to a sep cal organiza	
						one, enter -(
/4\	· 						_
(1)							NA
(2)	<u>-</u>						
							
(3)							
(4)							
(5)				İ			
(6)							
• •							

Page	2

Schedule	\sim	(Ea	000	~=	$\alpha \alpha \alpha$	L Z/	2016

Scn	ledule C (Form 990 or 990-EZ) 2016					Page 2
Pá	ort II-A Complete if the organization section 501(h)).	ı is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ► ☐ If the filing organization bel name, address, EIN, exper					up member's
В	Check ▶ ☐ if the filing organization che	ecked box A	and "limited con	trol" provisions a	apply.	
	Limits on Lobb	ying Expendit	ures	<u> </u>	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
_	1a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ring)		NA NA
	b Total lobbying expenditures to influence					
	c Total lobbying expenditures (add lines 1a	Ū	•	9, , , , ,	· - -	
	d Other exempt purpose expenditures .	i and 15,				
	e Total exempt purpose expenditures (add	lines 1c and 1	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	f Lobbying nontaxable amount. Enter to columns.		•			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000	1	
	Over \$17,000,000	\$1,000,000				
_	g Grassroots nontaxable amount (enter 25	% of line 1f)	. ,			
	h Subtract line 1g from line 1a. If zero or le	ss, enter -0-				
	i Subtract line 1f from line 1c. If zero or les	s, enter -0-				
	j If there is an amount other than zero	on either line	1h or line 1i, did	I the organization	file Form 4720	
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a sec	tion 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
_	Lobbying	Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
-	2a Lobbying nontaxable amount					NA NA
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part	(election under section 501(h)).	led I	Form	1 5768	3	
For o	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	3)		(b)	
	the contract of the contract o	Yes	No	A	moun	t
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			_		
C	Media advertisements?					NA
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		,			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			ļ		
j						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			<u></u> _		
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), c	r se	ction		
					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 campaign activity expenditures from the p	rior	vear?			1
Part 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes." Dues, assessments and similar amounts from members				line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	-	2a			
b	Carryover from last year	.	2b			
С	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?	.]	4	L		
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>. </u>	5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list	i); Pa	rt II-A,	lines 1	and
NA						
		·	·			
				····		
·						
		·				
. 						

Schedule C (For	m 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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.

► Attach to Form 990.

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

OMB No 1545-0047 2016

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Name o	f the organization		Employer iden	tification number
Capita	Area Development Corporation of West Virginia			55-6024192
Par			is or Acco	unts.
	Complete if the organization answered '			
		(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at end of year			NA
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			·
4	Aggregate value at end of year			·- <u>-</u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?		r any other	
Pari	Conservation Easements.			
	Complete if the organization answered '			
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization has	tion or education) Preservation of Preservation of	a certified h	istoric structure
	easement on the last day of the tax year.		**************************************	Held at the End of the Tax Year
a	Total number of conservation easements	· · · · · · · · · · · · · · ·	. 2a	NA
b	Total acreage restricted by conservation easement		— — — — — — — — — — — — — — — — — — —	
C	Number of conservation easements on a certified h			
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not c		
	historic structure listed in the National Register		· 2d	
3	Number of conservation easements modified, transtax year ▶	sterrea, releasea, extinguisnea, or term	inated by th	e organization during the
4 5	Number of states where property subject to conserve Does the organization have a written policy required violations, and enforcement of the conservation early	garding the periodic monitoring, inspisements it holds?		· · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	onservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing c	onservation	easements during the year
8	Does each conservation easement reported on line and section $170(h)(4)(B)(u)$?	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(ı) · ·
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	of the footnote to the organization's fina ents.	ıncıal staten	nents that describes the
Part	Organizations Maintaining Collection Complete if the organization answered		Other Sim	ilar Assets.
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	assets held for public exhibition, edu	ucation, or i	research in furtherance o
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts related	assets held for public exhibition, eduing to these items:	ucation, or a	research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1		🕨	► \$ N/
2	(ii) Assets included in Form 990, Part X	historical treasures, or other similar	assets for t	\$
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		•	\$

