Form	-990	Return of Organization Exempt From Inco	nme Tav	v		OMB No. 1545-0047
. 0.,,				10	17	2018
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce		1 A	oήs)	
	ment of the Treasury		-	. 1 0		Open to Public
	Revenue Service	Go to www.irs.gov/Form990 for Instructions and the latest info				Inspection
		endar year, or tax year beginning , 2018, and	ending			, 20
\Box	heck if applicable	C Name of organization CommunityWorks In West Virginia, Inc.			_	Employer Identification r
$\overline{\Box}$	ddress change ame change	Doing business as	1			-0706467
ᅟ	alle change ilial return	Number and street (or PO box if mail is not delivered to street address) 4302 Crede Drive	Room/suite	•		Telephone number
Ħ	inal return/terminate					04) 965-2241 Pross receipts
ᅮ	mended return	Charleston, WV 25302			l s	
=	pplication pending	F Name and address of principal officer	H(a) by	his a group re		- Let
		47		all subord		
ı Ta	ex-exempt status	X 501(c)(3)				(see instructions)
J M	febalta: 🕨	www.communityworkswv.org	H(c) G	roup exem	dion numb	er >
	orm of organization	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation.	1991	M State o	legal don	nicile. WV
Par	ti Sumr	nary				
	1 Briefly de	scribe the organization's mission or most significant activities: See Schedule O.	, , , , , , , , , , , , , , , , , , , ,			
9						
Ĕ						
E						
ò		s box > [] if the organization discontinued its operations or disposed of more than 25%	of its net ass	sets.		
Activities & Governance		of voting members of the governing body (Part VI, line 1a)		· · ·	3	
82	1	of independent voting members of the governing body (Part VI, line 1b)		[4	
<u>×</u>		ber of individuals employed in calendar year 2018 (Part V, line 2a)			5	
tt tt	6 Total nun	ber of volunteers (estimate if necess proctation	NED	· · · L	6	·
	1	lated business revenue from Part VIII, column (C), line 12	ivilo.	· · ·	7a	
	b Net unre	ated business taxable income from Form 990-T, line 38		• • •	7b	
		SEP 2 3 2020 SEP 2	5_2020 °°	Year		Current Year
es.		ons and grants (Part VIII, line 1h)		599,	160	776,97
2		service revenue (Part VIII, line 2g) CINCINNATI		45,	762	48,80
Revenue		nt income (Part VIII, column (A), lines 3, 4, and 7d)				
œ		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,0	000	(6,07
		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		662,	22	819,70
		d similar amounts paid (Part IX, column (A), lines 1-3)			_	
		aid to or for members (Part IX, column (A), line 4)				
Š		other compensation, employee benefits (Part IX, column (A), lines 5-10)		192,9	75	190,10
nses		nal fundraising fees (Part IX, column (A), line 11e)				
Expen		raising expenses (Part IX, column (D), line 25)				
ш		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		425,0		182,88
		inses Add lines 13-17 (must equal Part IX, column (A), line 25)	· ·	618,0		372,99
_	19 Revenue	less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		44,8		446,71
Net Assets or Fund Balances	20 7-4-1	4- (Dad V. bas 40)	Beginning of		· I	End of Year
SS		tis (Part X, line 16)	2	,804,9		3,276,99
A P		ities (Part X, line 26)		800,5		825,96
		s or fund balances. Subtract line 21 from line 20	2	,004,3	319	2,451,03
Part		ture Block				
true, co	penalties of perjury, i frect, and complete	declare that I have examined this retuin, including accompanying schedules and statements, and to the best of my k Declaration of preparer (other)than officer) is based on all information of which preparer has any knowledge	nowledge and b	elief, it is		
	T	/ X 1/	····			111/10
Sign	<u> </u>				-06	11119
_	Sigr	Aligne of official	, .	13/	والم	
lere		peans (hanberlain (hiet Execu	the_		41C	<u>el</u>
	Турх	or print name and title				
h _ 1 - P	Pnnl/Type	preparer's name Preparer's signature Date	Che	ak 📙 1	r PTIN	
aid	Shad	Ahmad 05-31-2019	self-	employed	P	01463778
rep		AAL PC	Firm's EIN	<u> </u>		
ıse (Only Firm's ack	ress ▶ 8230 Old Courthouse Road, #210	Phone no			
		Vienna VA 22182		703	-893-	
lay the	e IRS discuss tl	is return with the preparer shown above? (see instructions)				· 🗌 Yes 🐰 No
		is return with the preparer shown above? (see instructions)	•••••	•••		Form 990 (

