**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

► Go to www.irs.gov/Form990 for instructions and the latest information	n.
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Inspection Internal Revenue Service 2017, and ending For the 2017 calendar year, or tax year beginning . 20 D Employer identification number Check if applicable C Name of organization Capital Area Development Corporation of West Virginia Doing business as Charleston Area Alliance Address change 55-6024192 Number and street (or P O. box if mail is not delivered to street address) 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 Amended return Charleston, WV 25301 G Gross receipts \$ 1,554,030 F Name and address of principal officer Application pending Matthew G. Ballard, President/CEO H(a) Is this a group return for subordinates? Yes Vo No 1116 Smith Street, Charleston, WV 25301 H(b) Are all subordinates included? Yes No NA If "No," attach a list (see instructions) 501(c)(3) √ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www.charlestonareaalliance.org H(c) Group exemption number ▶ L Year of formation 1963 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. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 13 6 150 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). 705,902 599,244 Revenue 9 Program service revenue (Part VIII, line 2g) 975,692 954,177 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 772 609 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,682,366 1,554,030 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 3,950 4,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 819.417 804,978 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,444 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 779,540 772,880 Total expenses. Add lines 13-17 (must equal Part-IX-column-(A),-line-25). 18 1,603,457 1,581,808 19 Revenue less expenses. Subtract line 18 from line 12 RECEIVED 78,909 (27,778)**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) <del>ට</del>-ග 5,634,127 5,446,835 26 21 Total liabilities (Part X, line 26) . 1,082,807 923,293 22 Net assets or fund balances. Subtract line 21 from line-29 4,551,320 4,523,542 Part II Signature Block Under penalties of perjury, 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 preparer (other than officer) is based on all information of which preparer has any knowledge 09/21/2018 <u>Mil</u> Sign Signature of officer Date Debra S. James, Chief Financial Officer Here Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check | if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Phone no

☐ Yes ☐ No Form 990 (2017)

Cat No. 11282Y

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Capital Area Development Corporation of WV offers a myriad of innovative economic and community development programs to build
	a more vibrant community and prosperous economy in the greater Charleston, WV metro area.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	·
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	_ " _
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
40	(Code: ) (Expenses \$ 429,745 including grants of \$ 0) (Revenue \$ 202,635)
4a	
	Operation of Business Incubator: Program promotes job creation through support of entrepreneurship and small business
	development. Focus is on: improvement of incubator growth for tenants; awareness of the incubator in the geographic area;
	individual/business consultation; providing central location for small business referrals to partners and support systems.
	Deliverables include: scheduling retention visits upon graduation from the business incubator; referring tenants to business
	development partners and consultants; offering educational programs to tenants.
	•
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	•
	•
	•
41-	(Code) \(\sigma_{\text{conseq}}\) \(\frac{1}{2}\) \(\frac{1}{2
4b	(Code:) (Expenses \$ 411,558 including grants of \$ 3,950) (Revenue \$ 308,896)
	Economic Development: Programs and projects focus on business retention and recruitment, workforce development, securing or
	developing available and appropriate locations for new business and industry, encouraging public investment in supportive
	infrastructure, offering financial incentives to induce private investment and economic growth, supporting entrepreneurship.
	Deliverables include: attracting target industries to the area; developing international trade alliances for area/member businesses;
	fostering and supporting tourism as a key element of our regional economy; enhancing and developing relationships with economic
	prospects and site consultants; developing entreprenuerial networks and support systems.
4c	(Code: ) (Expenses \$ 337,548 including grants of \$ 0) (Revenue \$ 33,293)
70	Community Development: Working through partnerships with the public and private sectors, community development programs
	build strong communities and enhance the quality of life in the greater Charleston area. We provide smart growth and sustainable initiatives, leadership development, resource development and unique educational opportunities. Deliverables include: downtown
	and neighborhood revitalization; educational opportunities on community development issues; grant research and development;
	leadership training and execution.
	Other presum convices (Deceribe in Schodule C.)
4d	Other program services (Describe in Schedule O.)
A -	(Expenses \$ 193,079 including grants of \$ 0) (Revenue \$ 409,353)  Total program service expenses ▶ 1,371,929
4e	Total program service expenses 1,371,929



Part IV	Che	cklist	of	Required	Sc	hedules

			163	140
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		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	<b>✓</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	<b>✓</b>	
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		<b>✓</b>
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		<b>-</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>·</u>
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	<b>√</b>	
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, VIII, IX, or X as applicable.			
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	<b>-</b>	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f	✓ ✓	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
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	<b>✓</b>	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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.	14a 14b		<u>√</u> ✓
5	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		<u>·</u> ✓
6	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		<u>▼</u>
7	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		<u>·</u> ✓
8	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		<u>·</u> ✓
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>
			990	(2017)

Part	Checklist of Required Schedules (continued)			
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yés	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>▼</del> ,N/
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
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	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		z
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		N
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	<b>√</b>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O	20	1	

Part				_	
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · </u>	Yes	No.	
1à	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   15		res	INO I	
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 !			
·	reportable gaming (gambling) winnings to prize winners?	4-			
2a		1c	✓	<del> </del> ,	
20					
L	Statements, filed for the calendar year ending with or within the year covered by this return  2a 13	_	<del></del> -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	<del>                                     </del>	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b> </b>	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	<b></b> -	<del>  ✓ _</del> ,	N/
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		<del>       </del> '	٧/
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	4a		1	
b	If "Yes," enter the name of the foreign country:   NA	44		<del>                                     </del>	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b> </b>	
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N,	Α
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>	•
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b> </b>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>	Ť		
	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		<u> </u>	۱A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1	NA
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		N.	Α
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N	Ą
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		^	N۵
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N	IΑ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N	IΑ
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			إا	
_	sponsoring organization have excess business holdings at any time during the year?	8		N	IΑ
9	Sponsoring organizations maintaining donor advised funds.	اا			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			IA 
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		^	۱A
10	Section 501(c)(7) organizations. Enter:	, [			
a h	Initiation fees and capital contributions included on Part VIII, line 12			.	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] NA Section 501(c)(12) organizations. Enter:	İ			
'' a	Cross many from many have an absorbable or			, ]	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )				
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	—— ·	N	Δ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .  12b  NA	120	-+	— <u>'</u> '	_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		ļ	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\dashv$	—— <u>'</u> N	ΙΑ
	Note. See the instructions for additional information the organization must report on Schedule O.			—— <u> </u>	•
b	Enter the amount of reserves the organization is required to maintain by the states in which			- 1	
	the organization is licensed to issue qualified health plans		1		
С	Enter the amount of reserves on hand	1			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \dagger$	<u>√</u>	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		N/	Α