Dage	. •
Page	

Schedule	Ð	(Form	agn)	2016

								0::	A 4- /	1 age 2
Part	III Organizations Maintaining	Coll	ections of	Art, HIS	torical	reasures	, or Ot	ner Similar	Assets (CON	tinuea)
	Using the organization's acquisition, collection items (check all that apply)		ssion, and o	mer reco	rus, criec	K any or tr	ie ioliov	wing man are a	i signincani c	ise oi ils
	, , , , , , , , , , , , , , , , , , , ,									
a	Public exhibition					or exchanç				
	Scholarly research	_		е	☐ Othe					
C	Preservation for future generations Provide a description of the organiza		colloctions	and aval	ain how t	how further	the ore	vo o'noiteran	empt nurnes	o in Dart
	XIII.	110115	Collections	and expid	alli HOW t	ney turther	ine org	janization 5 ex	empt purpos	e III rait
	During the year, did the organization	colic	t or roccivo	donation	s of art	historical t	rogeuro	s or other sim	nilar	
	assets to be sold to raise funds rather									☐ No
Part						<u> </u>				
1 are	Complete if the organization			" on For	m 990 F	Part IV line	9 or	reported an a	amount on F	-orm
	990, Part X, line 21.	. 41.0	WC1CG 100	0.110.	000, 1	a	3 0, 01	roportod arre		0.,,,
1a	Is the organization an agent, trustee	. cust	odian or oth	ner intern	nediary fo	or contribut	ions or	other assets	not	
	included on Form 990, Part X?									√ No
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the fo	llowina ta	able.				
_									Amount	
С	Beginning balance						10	;		NA
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount				21, for e	scrow or c	ustodia	l account liabil	ıty? 🗸 Yes	☐ No
b	If "Yes," explain the arrangement in P	art XII	I. Check her	e if the e	kplanatio	n has been	provide	ed on Part XIII		✓
Part	V Endowment Funds.									
	Complete if the organization	ansv	wered "Yes	" on For	m 990, F					
•		(a)	Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four ye	ears back
1a	Beginning of year balance									NA
b	Contributions									
С	Net investment earnings, gains, and			[[
	losses									
	Grants or scholarships	<u> </u>								
	Other expenditures for facilities and									
	programs									
	Administrative expenses									
	End of year balance	<u> </u>		<u> </u>		L				
	Provide the estimated percentage of t		•		e (line 1g	j, column (a	i)) held i	as:		
	Board designated or quasi-endowmer			%						
	Permanent endowment									
С	Temporarily restricted endowment ►			000/						
32	The percentages on lines 2a, 2b, and Are there endowment funds not in the		•		zation the	at are held	and ad	ministered for	the	
	organization by:	e pos	56221011 01 ti	le organi	Zanon in	at are riciu	anu au	ministered for		es No
	(i) unrelated organizations								. 3a(i)	<u> </u>
										7
b	If "Yes" on line 3a(ii), are the related o					 chedule R2				,
	Describe in Part XIII the intended uses								. [00]	
Part										
	Complete if the organization			" on For	m 990. F	Part IV. line	e 11a.	See Form 99	0. Part X. lır	ne 10.
	Description of property		(a) Cost or of		-	or other basis		Accumulated	(d) Book	
	· · · · · · · · · · · · · · · · · · ·		(investm			ther)		epreciation	\-, ===\\	
1a	Land			0		382,446				382,446
	Buildings			0		6,238,581		3,388,985	-	2,849,596
	Leasehold improvements			0		0		0		0
	Equipment			0		157,833		136,655		21,178
	Other			0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) n	nust e	qual Form 9	90. Part)	K, column	(B), line 10)c.) .			3,253,220