$\overline{}$	1990 (2018) CommunityWorks In West Virginia, Inc.	55-0706467	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> <u></u></u>	<u> </u>
1	Briefly describe the organization's mission:		
	See Schedule 0.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	□ Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organizations.	thers,	
	the total expenses, and revenue, if any, for each program service reported		
	/Code \/ /Function () OF 000 multiple works of ()		
4a	(Code) (Expenses \$97,890 including grants of \$) (Revenue	\$)
	See Schedule O.		
			
		·	
		_	
41.	(0.1)		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			_
		.=	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			- ·
			
			 ·
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 97,890		

Form 990 (2018) CommunityWorks In West Virginia, Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	INO_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- -		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		- A
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	· · · · · · · · · · · · · · · · · · ·			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5	i i	
e	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	├ ~		
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		X
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		<u>X</u>
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>X</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	Х	
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		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		ŀ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ĺ	
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	[
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	[X

	(common to the contract of the		1	т—
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		x
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			1
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			İ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ļ		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	<u> X</u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			\ . .
31	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
32	Did the organization required to the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
JŁ	complete Schedule N, Part II	22		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	<u> </u>	
•	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		_	<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	i	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			一
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
EEA		Form	gan /	2018)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	[X]	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		. [
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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		1	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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?	7е		_X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		J	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter		١, ١	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	·	' 1	
11	Section 501(c)(12) organizations. Enter.	,		
a	Gross income from members or shareholders		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ	- 1	
10-	against amounts due or received from them)		- 1	
l2a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	40-		
а	·	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O	ľ		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_			- 1	
с 14а	Enter the amount of reserves on hand	140		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	\dashv	<u>X</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
. •	excess parachute payment(s) during the year	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	13		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
. •	If "Yes," complete Form 4720, Schedule O	10		
	11 100, Complete Form 17720, Octionale O			

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	. X
Sec	ction A. Governing Body and Management			
	<u>,</u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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	i i		
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			122
	the state of this decisor is requests information about policies not required by the internal nevenue dode y		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	I Ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c	Х	
13		13	X	-
	Did the organization have a written whistleblower policy?	\vdash		
14	Did the organization have a written document retention and destruction policy?	14	<u>X</u>	-
15	Did the process for determining compensation of the following persons include a review and approval by			1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	·	
a	The organization's CEO, Executive Director, or top management official	15a	X	1
b	Other officers or key employees of the organization	15b	X	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	, , , , , , , , , , , , , , , , , , , ,			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
	ction C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed West Virginia	_		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Corporation (304)965-2241, 4302 Crede Drive, Charleston, WV 25302			

Form 990 (201	8) CommunityWorks In West Virginia, Inc.	55-0706467	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated Employees	s, an
	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

EEA

(A) Name and Title	anization nor any related organization compensated any current of (C) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (III) Total for the prometry of the promet			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estmated amount of other compensation from the organization and related organizations				
(1) Dave Clark President Emeritus		х		Х				0	0	0
(2) Kathy McMurray				Ŷ						
Secretary		Х						0	0	0
(3) Robin Kees Treasurer		x		х				o	0	0
(4) Eric J Preston							T			
President		Χ		Х				0	0	0
(5) Kathy Gentry Vice President		x						0	0	0
(6) Marie Beaver		Х						0	0	0
(7) Debra Payne										
Executive Director		Х	\dashv	\dashv			_	0	0	0
(8) Scott A Horchler Director	I	Х	Ì	ł	-		}	0	0	0
(9) Della Spencer										
Assistant Vice-President (10)		Х			1			0	0	0
<u>(11)</u>			_							
(12)				1	_		_			
(13)				_						
(14)			\dashv	1	\dashv					

Form 990 (2018)