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Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	trúcti	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u>7</u>
Section	on A. Governing Body and Management	<del></del>	·	
		$\longrightarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 37	.		
	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		<b>√</b>
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		✓
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		<b>✓</b>
6	Did the organization have members or stockholders?	6	<b>✓</b>	<del></del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	ı _	,	
_	one or more members of the governing body?	7a	<b>✓</b>	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	,	./
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70	-	
Ü	the year by the following:			1
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
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	✓	
Secti	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>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		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.		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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?			
_	The organization's CEO, Executive Director, or top management official	15a	7	
a b	Other officers or key employees of the organization	15b	<b>V</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Ť	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-		Ī
	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		NA
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia ∨			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)s	only)
10	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(	دردر <u>ه</u>	J. 1137
	☐ 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.	•	Í	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: ▶	
	Debra S. James, 1116 Smith Street, Charleston, WV 25301 Phone: 304-340-4253			

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

	[				C)			, , , , , , , , , , , , , , , , , , , ,		
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	neck ss pe d a d	rson Irect	e than o is both or/trus	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted fine)		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	3	<b>✓</b>		<b>√</b>				0	0	0
(2) Steven Hedrick, Vice Chairman	1	1		<b>✓</b>				0	0	0
(3) Greg Elliot, Secretary	1	1		1				0		0
(4) Jack Rossi, Treasurer	1	<b>\</b>		<u>·</u>				0		0
(5) Ben Thomas, Director	1	· ·						0		
(6) Erick Hicks, Director	1	\ \								0
(7) Lyle Smith, Director	1	<b>*</b>						0	0	. 0
(8) Maribeth Anderson, Director	1	<b>*</b>						0	0	0
(9) Tammy Shingleton, Director	1	·						, 0	0	0
(10) Brian Bruce, Director	1	<u>,</u>							0	0
(11) Kathı Richards, Director	11	<u> </u>						0		0
(12) David Ferretti, Director	1	<b>,</b>						0	0	0
(13) Matthew Bond, Director	1	<u> </u>					T	0	0	0
(14) Dickinson Gould, III, Director	11	<b>y</b>						0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)							
	(A)	(B)	/do.n	at ch		ition	e than o	200	(D)	(E)		(F)	7
	Name and title	Average					ıs both		Reportable	Reportable	}	Estimated	
		hours per					or/trust		compensation	compensation from related	ነ	amount of	f
		week (list any hours for	악	'ns	₹	Σe	Biğ	Fo	from the	organizations	١,	other compensate	on
		related	dire	🛱	Officer	y er	D gree	Former	organization	(W-2/1099-MISC)	`	from the	
		organizations	cto	ğ		ם	ye c	~	(W-2/1099-MISC)		1	organizatio	
		below dotted line)	Individual trustee or director	al (		Key employee	ğ				ļ,	and related organization	
		, i	tee	Institutional trustee		"	Highest compensated employee				1	J	
				ň			ted						
(15)	essa White, Director	1						T					
			✓						l 0				0
(16)	oren W. Claypool, Director	1	_					Ī			1		
33_			✓						lo		)		0
(17)	Ilen Cappellanti, Director	1		П									
			✓						l o		ol		0
(18)	Im O'Neal, Director	1											
3!		<b></b>	1						٥ ا				0
(19)	Daniel Lauffer, Director	1									1		
3	The state of the s		✓						0				0
(20)	Maureen O'Toole, Director	1		П							1		
3==12			1						٥	,			0
(21)	Robert Pepper, Director	1		П				-			1 —	-	
37.17.12	NODELL LEBELL, DIRECTOR		1				ļ		، ا		2		0
(22)	Thomas S. Provost, Director	1						-			1-		
37.72	110/1123 3.1104034, Director	<b></b>	1						o				0
(23)	Katie Rugeley, Director	1									1		
35.21	vane Rugeley, Director	<u>-</u>	1						0	,			0
(24)	Christy McGinnis, Director	1	•					$\vdash$			<del>' </del>		
3-7/	Simisty McGinnis, Director	·	1				ł	1	)   0				0
(25)	William E. Turner, Jr., Director	1					<del></del>				1		
1-01	william E. Turrer, Jr., Director		1						o				0
1b	Sub-total						<u> </u>	-	0		†		
C	Total from continuation sheets to Part	VII. Section	 n А	•	•	•	•	•	249,272				48,909
d	T			•	•	•	•	•	249,272				48,909
	Total number of individuals (including but				liet		above	3) 14/			71 00 of		40,303
_	reportable compensation from the organi		101	1036	ıışı		above	<i>5)</i> W	1	ore man \$100,0	00 01		
	Toportable compensation nom the organi	24110117							<u> </u>			Yes	No
3	Did the organization list any former of	ficer direct	tor. c	r tr	uste	ee.	kev e	emn	lovee, or high	est compensat	ed [	165	1,40
•	employee on line 1a? If "Yes," complete s										1-	3	17
4	For any individual listed on line 1a, is the										<u> </u>	-	+
7	organization and related organizations											ĺ	1 1
	Individual	greater the					. , .	., 	complete den		·"  -	4 1	╁┻┛
5	Did any person listed on line 1a receive of	r accrile co	mne	neat	ion	fror	n anv	 . un	related organiz	ration or individ	H	- V	+
3	for services rendered to the organization										-	5	
Section	on B. Independent Contractors							-				<u> </u>	
1	Complete this table for your five highest	compensate	ad inc	dono	and	ont	contr	acto	ore that receive	od more than \$1	00.00	In of	
•	compensation from the organization. Rep												.av
	year.	on compe	isalic	,,,,	J1 (1		aiciid	iai y	real chaing wit	ii oi widiiii die d	Ji gai ii	Zalion 3	
	<del>-</del>							T	/(P)	<del></del>		<i>(</i> C)	
	(A) Name and business address								(B) Description of s	ervices	Com	(C) opensation	
								<del>  -</del>		<del></del> -			<u>NA</u>
								<del>                                     </del>					
								-		<del></del>			
	<del></del>	<del></del>						$\vdash$		<del></del>		<u> </u>	
	Total number of independent contractor	rs (includir	na hi	ıt n	ot I	ımit	ed to	) th	ose listed abo	ove) who			1
-	received more than \$100,000 of compens		_					, 111		,			i

# 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

ΠZ

Form 990 (2017)

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos neck ss pe	rson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bob Welch, Director	1	1						0	0	0
(2) Anthony Jenkins, PhD, Director	1	1						0		0
(3) Glenn Crotty, Jr., MD, Director	1	1						0	0	0
(4) James E. Shupe, Director	1	1						0	0	0
(5) Adam R. Krason, Director	1	1						0		0
(6) George Smith, Director	1	1						0		0
(7) Philip A. Wright, Director	1	1						0	0	0
(8) Andrew Jordan, Ex-officio Member	11	1						0		0
(9) Ben Salango, Ex-officio Member	11	1						0	0	0
(10) Danny Jones, Ex-officio Member	1	·						0	0	0
(11) Frank S. Mullens, Jr., Ex-officio Member	1	<i>'</i>						0	0	<u>v</u>
(12) Jack W. Nuckols, Ex-officio Member	1	<u> </u>						0	0	0
(13) Matthew G. Ballard, President/CEO	40			1	1			159,710	0	29,661
(14) Debra S. James, Chief Financial Officer	40			<b>▼</b>	<b>▼</b>			89,562	0	19,248