Part VII	Investments - Other Securities				
	Complete if the organization ansi	wered "Yes" on Fo	rm 990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	,	(b) Book value		hod of valuation -of-year market value
(1) Financial	denvatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					·- <u>-</u> -
(F)					
(G) (H)				 	
	h) must sound form 000. Port V and (P) line 12 \				_
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related	1	N.	A	
Part VIII	Complete if the organization answer		rm QQN Part IV li	ne 11c. See Form	000 Part Y line 13
	(a) Description of investment	wered res offici	(b) Book value		hod of valuation
	(a) Description of investment		(D) BOOK Value		of-year market value
(1) Investm	ent in closely held member organization	- trade for dues and	4,65	0 Cost	
(2) suppo	rt in previous years				
(3)					
(4)					
(5)	·				
(6)					
_(7)					
_(8)					
(9)	h) must assual Form 000 Port V and (P) line 12				
Part IX	b) must equal Form 990, Part X, col. (B) line 13) Other Assets.	-	4,65	0	
Partix	Complete if the organization answ	wered "Ves" on For	m QQA Bart IV lu	ne 11d. See Form	000 Part V line 15
		i) Description	111 990, Fait 1V, II	ne Tru. See Foili	(b) Book value
(1) Land on	ntion and related pre-acquisition costs	7			20,159
(2)	ndon una related pre-acquisition costs				
(3)					
(4)			-		
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	. ▶	20,159
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, li	ne 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	ayable to related organization	22	21,731		
(3)					
(5)					
(6)					
(7)		<u> </u>			
(8)		<u> </u>			
(9)		<u> </u>			
	b) must equal Form 990, Part X, col. (B) line 25.)		21,731		
	r uncertain tax positions. In Part XIII, provi			on's financial stateme	nts that reports the
	s liability for uncertain tax positions under				

Par	• • • • • • • • • • • • • • • • • • •		Return.
	Complete if the organization answered "Yes" on Form 990, Pa		
1	Total revenue, gains, and other support per audited financial statements .		1 1,732,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1 1
а	Net unrealized gains (losses) on investments	2a0	
ь	Donated services and use of facilities	2b0	1
С		2c0	1
d	` '	2d 50,324]
e	Add lines 2a through 2d		2e 50,324
3	Subtract line 2e from line 1		3 1,682,366
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		4a <u> </u>]
b	` <i>'</i>	4b 0]
C	Add lines 4a and 4b		4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5 1,682,366
Part	• • • • • • • • • • • • • • • • • • •		er Return.
	Complete if the organization answered "Yes" on Form 990, Pa		
1	Total expenses and losses per audited financial statements		1 1,603,457
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 1
а	Donated services and use of facilities	2a 0]
b	Prior year adjustments	2b 0	
С	Other losses	2c 0	
d	Other (Describe in Part XIII.)	2d 0	
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1		3 1,603,457
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0	
b	Other (Describe in Part XIII.)	4b 0	
С	Add lines 4a and 4b		4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5 1,603,457
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional in	formation.
Part IV	, Lines 2a and 2b: Capital Area Development Corporation of West Virginia serve	s as fiscal agent for the Ka	nawha Valley Business
Forum	(KVBF), collecting dues payments from KVBF members and remitting payment	o KVBF vendors for their r	neeting expenses. The
balanc	e held by the reporting organization for KVBF as of 12/31/16 was \$11,215.		
Part V	, Lines 3a, 3b, 4: CADCO Foundation, Inc., a related 501(c)(3) organization, create	ed as a supporting organiz	ation for the Capital Area
Develo	opment Corporation of West Virginia (CADCO) dba Charleston Area Alliance, mai	ntains a board-designated	endowment fund held for
the pu	rpose of future economic development projects focused on job creation and rete	ntion in CADCO's service a	area. The value of the
endow	ment fund is reported on Form 990 for CADCO Foundation.		
Part X	, Line 2: The following footnote is included in audited financial statements of the	reporting organization.	
		· · ·	
	"The Alliance and its subsidiaries are classified as tax-exempt organiza	itions under Sections 501(c	c)(3), (4), and (6) of the
		nts and therefore are not	cubicat to toyon on
	Internal Revenue Code as described in Note 1 to the financial stateme	its and, therefore, are not	Subject to taxes on
	internal Revenue Code as described in Note 1 to the financial stateme	into ana, therefore, are not	Subject to taxes on