Page 8

Part VII Section A. Officers, Directors, Truste	es, Key Emplo	yees,	<u>and</u>	Hig	hes	t Con	per	sated Employee:	s (continued)		
(A) Name and title	Name and title Average hours per (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from		(F) stimated mount of			
	week (list any hours for related organizations below dotted line)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	irom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	other npensation from the ganization nd related ganizations
(15)											
<u>(16)</u>	- -							 			
<u>(17)</u>	- 										
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)	·										
(25)											
1b Sub-total	tion A						•			0	0
Total number of individuals (including but not lim								than \$100,000 of	·	<u> </u>	
reportable compensation from the organization	<u> </u>									0	T- T-
3 Did the organization list any former officer, dire	ctor, or trustee.	kev er	olam	vee.	or h	niahes	st co	mpensated		[Yes No
employee on line 1a? If "Yes," complete Sched		•	•			-		•		3	X
4 For any individual listed on line 1a, is the sum of											1 1
organization and related organizations greater t										4	X
5 Did any person listed on line 1a receive or accrui											
for services rendered to the organization? If "Ye	es," complete S	chedul	e J f	or su	ıch	perso	n	<u> </u>	<u> </u>	5	X
Section B. Independent Contractors 1 Complete this table for your five highest compens	ated independe	nt cont	racto	ors th	nat re	eceive	ed m	ore than \$100.000	of		
compensation from the organization. Report com											
(A) Name and business addr	966							(B) Description of		Com	(C)
Traine and seemess addition								Description of			
2 Total number of independent contractors (include received more than \$100,000 of compensation from the contractors).	-		ose •	listed	da b	ove) v	who				<u>. </u>

55-0706467

		Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII			<u> [</u>
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
y y	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b	6,900	1			
يَ ق	C	Fundraising events 1c		1	Į.		
ar A	d	Related organizations 1d		1			
o, E	e	Government grants (contributions) · · 1e			1		
อัง	l f			[
ag g		and similar amounts not included above 1f	770,076	[İ		
E D	g	Noncash contributions included in lines 1a-1f \$	1 1107010	1			
ပ္သန္တ		Total. Add lines 1a-1f		776,976			
-			Business Code	7707270			
ě	2a	Interest Income		42,580	42,580		
eve		Documentation Fees		6,222	6,222		
ě.	6			- J,222			
ž	اً						
Š	e						
Program Service Revenue	_	All other program service revenue					
g E	1	Total. Add lines 2a-2f		48,802			
-		Investment income (including dividends, interest,		10/002			
	"	and other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	1	Royalties					
		(ı) Real	(s) Personal				
	6a	Gross rents	1 (7) 5155.55				
	ı	Less rental expenses · · · ·		1			
	I	Rental income or (loss) · · ·	 				
	ı	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	(.,) 0				
		Less' cost or other basis					
		and sales expenses					
	ı	Gain or (loss)					
		Net gain or (loss)					
ě	ı	Gross income from fundraising					
evenue	ı	events (not including \$					
Rev		of contributions reported on line 1c).					
er		See Part IV, line 18 a					
Other		Less direct expenses b					
•	ş.						
		Gross income from gaming activities					
	1	See Part IV, line 19 a					
	ь	Less direct expenses b					
		Gross sales of inventory, less					
	''"	returns and allowances a					
	b	Less cost of goods sold b					
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Release Loan Fund		(7,274)	(7,274)		
		Release Restricted Fund		1,202	1,202		
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	>	(6,072)			
	12	Total revenue. See instructions		819,706	42,730	0	0

!

Form 990 (2018) CommunityWorks In West Virginia, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizati	ons must complete column (A)
Check if Schedule O contains a response or note to any line in this Part IX	