Co   Part   Pa	Part	VII Section A. Officers, Directors, Trust	lees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ntinue	d)		
Comparison to the comparison of the comparison						•	•							,	
Name and tale    Average   Post, unless per and a circotronvalled   Respectable   Resp		(A)	(B)	l (do n	not ch			than o	ne	(D)	(E)		(	<b>(F)</b>	•
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(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29				•	8			sate					1		
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(17) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total (24) (25)  1b Sub-total (27) (28) (29)  20 Total from continuation sheets to Part VII, Section A (29) (29) (20)  21 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization and related organizations greater than \$150,0007 if "Ves." complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who	(15)		<del> </del>												
(17) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total (24) (25)  1b Sub-total (27) (28) (29)  20 Total from continuation sheets to Part VII, Section A (29) (29) (20)  21 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization and related organizations greater than \$150,0007 if "Ves." complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who	(16)		<del>                                     </del>	<del>                                     </del>	$\vdash$	$\vdash$	$\vdash$								
(29) (29) (29) (29) (29) (29) (29) (29)	1197		<b>†</b>	1								-			
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(20)   (21)   (23)   (24)   (25)   (25)   (26)   (27)   (27)   (28)   (29)	(18)			<b></b>	П	Г	Г		T						
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(22)   (23)   (24)   (25)   (25)   (26)   (27)   (28)   (29)								<u> </u>	L						
(22)   (23)   (24)   (25)   (25)   (26)   (27)   (28)   (29)	(21)		Γ						Γ				_		/
(24)   (25)   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   249,272   249,				<u> </u>			L			ļ					
(24)   (25)   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   48,909   249,272   0   249,272   249,	(22)		<u> </u>	<u> </u>											
(24)   (25)   (25)   (25)   (26)   (27)   (28)   (29)				<u> </u>		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	$oxed{oxed}$		<u>L.</u>	<u> </u>		$\perp$			
1b   Sub-total   249,272   0   48,909	(23)		<u> </u>												
1b   Sub-total   249,272   0   48,909			<u> </u>	↓	igsqcup	ㄴ	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	<del> </del>					
1b Sub-total	(24)														
1b Sub-total		1.2.	<del>                                     </del>	—	<u> </u>	igspace	▙	ļ	<u> </u>	ļ	<del></del>	_			
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	(25)														
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who												-			
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employee on line 1a? If "Yes," complete Schedule J for such Individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	fficer. direc	etor. c	or tr	rust <sup>,</sup>	ee.	kev e	emr	olovee, or high	est compen	sated		165	110
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  Compensation	_														
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	4	• •									ensation from	m the	-		
individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	•	organization and related organizations	greater th	ian \$	150,	.000	)? I	f "Ye	s,"	complete Sch	edule J for	such			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					•								4		
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y un	related organiz	ation or indiv	/idual			
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	-	for services rendered to the organization	? If "Yes," o	compl	lete	Sch	hedi	ule J 1	for s	such person			5		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section		<del></del>												
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who			compensat	ted in	dep	end	lent	contr	act	ors that receive	ed more than	\$100,	000 of		
(A) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who															ìΧ
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		year.				_									
Total number of independent contractors (including but not limited to those listed above) who								•							
		Name and business add	dress							Description of s	ervices		ompens	ation	
												_			
									丄						
												_			
									L			_			
									<u> </u>						
	2								o tr	nose listed ab	ove) who				

Par	r Alli						_
		Check if Schedule O contains a re-	sponse or note to	o any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के क	1a	Federated campaigns 1a	0				312-314
E 2	ь	Membership dues 1b	<del></del>				
Q E	C	Fundraising events 1c					
ifts ar A	d	Related organizations 1d	<del></del>				
% <u>E</u>	e	Government grants (contributions) 1e					
يَّ يَّ	f	All other contributions, gifts, grants,	233,333				
e E		and similar amounts not included above	148,138				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	140,130				
Sor	h	Total. Add lines 1a-1f	<b></b>	599,244			
	<u> </u>	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Business Code	333,244			
en.	2a	Membership Dues	900099	345,038	345,038	0	
Program Service Revenue	b	Rents-Business Incubator	531120	202,125	202,125	0	
<u>.8</u>	С	Rents-Motion Industries	531120	192,085	192,085		
ē	d	EPI Management Fee	561000	54,000	54,000		
E	е	Economic/Community Development	900099	160,929	160,929		
gra	f	All other program service revenue .	555555	100,020	100,023		
P 0	g	Total. Add lines 2a-2f .	▶	954,177			·
	3	Investment income (including divid	dends, interest,				<u> </u>
		and other similar amounts)	▶	609	609	o	l .
	4	Income from investment of tax-exempt b	ond proceeds ▶				
	5	Royalties	▶ [				
	1	(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		İ			
	b	Less. cost or other basis			:		,
		and sales expenses .			İ		
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising					
ver		events (not including \$					
Re		of contributions reported on line 1c).					
er		See Part IV, line 18 a	ı				j
ŧ.	b	Less: direct expenses b					
•		Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	i				
		Less: direct expenses b					
		Net income or (loss) from gaming act	ivities ►				
	10a	Gross sales of inventory, less					•
		returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inv					
ļ		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> ▶</u>	1,554,030,	954,786	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 3,950 3,950 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees . . . . . 299,687 215,257 44,953 39,477 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 380,773 306,480 23,766 50,527 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,261 22,313 1,328 3,620 9 Other employee benefits . . . . . . . 2,879 43,577 34,823 5,875 Payroll taxes . . . . . . . . . . . . . 10 53,680 41,360 5,211 7,109 11 Fees for services (non-employees): а 4,281 3,978 303 0 Accounting . . . . . . . . . . . . C 14,755 12,406 971 1,378 Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion . . . . . 13 Office expenses . . . . . . . . 22.001 19,381 1.468 1,152 14 Information technology . . . . . 39,479 35,698 1,564 2,217 15 16 158,178 158,178 0 0 17 156 40 116 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 15,949 15,949 0 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization . 212,289 210,854 594 841 23 17,689 14,873 1,165 1,651 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Bank and Merchant Fees 3.327 3.327 0 Commissions b 9,604 9,604 0 0 Bad Debt Expense C 16,435 16,435 0 0 Employee Dues/Development/Retention d 18,506 16,389 1,621 496 All other expenses Program/Miscellaneous 240,231 233,961 4,169 2,101 Total functional expenses. Add lines 1 through 24e 25 1,581,808 1,371,929 93,435 116,444 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 ▶ □ following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Pal	1X		
	2		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	442,655	1	381,106
	2	Savings and temporary cash investments	1,471,609	2	1,165,869
	3	Pledges and grants receivable, net	92,603	3	34,450
	4	Accounts receivable, net	326,967	4	371,442
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
sts		organizations (see instructions). Complete Part II of Schedule L	0		0
Assets	7	Notes and loans receivable, net	0		0
⋖	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	10,738	9	13,226
	10a	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D 10a 1,202,495	<del></del>		
	b	Less accumulated depreciation 10b 3,733,543	3,253,220		3,468,952
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	4,650		4,650
	14	Intangible assets	11,526		7,140
	15	Other assets. See Part IV, line 11	20,159		0
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,634,127		5,446,835
	17	Accounts payable and accrued expenses	129,256		157,734
	18	Grants payable	0		0
	19	Deferred revenue	260,693		166,195
	20 21	Tax-exempt bond liabilities	0		0
,,		Escrow or custodial account liability. Complete Part IV of Schedule D .  Loans and other payables to current and former officers, directors.	11,215	21	11,616
ţį	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0 459,912		0
	24	Unsecured notes and loans payable to unrelated third parties	459,912		383,354
	25	Other liabilities (including federal income tax, payables to related third			0
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	221,731	25	204,394
	26	Total liabilities. Add lines 17 through 25	1,082,807		923,293
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	.,,,		020,200
Ses		complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	4,494,103	27	4,473,515
ga	28	Temporarily restricted net assets	57,217		50,027
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ပ္သ	30	Capital stock or trust principal, or current funds	0	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	0
<b>달</b>	33	Total net assets or fund balances	4,551,320		4,523,542
~	34	Total liabilities and net assets/fund balances	5,634,127		5,446,835
			-1 111		Form <b>990</b> (2017)