Oction D (FOITI 990) 2010	Page	
Part XIII Supplemental Information (contin	nued)	_
Part XI, Line 2d: Net assets released from restrictions	\$50,324	
		-
	······································	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

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

OMB No 1545-0047

2016 Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization Capital Area Development Corporation of West Virginia 55-6024192 Part | Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to NA explain . 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 on line NA 1a⁷ 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 Approval by the board or compensation committee Form 990 of other organizations 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? 4b 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: 5a 5b √ If "Yes" on 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: 6a 6b 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 nonfixed 7 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" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

NA

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016

Part II Officers,

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 aren't listed on Form 990, Part VII.

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

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(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown o	f W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	oldonotrol (O)	(C) Total of columns	(P) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(uı) Other reportable compensation	other deferred compensation	(U) Noritaxable benefits	(E) rotal of columns (B)(I)—(D)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

➤ 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.

Employer identification number

Name of the organization

Çapita	al Area Development C	Corporation of W	/est Vırgınia	_				l		55-0	6024 <u>1</u>	92		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 50° answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, I	ind 50 ine 2	01(c)(29) organiz 5a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship b			person and		(c) Description	n of trac	ocactio.			(d) Cor	rected?
	(a) Name of disquamed	person		organiz	ation		l	(c) Description	,,, o, uai	isaction			Yes	No
(1)	NA													
(2)														L
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958		by the organ	nızatio 	n manag	gers or dis	qualif	ied persons du	iring t	he ye	ar ► §	 S		_
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatio	n		1	> \$	<u> </u>		
		-			•	•								
Part	Complete if the	l/or From Interne organization eported an am	answered "Ye	s" on	Form 99	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form 9	90, Pa	ırt IV,	line 2	6; or	f the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal an		(f) Balance due	(g) in c	iefault?	by bo	proved pard or nittee?		ntten ment?
		İ		То	From				Yes	No	Yes	No	Yes	No
(1)	NA													
(2)					1				\top					
(3)		<u> </u>						i	1	<u> </u>		1		
(4)									T					
(5)					†	<u> </u>			 			<u> </u>		
(6)		†							+					
(7)		1							1			1		
(8)									 					
(9)									\top					
(10)					+				† 					
Total			· · · ·	٠	. .		•	\$						
Part	Grants or As	sistance Bene ne organization	fiting Interest	ed Pe	rsons.		ine 2						-	
(a)) Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistan	ce	(e)) Purpo	ose of a	ssistan	ce
(1)	NA								_					
(2)														
(3)											_		-	
(4)									_					
(5)					-							_		
(6)							 							
(7)							-							
(8)							 							
(9)														
(10)							\vdash			 				

	Tt IV Business Transactions Involving Complete if the organization and	ng Interested Persons.	. Part IV. line 28a. 2	8b. or 28c		_
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
(1)	There are no reportable transactions in					
_(2)						
_(3)						
(4)		 			+-	
_(5) _(6)					+-	
_(7)				 		
(8)						
(9)						
(10)		<u> </u>		_		
Pa	rt V Supplemental Information Provide additional information for	or responses to questions of	on Schedule L (see	instructions).		
term	ransactions between the reporting organizans extended to the general business communication with respect to this reporting organization.	nity and public. No transac				
Davi	id P. Ferretti, member of Spilman, Thomas &	& Battle, PLLC - legal service				
Davi Ben	id P. Ferretti, member of Spilman, Thomas &	& Battle, PLLC - legal service				
Davi Ben Jam	id P. Ferretti, member of Spilman, Thomas & Thomas, member of Bowles Rice, LLP - leg	& Battle, PLLC - legal service al services nk - banking services				
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Davi Ben Jam Eller Eric Kath	id P. Ferretti, member of Spilman, Thomas & Thomas, member of Bowles Rice, LLP - leg es E. Shupe, officer of JPMorgan Chase Ban Cappellanti, member of Jackson Kelly PLI Tikkanen, officer of BB&T - banking and in Richards, owner of Epiphany Consulting	& Battle, PLLC - legal services nk - banking services C - legal services surance services HR services ications - telephone service	95			
Davi Ben Jam Eller Eric Kath	id P. Ferretti, member of Spilman, Thomas & Thomas, member of Bowles Rice, LLP - leg es E. Shupe, officer of JPMorgan Chase Ban Cappellanti, member of Jackson Kelly PLI Tikkanen, officer of BB&T - banking and in Richards, owner of Epiphany Consulting my Shingleton, officer of Frontier Commun	& Battle, PLLC - legal services nk - banking services C - legal services surance services HR services ications - telephone service	95			