	Check it Schedule O contains a response or note to	 		<u> </u>	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	146.24.24.3
	and domestic governments. See Part IV, line 21		<u> </u>	The court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the court of the c	· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic				3 42 - 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	ındıvıduals. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign			が、 数数のできる	中ででは関す
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				· 人名
4	Benefits paid to or for members			1 11日の経済が続	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,				
	trustees, and key employees	74,345		74,345	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,822		65,822	
8	Pension plan accruals and contributions (include			00,022	
	section 401(k) and 403(b) employer contributions)	7,008		7,008	
9	Other employee benefits	30,433		30,433	
10 ,		12,498		12,498	
11	Fees for services (non-employees)	14,330	-	12,470	
a	Management				
b	Legal				
C	Accounting				
d					
e	Lobbying		I'm of 1 15 tan 1 16 1 40 15	" _ F & T & F & H	
f	-		a respectively in a	Market B. C. S. S. B.	
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		1		
40	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,039		3,039	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,835		5,835	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,050		3,050	
23	Insurance	 -			
24	Other expenses litemize expenses not covered			· · · · · · · · · · · · · · · · · · ·	
	above (List miscellaneous expenses in line 24e If			The contract of	Section 1
	line 24e amount exceeds 10% of line 25, column		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	2 23 Are 22	
	(A) amount, list line 24e expenses on Schedule O)	學不過	12 15 18	Contraction of	語の水流がは
а	Volunteer Program				
b	Professional Fees	13,712		13,712	
C	WV Housing Policy Program	97,890	97,890		
d					
е	All other expenses	59,362		59,362	
<u>25</u>	Total functional expenses. Add lines 1 through 24e .	372,994	97,890	275,104	0
26	Joint costs. Complete this line only if the			- 	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

32

33

34

2,451,031

3,276,999

Form 990 (2018)

2,004,319

2,804,914

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 457,690 958,700 2 2 3 Pledges and grants receivable, net 3 22,372 56,169 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary ĸ Notes and loans receivable, net 7 1,898,922 1,903,331 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 6,791 8,565 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a Less, accumulated depreciation 10b b 10c 96,017 107,833 99,067 11 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 286,275 15 288,014 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,804,914 3,276,999 17 17 1,512 1,446 18 18 19 19 187,867 210,872 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 1,085 3,815 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 584,528 23 591,057 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25,603 18,778 26 Total liabilities. Add lines 17 through 25 26 800,595 825,968 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 629,443 633,438 28 28 198,162 29 29 1,176,714 1,817,593 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

	1990 (2018) CommunityWorks In West Virginia, Inc.	55-070	6467		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)				19,7	706
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		3	72,9	994
3	Revenue less expenses Subtract line 2 from line 1	. 3			46,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		2,0	04,3	319
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7	-			
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10	:	2,4!	51,0	31
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆 .
					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," explain in			- 1	-	
	Schedule O		_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1	
	reviewed on a separate basis, consolidated basis, or both			1	1	
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?		2	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				ĺ	'
	separate basis, consolidated basis, or both		1			
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in		l			
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1		
	the Single Audit Act and OMB Circular A-133?		3	3a		Х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				ĺ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3</u>	3b		
EEA			Fo	orm 9	990 (2	2018)

SCHEDULE A

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Соп	mun	ityWorks In West Virgini	a, Inc.				55-07064	167	
Pa	<u>rt I</u>	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part.	.) See instruction	IS	
The	orga	nization is not a private foundation bec	ause it is. (For lines	s 1 through 12, check on	ly one box.)			
1		A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).	\mathcal{K}		
2		A school described in section 170(b)(1)(A)(ii). (Altach Schedule E (Form 990 or 990-EZ))							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).								
4		A medical research organization oper	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the		
	hospital's name, city, and state								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv) (Complete Part II)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
	_	described in section 170(b)(1)(A)(vi).	. (Complete Part II)						
8	Ш	A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II.)					
9	Ц	An agricultural research organization	described in sectio	n 170(b)(1)(A)(ix) operat	ted in conju	inction with	a land-grant college		
		or university or a non-land-grant colle	ge of agriculture (si	ee instructions) Enter the	e name, cit	y, and state	e of the college or		
		university							
10	Ш	An organization that normally receives					_	S	
		receipts from activities related to its e		-					
		support from gross investment incom		•		•	om businesses		
	_	acquired by the organization after Jun		* * * * * * * * * * * * * * * * * * * *					
11	님	An organization organized and operat	•	-,					
12	U	An organization organized and operat	•	•					
		of one or more publicly supported org		, ., .					
	_	Check the box in lines 12a through 12						12g	
	а	Type I. A supporting organization		· ·		•			
		the supported organization(s) the		•	ty of the oir	ectors or tr	ustees of the		
	b	supporting organization. You mus	-			<u>-</u>	ation(a) by bayes		
	U	Type II. A supporting organization control or management of the sup				-		1	
		organization(s) You must compl	·	·	130113 11181 (וו זט וטווטכ	larrage trie supported		
	С	Type III functionally integrated.			action with	and function	anally integrated with		
	•	its supported organization(s) (see		•				•	
	d	Type III non-functionally integra		•		-		e)	
	_	that is not functionally integrated		•		•	, ,	•	
		requirement (see instructions) You	•	•		•		•	
	e	Check this box if the organization	-		•		vpe II. Type III		
		functionally integrated, or Type III							
	f	Enter the number of supported organic	zations						
_	g	Provide the following information about	it the supported org	ganization(s)					
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		n Governing	support (see instructions)	other support (see instructions)	
				above (see manuclions))	docum	entr	instructions)	instructions)	
					Yes	No			
(A)									
					ļ				
(B)									
(C)									
	·								
(D)									
					 				