					90
Part	XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>· · ·</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,55	4,03
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,58	1,80
3		3		(2	7,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,55	1,32
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			1
8	Prior period adjustments	В			(
9	other changes with a decide of third balances (explain in content of the time to the time of time of time of the time of t	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0		4,52	3,54
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>	✓
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	ıın ın			
	Schedule O.		_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		:		
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>√</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
\c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht			
/	of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, expla				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
36	the Single Audit Act and OMB Circular A-133?		3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	n the	Ja		<u> </u>
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
	- Squired dear of dearies, explain why in concedic o and decemberary steps taken to undergo sacin addi				(2017

#### **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 2017

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ide	entification number
Capita	l Area Development Corpor	ation of West Virginia			55-6024192
<b>Part</b>	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1	Provide a description of definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	mpaign activities in Pa	rt IV. (see instructions 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(d	c)(3).	
1	•	excise tax incurred by the organiza			\$ NA
2	•	excise tax incurred by organizatior			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	
4a					🗌 Yes 📗 No
b	If "Yes," describe in Part			<del></del>	
Part		e organization is exempt und			1(c)(3).
1		ly expended by the filing organiz			Φ
					\$NA
2		filing organization's funds contrib			<b>Φ</b>
_		vities			Φ
3		expenditures. Add lines 1 and 2			¢
_					
4		file Form 1120-POL for this year			
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount property	paid from the filing orga delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					NA
(2)	_				
(3)					
(4)					
(5)					
(6)					

		<u> </u>					
Par	t II-A	Complete if the organizatio section 501(h)).					
<b>A</b> (	Check >	if the filing organization belon address, EIN, expenses, and				iliated group membe	er's name, NA
В	Check ▶	If the filing organization check	ed box A and	"limited control" p	rovisions apply.		
		Limits on Lobb	ying Expendit	tures		(a) Filing	(b) Affiliated
		(The term "expenditures" m	eans amounts	paid or incurred	.)	organization's totals	group totals
12	Total le	obbying expenditures to influence	public opinion	(grass roots lobby	/ıng)		NA
t	Total le	obbying expenditures to influence	a legislative b	ody (direct lobbyin	g)		
C	Total le	obbying expenditures (add lines 1	a and 1b) .				
c	l Other	exempt purpose expenditures .					
•	Total e	exempt purpose expenditures (add	lines 1c and	1d)			
f		ing nontaxable amount. Enter					
	If the a	mount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	it is:		
		r \$500,000		mount on line 1e.			1
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		[
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	over \$1,500,000.		}
	Over \$1	7,000,000	\$1,000,000.				ļ
<u> </u>	Grassr	oots nontaxable amount (enter 25	% of line 1f)				
ŀ	- Şubtra	ct line 1g from line 1a. If zero or le	ess, enter -0-				
i		ct line 1f from line 1c. If zero or le					
j	If ther	e is an amount other than zero	on either line	1h or line 1i, did	d the organization	file Form 4720	
		ng section 4911 tax for this year?					」Yes          No
	(Som	e organizations that made a se See the	ction 501(h) el separate inst	ructions for lines	re to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	s During 4-Year A	veraging Period	1	
	Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
28	Lobby	ing nontaxable amount					NA
ŀ		ing ceiling amount of line 2a, column (e))					
(	Total l	obbying expenditures					
(	Grassi	roots nontaxable amount					
•		roots ceiling amount of line 2d, column (e))					
1	Grassi	roots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017



rait	(election under section 501(h)).	iea i	ı.			
Eor (		(2	1)	,	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	А	mount	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?		_	1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<del> </del>		
c	Media advertisements?					N.A
d	Mailings to members, legislators, or the public?					
e •	Publications, or published or broadcast statements?			<del></del>		
'	Grants to other organizations for lobbying purposes?			<del>                                     </del>		
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_				
i	Other activities?					
i	Total. Add lines 1c through 1i					-
2a	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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(	(5), c	r se	ction		
	501(c)(6).				T.,	
_	W				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	✓
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	<b>-</b>	1
Part	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."				line (	3, is
1	Dues, assessments and similar amounts from members	.	1			N/
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	<del></del> -			
а	Current year	.	2a			
b	Carryover from last year	.	2b			
С	Total		2c		<u> </u>	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. I	3	<u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the amount on line 3, what portion of the amount					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?			ł		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del>                                     </del>		
Pari		• [		<u> </u>		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	p list	): Pai	rt II-A. I	ines 1	and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	•	•	,		
JA						
	·					
			. <b></b>			
<b></b>					·	
<b>-</b>						