As noted above, there were no transactions with the following entities in excess of reportable thresholds.

North Central Distributors, WV American Water, Brickstreet Insurance

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.

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 55-6024192 Capital Area Development Corporation of West Virginia 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, organizing and implementing projects. No compensation is paid to any volunteers Approximate number of volunteers are: Economic Development - 135; Community Development-25; Administrative/Member Services - 40; Total - 200. Page 2, Part III, Line 4d: Other program services include benefits and opportunities provided to member businesses such as: networking, professional development, referrals, and marketing Program expenses were \$256,957 including grants of \$0 and revenues were \$408,902. Page 4, Part IV, Line 28c: Several directors of the organization are affiliated with unrelated entities doing business with and/or contributing to the organization. See Schedule L, Part V for a list of those directors There were no reportable transactions in excess of applicable thresholds, and no impairment of independence with respect to the organization. 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 Page 6, Part VI, Line 9: See attached list of Board of Directors for mailing addresses Page 6, Part VI, Line 11a and 11b: The organization's chief financial officer prepared Form 990. Authority to review and approve Form 990 has been delegated to the Board's Finance Committee, which reviewed and approved the form prior to filing. The Board's Executive Committee also approved Form 990 prior to filing Remaining members of the Board were invited to contact the chief financial officer to obtain by email a copy of Form 990.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Capital Area Development Corporation of West Virginia	55-6024192
Page 6, Part VI, Line 12c: Conflicts of interest with respect to officers, directors and employees of the org	anization and its affiliates is
addressed in the organization's Bylaws, Accounting Manual, and Personnel Policies The organization's	conflict of interest policy is
presented to directors and employees at periodic training and orientation sessions. Directors and employees	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
conduct which includes sen-monitoring and reporting of potential of perceived committees. Manie	genera and the board of birectors
advise as to whether or not any perceived conflict is valid. Directors are asked to remove themselves from	n discussions or decisions in
matters where there may be conflict of interest. The organization has a Code of Ethics statement which is	accepted via cignature by
matters where there may be conflict of interest. The organization has a Code of Ethics statement which is	accepted via signature by
directors and employees.	
Page 6, Part VI, Line 15: The organization's Executive Committee annually reviews the performance of an	d determines compensation of
the conspirations Bresident/CEO. The least such projection and condition 2010. In 2010, the Europeine Co	
the organization's President/CEO The last such review was conducted in 2016. In 2016, the Executive Co	mmittee charged the Human
Resources Committee with engaging the services of an independent consultant to perform comparative a	nalysis of executive compensation
in order to establish market rate executive compensation for the organization. No changes were made as	a result of the analysis
Page 6, Part VI, Line 19: The organization makes its governing documents, conflict of interest policy and	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 \$270,097 \$269,856 \$ 0 \$ 241	
Governance & Miscellaneous \$ 4,290 \$ 0 \$ 4,290 \$ 0	
Total Line 24e \$274,387 \$269,856 \$4,290 \$ 241	
Page 12, Part XII, Line 2: The organization's CFO compiled the financial statements An independent CPA	firm audited the consolidated
financial statements of this organization and its affiliates. Finance Committee selects the audit firm and p	rovides oversight.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