(E)									
Total					1				

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	293,064	306,146	374,565	599,160	776,976	2,349,911
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	293,064	306,146	374,565	599,160	776,976	2,349,911
5	The portion of total contributions by			*	4	'	
	each person (other than a		· -				
	governmental unit or publicly	, 1	, ·		,	·	
	supported organization) included on						
	line 1 that exceeds 2% of the amount				•	, ,	
	shown on line 11, column (f)			+	,		
6	Public support. Subtract line 5 from line 4				,-	- 4	2,349,911
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	293,064	306,146	374,565	599,160	776,976	2,349,911
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	61 673	61 505	E0 E04	30 804	40.500	252 222
	similar sources	61,673	61,525	52,731	39,781	42,580	258,290
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,348	15,648				20,996
11	Total support. Add lines 7 through 10 .		-		, ,		2,629,197
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	<u> </u>	th, or fifth tax year	as a section 501(c)(3)	▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c		•	• •			89.38 %
15	Public support percentage from 2017 Sched						87.03 <u>%</u>
16a	33 1/3% support test - 2018. If the organiz						
	box and stop here. The organization qualif	, ,	• • •				▶ 🗵
D	33 1/3% support test - 2017. If the organiz			•		•	
4-	this box and stop here. The organization q		- · · · · -				▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•		•			
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		•	•			
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	•		•		line	
	15 is 10% or more, and if the organization i			•	•		
	Explain in Part VI how the organization mee			•	•	•	
	supported organization						▶ ⊔
18	Private foundation. If the organization did						. 🗁
	instructions				<u> </u>	<u></u>	<u>▶</u> ∐

Schedule A (Form 990 or 990-EZ) 2018 CommunityWorks In West Virginia, Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete	only if you checked the box on lir	ine 10 of Part I or if the organization failed to qualify under Pa	art I
If the orga	nization fails to qualify under the t	tests listed below, please complete Part II.)	

Se	ction A. Public Support								/
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						,		-
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								_
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge					/			
6	Total. Add lines 1 through 5	· ·							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·								
b	Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b · · · · · · · · ·							_	
8	Public support. (Subtract line 7c from line 6)								
	ction B. Total Support			1 (
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	18	(f) Total	_
							-		—
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								_
C	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on · · ·								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
3	Total support. (Add lines 9, 10c, 11, and 12.)								_
	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · ·		or fifth tax year as a	section 501(c)(3)			▶ [_]_
	ction C. Computation of Public Sur								_
5	Public support percentage for 2018/(line 8, coli					15			<u>%</u>
6	Public support percentage from 2017 Schedule	A, Part III, line 1	sontage	• • • • • • • • •		16			<u>%</u>
	ction D. Computation of Investmen			(0)		44			_
7 8	Investment income percentage for 2018 (line 1 investment income percentage from 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 School 2017 Schoo					17			<u>%</u> %
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	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this bo	x and stop here.	The organization q	ualifies as a publicly	supported organiz	ation .		_]
EA	Private foundation. If the organization did not	crieck a box on lin	ne 14, 19a, or 19b,	cneck this box and	see instructions .				<u> </u>
						Sche	noti A eluas	n 990 or 990-EZ1 20	41M

Schedule A (Folm 990 of 999-EZ) 2018

Part IV. Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ		
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		4		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported	'		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 '		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	'		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 !		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
			410-01	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	istruc	uons	٠.
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/ ·-	4	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity		$\overline{}$	
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		-	
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990/EZ) 2018 CommunityWorks In West Virginia, Inc.