Par									
3	Using the organization's acquisition, collection items (check all that apply)		ner reco	rds, chec	ck any of th	ne follow	ing that are a	significant i	iśe of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progr	ams		,
b	☐ Scholarly research		е				••••		
С	Preservation for future generation	s					•		
4	Provide a description of the organiza XIII.		nd expla	ain how t	hey further	the org	anızation's ex	empt purpos	e ın Part
5	During the year, did the organization assets to be sold to raise funds rathe								□ No
Par									_
	Complete if the organization	n answered "Yes"	on For	m 990, F	Part IV, lin	e 9, or i	reported an a	amount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?								✓ No
b	If "Yes," explain the arrangement in F	art XIII and comple	te the fo	llowing to	able:				
								Amount	
С	Beginning balance					1c			NA
d	Additions during the year					1d			
е	Distributions during the year					1e	T -		
f	Ending balance					1f			
2a	Did the organization include an amou					ustodial	account liabili	ity? Ves	☐ No
b	If "Yes," explain the arrangement in F								
Par		<del></del>		<u>'</u>					
	Complete if the organization	n answered "Yes"	on For	m 990, F	Part IV, line	e 10.			
	<u> </u>	(a) Current year		or year	(c) Two yea		(d) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance		-						
b	Contributions								
С	Net investment earnings, gains, and losses								
Ь	Grants or scholarships			*******					
e	Other expenditures for facilities and	<u></u>			***************************************				
	programs								
f	Administrative expenses								
g	End of year balance								<u>NA</u>
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	,, column (a	a)) held a	ıs:		
а	Board designated or quasi-endowme	nt ▶ <u>N</u> A	<u>1</u> %						
b	Permanent endowment ▶								
C	Temporarily restricted endowment ▶	NA%							
	The percentages on lines 2a, 2b, and	2c should equal 10	0%.						
3a	Are there endowment funds not in the	e possession of the	e organi:	zation tha	at are held	and adr	ninistered for	the	
	organization by			•				Y	es No
	(i) unrelated organizations							. 3a(i)	✓
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			. 3b	/
4	Describe in Part XIII the intended use	s of the organizatio	n's endo	wment fo	unds				
Part	VI Land, Buildings, and Equip	oment.			_				
-	Complete if the organization		on For	m 990, F	art IV, line	e 11a. S	See Form 990	0, Part X, Iir	e 10.
	Description of property	(a) Cost or oth (investme			or other basis ther)		ccumulated preciation	(d) Book	value
1a	Land		0		738,243				738,243
b	Buildings		0	<del></del> -	6,305,617		3,587,868		2,717,749
c	Leasehold improvements		0		0,000,017		0		0
d	Equipment		0		158,635		145,675	·	12,960
e	Other		0	<del></del>	0		0	_ <del></del> _	12,300
	Add lines 1a through 1e. (Column (d) r	nust equal Form 99		(, column		)c.)			3,468,952

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

OMB No 1545-0047

Name o	of the organization	Employer identification number				
Capita	Area Development Corporation of West Virginia	55-6024192				
	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun				
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		NA			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year) .					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor 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?	fit of the donor or donor advisor, or fo	or any other purpose			
Par	t II Conservation Easements.					
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recreat					
	Protection of natural habitat	☐ Preservation of	a certified historic structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а						
b	Total acreage restricted by conservation easement					
C	Number of conservation easements on a certified h					
d	Number of conservation easements included in					
_	•		=4			
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or tern	ninated by the organization during the			
		arotion agreement is leasted <b>b</b>				
4 5	Number of states where property subject to conser Does the organization have a written policy reg					
3	violations, and enforcement of the conservation eas					
6	Staff and volunteer hours devoted to monitoring, inspect		0010			
U	Starr and volunteer mours devoted to monitoring, inspect	ing, nariding of violations, and emorcing t	conservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year			
_	<b>&gt;</b> \$					
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	· _			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports of					
	balance sheet, and include, if applicable, the text o organization's accounting for conservation easeme		ancial statements that describes the			
Pari			Othor Similar Assets			
Гаг	Complete if the organization answered "		Other Similar Assets.			
1a	If the organization elected, as permitted under SFA		rayanua statement and balance about			
ıa	works of art, historical treasures, or other similar	assets held for public exhibition ad	revenue statement and palance sneet			
	public service, provide, in Part XIII, the text of the fo					
b	If the organization elected, as permitted under SF					
	works of art, historical treasures, or other similar public service, provide the following amounts relatii	assets held for public exhibition, ed				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$ NA			
	(ii) Assets included in Form 990, Part X		▶ \$			
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the			
_	following amounts required to be reported under Sf					
a	Revenue included on Form 990, Part VIII, line 1		<b>5</b>			
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>			