2016

OMB No 1545-0047

Open to Public

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes 55-6024192 (f)
Direct controlling
entity (e) End-of-year assets 12a Type 1 NA NA NA NANA (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) 501(c)(6) 501(c)(6) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity Economic Development WV Economic Development WV Economic Development WV (b) Primary activity (1) NA (9) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 55-0680725 (a)
Name, address, and EIN (if applicable) of disregarded entity 23-7061206 55-0714069 Capital Area Development Corporation of West Virginia (a)
Name, address, and EIN of related organization 1116 Smith Street, Charleston, WV 25301 (3) Interregional Chamber of Commerce 1116 Smith Street, Charleston, WV 25301 1116 Smith Street, Charleston, WV 25301 (1) CADCO Foundation, Inc. (2) Enterprise Properties, Inc. Part Part II 2 ල € ß € 9 9

(i) (i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 Percentage ŝ ownership 3 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. u) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (n) (n) Share of end-of- Disproportionate Yes No allocations? (f) Share of total income year assets (C corp, S corp, or trust) (f) Share of total псоте (d)
| Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d) Direct controlling (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV (1) NA (1) NA Ø € Ð 9 Œ ල E 8 9 € 9 ε

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2016

Part V Transactio

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	or more related organ	Partie listed in Dert		Yes No
Becept of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Becept of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Clift, grant, or capital contribution from related organization(s)				
f Dividends from related organization(s)			# g # =	>>>
 k Lease of facilities, equipment, or other assets from related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 			* = E = C	> > >
 P Reimbursement paid to related organization(s) for expenses G Reimbursement paid by related organization(s) for expenses 		· · · · · · · · · · · · · · · · · · ·	σ	>>
r Other transfer of cash or property to related organization(s)	complete this line, incl	uding covered relation	1r 1s 1s 1s 1s 1s 1s	sholds.
	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved	nt involved
(1) CADCO Foundation, Inc.	U	191,646	191,646 See Part VII	
(2) CADCO Foundation, Inc.	a)	(23,751)	(23,751) See Part VII	
(3) Interregional Chamber of Commerce	-:-	6,516	6,516 See Part VII	
(4) Enterprise Properties, CADCO Foundation, Interregional Chamber of Commerce	l, n, o	54,730	54,730 See Part VII	
(5) Enterprise Properties, CADCO Foundation, Interregional Chamber of Commerce	ار' ی	1,888	1,888 See Part VII	
(9)			Schedule R (Form 990) 2016	n 990) 2016

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

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

	_
_	
Page	-

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 2016 were \$191,646.
Part V I me	2(2): The reporting organization owes a note payable to CADCO Foundation to repay funds borrowed from the Foundation's
	nated endowment for the purpose of improvements to the business incubator building owned and operated by the reporting
	 Funds are repaid semi-annually to the Foundation's endowment account, based on an amortization schedule computed with
a competitiv	re fixed rate of interest. At 12/31/16, the balance of the note payable was \$221,731. Payments to CADCO Foundation on this note
in 2016 were	e \$23,751 including interest of \$6,914.
Part V, Line	2(3): The reporting organization receives monthly rental income from the Interregional Chamber of Commerce for reimbursement
of occupand	y costs incurred in support of Chamber activities. Total rents received from the Chamber in 2016 were \$6,516
	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
Dort V. Lina	2/5). As is common with related exercises managed by chord stoff and utilizing should require a CADCO Foundation
	2(5): As is common with related organizations managed by shared staff and utilizing shared resources, CADCO Foundation, Properties and the Chamber use intercompany due to/from accounts with the reporting organization to capture transfers and other
	during the normal course of recordkeeping. The net increase in the Foundation's payable to the reporting organization in 2016
	The net decrease in Enterprise Properties payable to the reporting organization in 2016 was \$586. The net increase in the
Chamber's i	eceivable from the reporting organization in 2016 was \$4,815.
	······