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	Type in tent tunetionally integrated eos(a)(e) cupporting of			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sec	instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	zatio	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3		3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T.		King the first
ins	structions for short tax year or assets held for part of year).	183		" " " " " " " " " " " " " " " " " " "
a	Average monthly value of securities	1a	1	
b	Average monthly cash balances	1b)	
_	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1	of the town the town	7.74.5
	ctors (explain in detail in Part VI):		The same of the same	a with the fitting
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	The second of the second	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
5		5	19 mg 3 mg 3 mg 4 mg 3 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		1 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally instructions).		·	organization (see
EEA			Schedul	e A (Form 990 or 990-EZ) 2018

	rt V Type ill Non-Functionally Integrated 509(a)(3	S) Supporting Organiz	vations (continued)	06467 Page 7				
	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	tions					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7	Total annual distributions. Add lines 1 through 6.	,						
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive					
	(provide details in Part VI). See instructions.	,						
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018	1						
	(reasonable cause required - explain in Part VI). See							
	instructions.							
	Excess distributions carryover, if any, to 2018							
	From 2013							
	From 2014							
	c From 2015							
d	From 2016							
е	From 2017			-				
	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from							
	Section D, line 7:							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2018, if		-					
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c							
	Breakdown of line 7							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
6	Excess from 2018							

Schedule A (For	m 990 or 990-EZ) 2018 · Pag	ie 8						
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
		_						
-								
		—						
		—						
-	,							
		_						
		_						
		_						
		_						
		—						

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.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization			Employer identifica	ation number
Cor	munityWorks In West Virgini	ia, Inc.		55-0706	5467
Pa			er Similar Funds or A	ccounts.	
	Complete if the organization answered "Y	'es" on Form 990,	Part IV, line 6.		
		(a) Do	nor advised funds	(b) Funds and of	her accounts
1	Total number at end of year				
2	Aggregate value of contributions to (dunng year) -				
3	Aggregate value of grants from (during year)				<u></u>
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso	rs in writing that the	assets held in donor advis	ed	
	funds are the organization's property, subject to the organization	anization's exclusive	legal control?		· · · 🗌 Yes 📗 No
6	Did the organization inform all grantees, donors, and do	onor advisors in writir	ig that grant funds can be	ised	
	only for charitable purposes and not for the benefit of th		•		
_	conferring Impermissible private benefit?	• • • • • • • •		<u> </u>	· · Yes No
Pa	 /				
	Complete if the organization answered "				
1	Purpose(s) of conservation easements held by the orga	•			
	Preservation of land for public use (e.g., recreation	or education)	_	lorically important land are	a
	Protection of natural habitat		☐ Preservation of a ce	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation	n contribution in the form of		
	easement on the last day of the tax year.				e End of the Tax Year
a	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements				
С.	Number of conservation easements on a certified histor		• •	2c	
ď	Number of conservation easements included in (c) acqu			1	
	3				
3	Number of conservation easements modified, transferre	a, released, extingu	ished, or terminated by the	organization during the	
	tax year •		.a k		
4	Number of states where property subject to conservation				
5	Does the organization have a written policy regarding the violations, and enforcement of the conservation easements		, inspection, nandling or		· · Tyes No
6	Staff and volunteer hours devoted to monitoring, inspect				
Ū	Stan and volunteer floars devoted to filoritioning, inspect	ing, nanding of viole	ations, and emolony const	rvation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting,	bandling of violation	s and enforcing conservat	on easements during the v	/ear
•	► \$	ranaming of trolation	s, and amoromy consorvat	on easemente saming the y	
8	Does each conservation easement reported on line 2(d)	above satisfy the re	quirements of section 170	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				· · Tyes TNo
9	In Part XIII, describe how the organization reports conse	ervation easements i	n its revenue and expense	statement, and	
	balance sheet, and include, if applicable, the text of the				
	organization's accounting for conservation easements				
Pai	t III Organizations Maintaining Collec	tions of Art, His	storical Treasures,	or Other Similar Ass	sets.
	Complete if the organization answered "	'Yes" on Form 990), Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116	•	-		
	works of art, historical treasures, or other similar assets	•			
	public service, provide, in Part XIII, the text of the footnot				
b	If the organization elected, as permitted under SFAS 116	6 (ASC 958), to repo	rt in its revenue statement	and balance sheet	
	works of art, historical treasures, or other similar assets	held for public exhib	ition, education, or researc	h in furtherance of	
	public service, provide the following amounts relating to				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(II) Assets included in Form 990, Part X			_	
2	If the organization received or held works of art, historical	al treasures, or other	sımılar assets for financıa	gain, provide the	
	following amounts required to be reported under SFAS 1	, ,	•		
а	Revenue included on Form 990, Part VIII, line 1			_	
b	Assets included in Form 990, Part X			<u> </u>	