Part VII	Investments — Other Securities Complete if the organization ans		m 990. F	Part IV. line	e 11b. See	Form 99	0. Part X. line 12.
•	(a) Description of security or category (including name of security)			ok value		(c) Method o	
(1) Financia	I derivatives						
(2) Closely-I	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)			_				
(F)							
(G)							
(H)							
	(b) must equal Form 990, Part X, col (B) line 12) ▶			NA			
Part VIII	Investments—Program Related						
	Complete if the organization ans	wered "Yes" on For	m 990, F	Part IV, lin			
	(a) Description of investment		<b>(b)</b> Bo	ok value		c) Method of or end-of-ye	of valuation ear market value
(1) Investme	ent in closely held member organization	- trade for dues and		4,650	Cost		
(2) supp	ort in previous years					. <u>.</u>	
(3)							
(4)							
(5)		·-·· ·					<del></del>
_(6)							
_(7)							
_(8)	<u>.</u>						
(9)	(1) 15 000 D 1V 1/0V 401 D						
	(b) must equal Form 990, Part X, col (B) line 13.) ▶			4,650			
Part IX	Other Assets.	wared "Vee" on Fee	000 F	, Doet IV June	11d Coo	Farm 000	n Dort V line 15
	Complete if the organization ans	a) Description	111 990, F	art IV, III	e 110. See	1	(b) Book value
		a) Description					(b) 500K 10.00
(1)					<del> · ·- ·- ·</del>		·
(2)	<del></del>						
(3)	<u> </u>						
(4)		<del>.</del>			<del></del>		
<u>(5)</u>	····	<del></del>			_		
(6)			<u>-</u>	<del></del>			
(7)							
(8)	<del></del>						
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15 ) .				<b>•</b>	N <sub>i</sub>
Part X	Other Liabilities.	(=,					
. a. e z	Complete if the organization ans	wered "Yes" on For	m 990. F	Part IV. line	e 11e or 11	. See Fo	rm 990. Part X.
_	line 25.						
1.	(a) Description of liability	(b) Book value					
(1) Federal in			0				
	yable to related organization	20	4,394				
(3)							
(4)							
(5)							
(6)							
(7)	<u>.</u>						
(8)							
(9)	h) must sound Form 000 Post V and 70 km of 1 h						
	b) must equal Form 990, Part X, coi (B) line 25 )		4,394		1- t 1 ·		المما الممارية
Z. Liability for	r uncertain tax positions. In Part XIII, prov	iae the text of the footh	ote to the	organızatıor	rs financiai st	atements t	nat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F			Return	) <u> </u>
		_		1	1 501 330
1	Total revenue, gains, and other support per audited financial statements			- +	1,561,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما			
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0	i	
C	Recoveries of prior year grants		0		
d	Other (Describe in Part XIII.)		10,450	<del></del> 1	
е	Add lines 2a through 2d			2e	10,450
3	Subtract line 2e from line 1			3	1,550,770
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	3,260		
C	Add lines <b>4a</b> and <b>4b</b>			4c	3,260
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,554,030
Part				r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I				
1	Total oxportion and reserve per addition was a state of the state of t			1	1,581,808
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1	•		•
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		•
d	Other (Describe in Part XIII.)		0		
е	Add lines 2a through 2d ,			2e	0
3	Subtract line 2e from line 1			3	1,581,808
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 <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,581,808
	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 pro	ovide any additional in	formati	on.
Part I\	I, Lines 2a and 2b: Capital Area Development Corporation of West Virginia serv	ves as	fiscal agent for the Ka	nawha \	/alley Business
Forum	n (KVBF), collecting dues payments from KVBF members and remitting paymen	t to K	VBF vendors for their r	neeting	expenses. The
baland	ce held by the reporting organization for KVBF as of 12/31/17 was \$11,616.				
	,				
Part V	, Lines 3a, 3b, 4 CADCO Foundation, Inc , a related 501(c)(3) organization, cre	ated a	s a supporting organiz	ation for	r the Capital Area
	······································				
Devel					nent fund held for
	obment Corporation of West Virginia (CADCO) and Charleston Area Amarice, in	aintaii	ns a board-designated	endown	
	opment Corporation of West Virginia (CADCO) dba Charleston Area Alliance, m	aintai	ns a board-designated	endown	
the pu					area. The value of
the pu	rpose of funding future economic development projects focused on job creation				area. The value of
	rpose of funding future economic development projects focused on job creation	on and	retention in CADCO's		area. The value of
	rpose of funding future economic development projects focused on job creation	on and			area. The value of
	rpose of funding future economic development projects focused on job creation in the control of	on and	retention in CADCO's	service	-
	rpose of funding future economic development projects focused on job creation	on and	retention in CADCO's	service	-
the en	rpose of funding future economic development projects focused on job creation and the control of	on and	retention in CADCO's	service	-
the en	rpose of funding future economic development projects focused on job creation in the control of	on and	retention in CADCO's	service	-
the en	rpose of funding future economic development projects focused on job creation in the following future economic development projects focused on job creation in the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements.	n and	retention in CADCO's	service	
the en	rpose of funding future economic development projects focused on job creation and the control of	n and	retention in CADCO's	service	
the en	rpose of funding future economic development projects focused on job creation idowment fund is reported on Form 990 for CADCO Foundation.  Line 2: The following footnote is included in audited financial statements of the Alliance and its subsidiaries are classified as tax-exempt organizations un	on and he rep	retention in CADCO's	service	the
the en	rpose of funding future economic development projects focused on job creation in the following future economic development projects focused on job creation in the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements of the following footnote is included in audited financial statements.	on and he rep	retention in CADCO's	service	the
the en	rpose of funding future economic development projects focused on job creation idowment fund is reported on Form 990 for CADCO Foundation.  Line 2: The following footnote is included in audited financial statements of the Alliance and its subsidiaries are classified as tax-exempt organizations un	on and he rep	retention in CADCO's	service	the

Schedule D (Form 990) 2017	Page !
Part XIII Supplemental Information (continued)	
Y	
Part XI, Line 2d Net assets released from restrictions \$10,450	
Part XI, Line 4b: Contributions restricted for future years/specific purpose \$3,260	
'	
······y·····	
•	
•	
·	
	•••••
	~

#### **SCHEDULE J** (Form 990)

. 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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Area Development Corporation of West Virginia 55-60241	92			-
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.		res	NO	İ
	<ul> <li>☐ First-class or charter travel</li> <li>☐ Travel for companions</li> <li>☐ Payments for business use of personal residence</li> <li>☐ Tax indemnification and gross-up payments</li> <li>☐ Discretionary spending account</li> <li>☐ Personal services (such as, maid, chauffeur, chef)</li> </ul>				
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 explain	1b			NA
2	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 1a?	2			) NA Ī
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee				
a b c	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  Receive a severance payment or change-of-control payment?	4a 4b 4c		√ √ √	-
5 a b	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:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5a 5b		<b>√</b>	
6 a b	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:  The organization?	6a 6b		<b>√</b>	-
7 8	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓ 	l -
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8		<b>√</b>	İ NA

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

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

(F) Compensation in column (B) reported as deferred on pnor Form 990 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. 190,157 (E) Total of columns (B)(i)–(D) 14,482 . (D) Nontaxable benefits 15,965 (C) Retirement and other deferred compensation 0 (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (iii) Other reportable instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. (II) Bonus & incentive compensation 159,710 (ı) Base compensation  $\Xi$ EEEE EE ≘ ≘  $\Xi$ (E) (E)  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$ Matthew G. Ballard, President/ (A) Name and Title 1CEO 9 8 က 4 ß ဖ ø 6 7 73 4 Ŧ 5 9

Schedule J (Form 990) 2017

"	I
Page	

Schedule J (Form 990) 2017

Part III Supplemental Information

Also complete this part	,											Schedule J (Form 990) 2017
for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part			:									
4b, 4c, 5a, 5b, 6a, 6b, 7						`		·				
art I, lines 1a, 1b, 3, 4a,												
scriptions required for P							ţ				ī	
Provide the information, explanation, or descriptions required for any additional information.												
Provide the informa for any additional in	NA											

#### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury

(9) (10)