	rt III Organizations Maintaining C				s or Othe	er Similar Ass	
3	Using the organization's acquisition, accession, a						ets (continued)
•	collection items (check all that apply)	and other records, ci	ileck ally o	i the lonowing that a	are a significa	ani use oi ns	
_	Public exhibition	□					
a	三			nge programs			
b	Scholarly research	e ∐ Oth	er				
C	Preservation for future generations				_	_	
4	Provide a description of the organization's collection	tions and explain ho	ow they fur	ther the organization	n's exempt p	urpose in Part	
_	XIII						
5	Dunng the year, did the organization solicit or red						
_	assets to be sold to raise funds rather than to be		of the orga	anization's collection	n?	<u> </u>	. L Yes L No
Pa	rt IV Escrow and Custodial Arrang				_		_
	Complete if the organization an	swered "Yes" of	n Form s	990, Part IV, line	e 9, or rep	orted an amou	nt on Form
	990, Part X, line 21.	·					
1a	Is the organization an agent, trustee, custodian o	=					
				• • • • • • • • •	• • • • • •		🗌 Yes 🔀 No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table				 _
						Am	ount
С	Beginning balance				-		
d	Additions during the year				<u>1d</u>		
е	Distributions during the year				<u>1e</u>		
f	Ending balance						
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrov	or custodial accou	ınt liability?		🛚 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	anation has	been provided on I	Part XIII .		.
Pai	t V Endowment Funds.						
	Complete if the organization an	swered "Yes" or	n Form 9	90, Part IV, line	e 10.		
		(a) Current year	(b) Pn	oryear (c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and					•	
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
_	programs						
f	Administrative expenses	•					
g	End of year balance						
2	Provide the estimated percentage of the current	vear and halance (lu	ne 1a colu	mn (a)) held as			
a	Board designated or quasi-endowment	year end balance (iii %	ile Tg, colu	illii (a)) ileiu as			
b	Permanent endowment > %						
	Temporarily restricted endowment	0/					
·	The percentages on lines 2a, 2b, and 2c should e	/0 naval 1000/					
20	Are there endowment funds not in the possession	•	a that ava b		- al da - dh		
3a		on or the organization	n macare i	iela ana aaministere	ed for the		V
	organization by						Yes No
		• • • • • • • • •					. 3a(i)
_	•						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organization			ıle R?		· • • • • • • • •	. 3b
4	Describe in Part XIII the intended uses of the org		nent funds				
Pai	t VI Land, Buildings, and Equipme			000 D-+IV/ I'-	. 44 . • •		
	Complete if the organization an					Form 990, Pa	irt X, line 10.
	Description of property	(a) Cost or oth		(b) Cost or other basis	1 '	Accumulated	(d) Book value
		(investme		(other)		preciation	
1a	Land		20,000			1	20,000
b	Buildings	10	9,161			38,268	70,893
С	Leasehold improvements						
d	Equipment		72,876			67,752	5,124
е	Other		1,813		1	1.813	