Internal Revenue Se	ervice	► Go	to www.irs.gov/F	orm990	for instr	uctions and t	the lates	t information.			li	ispec	tion	
Name of the organ	nization							Emplo	yer ide	ntificat	ion nui	mber		
Capital Area De	evelopment C	Corporation of V	Vest Virginia 🕆							55-6	92			
Part I E	xcess Bene	fit Transactio	ns (section 50°							only)	).			
c	omplete if th	ne organization	answered "Ye	s" on I	Form 99	0, Part IV, I	line 25a	or 25b, or Fo	rm 99	0-EZ,	Part '	V, line	40b.	
1 (a) Name	e of disqualified	person	(b) Relationship be		•	person and		(c) Description	n of trai	nsactio		_	(d) Cor	rected?
1 (a) Name	or disqualified	person		organiza	ation			(c) Description		13801101			Yes	No
(1) NA								_						
(2)														
(3)														
(4)														
(5)														
(6)														
2 Enter t	he amount	of tax incurre	d by the organ	nızatıor	n manag	gers or dis	qualifie	ed persons du	iring t	he ye	ar			
under s	section 4958	3								!	▶ \$	<b>;</b>		NA
3 Enter th	ne amount o	of tax, if any, or	line 2, above,	reimbi	ursed by	the organ	ızatıon			1	▶ \$	<u> </u>		NA
			rested Person											
C	omplete if th	ne organization	answered "Ye	s" on f	Form 99	0-EZ, Part	V, line	38a or Form 9	90, Pa	ırt IV, I	line 2	6; or 1	f the	
or	ganization r	eported an am	ount on Form	990, Pa	art X, lın	e 5, 6, or 2	2.							
(a) Name of inte	rested person	(b) Relationship	(c) Purpose of	(4)	an to or	(e) Origin	nal	(f) Balance due	(a) In (	default?	(h) An	proved	(ı) Wı	ritten
(a) Name of the	rested person	with organization		fro	m the	principal an		(i) Dalarice due	(9) ""	iciadit.	by bo	ard or	agreer	
				organ	iization?		]		1		comm	nittee?	1	
				То	From		- 1		Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)		T			···									
(5)		<del>-</del>							T					
(6)														
(7)					1									
(8)														
(9)														
(10)														
Total			·				. ▶ \$	N.A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					1
	rants or Ass	sistance Bene	fiting Interest	ed Per	sons.	-			•					
Co	omplete if th	ie organization	answered "Ye	s" on F	Form 99	0, Part IV, I	ıne 27.							
(a) Name of in	terested persor	(b) Relation	ship between inter	ested (	c) Amount	of assistance	(d	Type of assistance		(e)	Purno	se of a	 ssistani	ce
(4)	/	person	and the organization	on (	<b>0,</b> /	01 40010141100	"	Type of addictant	,,	(0)	i dipo	50 01 u	301014111	00
(1)	·									NA				
(2)										1				
(3)							-	<del>"</del>				-		
(4)						<u></u>		<del></del>						
(5)							<b></b> -							
(6)					-		-							
(7)						<del></del>								
(8)								-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2017

Part I	Business Transactions Involving Complete of the organization and	ng Interested Persons. wered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		_
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation's
					Yes	No
	ere are no reportable transactions in				+	
	cess of applicable thresholds. See		_			
	rt V below for additional information.				<del> </del>	
(4) (5)					<del>                                     </del>	
(6)						
(7)						
(8)						
(9)						
(10)						
Part \	Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	nstructions).		
The foll	owing directors of the organization were	e also officers, directors, ti	rustees, or direct or I	ndirect owners of unrelated entitle	s doing	
busines	s with this organization. No transaction	15 are reported above in Pa	art IV because they d	o not exceed applicable reporting	thresho	lds.
All trans	sactions between the reporting organize	ation and such unrelated &	\ ntities were conducte	ed in the normal course of busines	s under	
terms e	xtended to the general business commi	unity and the public. No tra	ansactions resulted i	n lack of independence for the dir	ectors li	sted
below w	outh respect to this reporting organization	on.				
Brian B	ruce, officer of West Virginia American	Water - public utility servic	es I			. <b></b>
Philip A	. Wright, officer of Appalachian Power	Company - public utility se	rvices		<b>-</b>	
David P	. Ferretti, member of Spilman, Thomas	& Battle, PLLC - legal servi	ces			·
Ben The	omas, member of Bowles Rice, LLP - leg	gal services				
James I	. Shupe, officer of IPMorgan Chase Ba	ınk - bankıng services				
Christy	McGinnis, officer of BB&T - banking se	rvices				
Tammy	Shingleton, officer of Frontier Commun	nications - telephone servic	ces			
					<b></b>	
••••		••••••	·/	······································		
•						<del>-</del> -
						<del>-</del> -

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Unrelated Organizations Taxable as a Partnership. Complete of 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant	(e)	(f) Share of	(g)	(h)	(i)		(k)
		(state or foreign country)		section 501(c)(3) organizations?			allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1) NA										
(2)										
(6)										
(4)										
(5)										
(9)										
(1)									-	
(8)	1					!				
(6)									_	
(10)										
(11)										
(12)										
(13)										
(14)										
(15)								,		
(16)		•							_	
								Sche	dule R (For	Schedule R (Form 990) 2017

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Paft V

Metar Complete line 1 if any parties incloded in Dorte II II or IV of this school-ile				Yes	Š
	more related organi	zations listed in Parts			
			1		\
			<u>-                                    </u>	1a	>
<b>b</b> Gift, grant, or capital contribution to related organization(s)			4 <b>P</b>	þ	>
c Gift, grant, or capital contribution from related organization(s)			<del> </del>	1c 🗸	
			7	7	
			·	3	>
e Loans or loan guarantees by related organization(s)				• <	
					-
f Dwidende from related organization(s)			+	  -	<b> </b>
				T	• `
g Sale of assets to related organization(s)			19	g	>
h Purchase of assets from related organization(s)			<u></u>	÷	>
i Exchange of assets with related organization(s)				-	>
i Lassa of facilities an imment or other assate to related organization(s)			+	\ !=	
במשפת כן ומכווויונים, פקמוףוויניוי, כן כווופן מספנים נכן כממנים כן קמוובמווסוקט,			-	•	
b lease of facilities on imment or other assate from related executation(s)			+	<u>ا</u>	<u>]</u> `
				\ -	•
			=   • · · · ·	> =	ļ
_			E	Ε	>
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).</li> </ul>				_ \	
<b>o</b> Sharing of paid employees with related organization(s)			10	<i>&gt;</i> 0	
<b>p</b> Reimbursement paid to related organization(s) for expenses				٥	>
a Beimbilicement raid by related organization(s) for expenses			7		<u> </u>
			<u></u>	5	-
			1.	<u> </u>	7
				>	
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2 If the answer to any of the above is "Yes," see the instructions for information on who must com	complete this line, inclu	ding covered relation	including covered relationships and transaction thresholds.	threshold	ds.
(a)	(p)	(2)	(p)		]
Name of related organization	ransaction type (a – s)	Amount involved	Method of determining amount involved	nount invol	Ned
(1) CADCO Foundation, Inc.	U	191,573	See Part VII		
(2) CADCO Foundation, Inc.	e	(23,751)	(23,751) See Part VII		
(3) Interregional Chamber of Commerce	-	6,720	See Part VII		
(4) Enterprise Properties. CADCO Foundation. Interregional Chamber of Commerce	0.2	54.730	54.730   See Part VII		
(5) Enterprise Properties, CADCO Foundation, Interregional Chamber of Commerce	r,s	(27,295)	(27,295) See Part VII		
(9)				,	
			Schedule R (Form 990) 2017	orm 990)	) 2017

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Capital Area Development Corporation of West Virginia

. 55-6024192

Page 1, Part I, Line 6: Community leaders and citizens comprise the organization's voluntary Board of Directors, advisory committees and
task forces of economic and community development programs. Volunteers assist with planning, organizing and implementing projects. No
compensation is paid to any volunteers. Approximate numbers of volunteers are: Economic Development - 50; Community Development-50;
Administrative/Member Services - 50; Total - 150.
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 \$193,079 including grants of \$0 and revenues of \$409,353.
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 lost 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
the organization's membership.
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.

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 orga	anization and its affiliates is
addressed in the organization's Bylaws, Accounting Manual, and Personnel Policies. The organization's c	onflict of interest policy is
presented to directors and employees at periodic training and orientation sessions. Directors and employ	ees are charged with professional
conduct which includes self-monitoring and reporting of potential or perceived conflicts of interest. Mana	gement and the Board of Directors
advise as to whether or not 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 signature by
directors and employees.	
Page 6, Part VI, Line 15: The organization's Executive Committee reviews the performance of and determine	nes the compensation of the
organization's President/CEO. The last such review was conducted in 2016. The organization's Human Re	sources Committee is charged
with periodically engaging the services of an independent compensation consultant to perform comparation	ve analysis of executive
compensation in order to establish market rate executive compensation for the organization's senior staff.	
Page 6, Part VI, Line 19: The organization makes its governing documents, conflict of interest policy and f	mancial statements available to
the public upon request, either by providing copies or by inspection at its office.	
·	
Pages 7 and 8, Part VII, Line 1a, Column B: The members of this organization's Board of Directors also se	rve as directors of related
organizations listed in Schedule R. On average, directors spend approximately one hour weekly on govern	nance matters for all affiliated
organizations. Meetings include: Board meeting (bi-monthly), Executive Committee (monthly), Finance Co	ommittee (bi-monthly), Community
Development Committee (monthly), Economic Development Committee (bi-monthly), Nominating and HR (	Committees (as needed).
Page 10, Part IX, Line 24e: All other expenses include: (A) (B) (C) (D)	
Program expenses \$236,062 \$233,961 \$ 0 \$ 2,101	
Governance & Misc. \$ 4,169 \$ 0 \$ 4,169 \$ 0	
Total Line 24e \$240,231 \$233,961 \$ 4,169 \$ 2,101	
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 pr	rovides audit oversight.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Capital Area Development Corporation of West Virginia

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number

55-6024192

(f)
Direct controlling
entity 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. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity AN (F) Part I Part II 9

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(a) Name, address, and EIN of related organization	anization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
							Yes	ટ્ટ
(1)CADCO Foundation, Inc.	55-0680725							
1116 Smith Street, Charleston, WV 25301		Economic Development WV	<b>M</b>	501(c)(3)	12a Type 1 NA	NA	>	
(2) Enterprise Properties, Inc.	55-0714069							
1116 Smith Street, Charleston, WV 25301		Economic Development WV	NV.	501(c)(6)	NA	NA NA	>	
(3)Interregional Chamber of Commerce	23-7061206							
1116 Smith Street, Charleston, WV 25301		Business League	WV	501(c)(6)	NA	NA NA	>	
(4)		1						
(9)								
(9)								
(2)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 96	90.	Cat N	Cat No 50135Y		Schedule R (Form 990) 2017	Form 99	0) 2017

Schedule R (Form 990) 2017

Part III Identification of F	Identification of Related Organizations Taxable as a Partnership. Complete If the organiza because it had one or more related organizations treated as a partnership during the tax year.	ons Taxable	as a Partners reated as a pa	<b>hip.</b> Comple rtnership du	te if the or ing the ta	<b>a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year.	nswered	"Yes" o	in Form 990	, Part IV,	line 34	,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	<u> </u>	Share of total Share of income year	(g) Share of end-of- Di year assets	(h) Disproportionate allocations?	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General mana partr		(k) Percentage ownership
(1) NA								.1			2	
(2)	-											
(6)								_				
(4)											-	
(5)												
(9)									,			
(7)											_	
Part IV Identification of Fine 34, because it	Identification of Related Organizations Taxable as line 34, because it had one or more related organizati	ons Taxable	as a Corpora	tion or Trus as a corpora	t. Complei	a Corporation or Trust. Complete if the organization answered "Yes" ions treated as a corporation or trust during the tax year.	nization s tax yea	answere r.	d "Yes" on	on Form 990, Part IV,	0, Part	, ≤
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity ((	(e) Type of entity (C corp, S corp, or trust)	Share of total (ncome		(g) Share of end-of-year assets	(h) Percentage ownership	Section	(I) Section 512(b)(13) controlled entity?
											Yes	2
(I) NA												
(2)			i		_							
(3)												
(4)										į		
(5)												
(9)				-								
ω												•
									S	Schedule R (Form 990) 2017	(Form 9	90) 2017

Part VII	Provide additional information for responses to questions on Schedule R. See instructions.	
Pàrt V, Line	e 2(1): The reporting organization received grants from CADCO Foundation to support the operation of its business	incubator
building. T	Total grants received in 2017 were \$191,573.	
	,	
Part V, Line	e 2(2). The reporting organization owes a note payable to CADCO Foundation to repay funds borrowed from the Fou	ndation's
board-desi	ignated endowment for the purpose of improvements to the business incubator building owned and operated by the	reporting
organizatio	on. Funds are repaid semi-annually to the Foundation's endowment account based on an amortization schedule com	puted with
a competiti	ive fixed rate of interest. At 12/31/17, the balance of the note payable was \$204,394. Payments to CADCO Foundation	n on this note
ın 2017 wer	re \$23,751 including interest of \$6,414.	<b>-</b>
Part V. Lung	a 2/2). The reporting organization receives monthly rental uncome from the Interregional Chamber of Commerce for r	roimburcoment
	e 2(3): The reporting organization receives monthly rental income from the Interregional Chamber of Commerce for r	embursement
of occupan	ncy costs incurred in support of Chamber activities. Total rents received from the Chamber in 2017 were \$6,720.	
Part V, Line	e 2(4): The reporting organization received nominal membership dues totaling \$730 from CADCO Foundation and En	nterprise
	. All administrative and management functions of the related entities are performed by staff of the reporting organiza	
	CADCO Foundation, at cost to the Chamber, and for an annual management fee of \$54,000 to Enterprise Properties.	
onarge to c	one of the state o	
Part V, Line	e 2(5)· As is common with related organizations managed by shared staff and utilizing shared resources, CADCO Fo	undation,
Enterprise	Properties and the Chamber use intercompany due to/from accounts with the reporting organization to capture trans	sfers and other
transaction	ns during the normal course of recordkeeping. The net increase in the Foundation's payable to the reporting organiz	ation in 2017
was \$3,405	i. There was no change in Enterprise Properties' payable to the reporting organization in 2017. The net increase in the	ne Chamber's
receivable (	from the reporting organization in 2017 was \$30,700.	
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