96,017

Schedule D (Form	990) 2018 CommunityWorks	In West Virginia, I	nc. 55-0706	5 467 Page :
Part VII	Investments - Other Securities.	<u> </u>		
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1) Financial o	derivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		<u> </u>		
<u>(H)</u>				
Part VIII	Investments - Program Related.			
Tart VIII	Complete if the organization answere	d "Yes" on Form 990 Pa	art IV line 11c See Form 990 F	Part X line 13
				art X, line 10.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market valuation	tue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13)	·		
Part IX	Other Assets.	1104 11		
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, F	art X, line 15.
		escription		(b) Book value
	Street-Wheeling Properties			100,000
	and Street-Wheeling Properties			98,160
	Hillcrest- Fairmont Property			89,854
(4)				
(6)				
(7)				
(8)				
(9)				· <u> </u>
	(b) must equal Form 990, Part X, col (B) line 15)			288,014
Part X	Other Liabilities.			
	Complete if the organization answere line 25	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Rock value	T	
(1) Federal in		(b) Book value	1	
	to Lenders	8,098	7	
	using Conference Funds	3,266		
	TT Training	7 200	7	

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Dues to Lenders	8,098
(3) WV Housing Conference Funds	3,266
(4) NWA NTI Training	7,200
(5) Others	214
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (8) fine 25.)	18,778

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

	ule D (Form 990) 2018 CommunityWorks In West Virginia, Inc.	55-0706467	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	819,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	819,706
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		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	819,706
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	1	372,994
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)	<u>-</u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	372,994
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		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		372,994
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	Part X, line	
-			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.lrs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

CommunityWorks in West Virginia, Inc. (CWWV) is a statewide membership organization made

up of 32 local agencies that provide housing-related services throughout the state of West

Virginia. CWWV was established in 1991 and is certified by the United States Department of

the Treasury as a Community Development Financial Institution (CDFI). CWWV has been a

chartered member of NeighborWorks America since 1996. The mission of CWWV is to create

housing and community development solutions for West Virginians through a network of

member organizations. CWWV carries out its mission by providing effective training and

technical assistance to local housing organizations; developing sustainable capital

investments in local housing; advocating for sound housing policies; and increasing public

awareness of local housing issues throughout West Virginia.

CWWV has been the leader and driving force in the affortable housing industry in the state

Employer identification number

CommunityWorks In West Virginia, Inc.	55-0706467			
CWWV Commercial Loan Fund has loan \$763,160 to its member organizations f	or Commercial			
business activities. Coalfield Development Corporation purchases a buildi	ng containing 7			
rental unit rental in Wayne. WV; the Housing Authority of Wayne County pur	chase the			
Urlings Building in downtown Wayne, WV renovation included 8 rental units	on the second			
floor, and the commercial space into office's and a Coffee Shop. August De	velopment			
Corporation developed the August Pines subdivision adjacent to the city of Fairmont, WV.				
Coalfield Development Corporation acquired the (old Corbin Factory Warehou	se) located in			
the West Moreland section of Huntington, WV converting it into the West Ed	ge Factory			
containing a warehouse of reclaimed properties from deconstruction activit	ies an Art			
Place, and other economic development ventures.				
The following are a list of Initiatives CommunityWorks in West Virginia st	aff and member			
organizations are currently involved.				
Nonprofit Capacity Building Instiative				
West Virginia nonprofits in the housing field continue to "leave money on	the table"			
because they do not have the capacity to apply for and manage funds; devel	op and complete			
projects; navigate the complex and ever-changing housing rules and regulat	ions; and			
develop organizational sustainability strategies. Because housing affordab	ilıty and			
housing quality are significant challenges for nearly one- fifth of West V	irginia			
households, strong and viable housing organizations are needed to meet the	unique			
challenges of the State.				
This issue has been identified and examined by the West Virginia Housing P	olicy Work Group			
(a group of experienced colleagues representing federal, state, and local	stakeholders			
within the housing industry). While developing the West Virginia Housing P	olicy Framework,			

Schedule O (Form 990 or 990-EZ) (2018)

CWWV the lead sponsor in partnership with the WV Community Action Partnership; the WV

Habitat for Humanity; the West Virginia Housing Development Fund and the WV Partnership

for Elder Living, hosted The West Virginia Housing Conference. The conference attracts

more than 350 housing advocates, lenders, developers, administrators and policy makers

from the non-profit, public, and private sectors last year.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
CommunityWorks In West Virginia, Inc.	55-0706467
The theme, Housing Our Future, featured over 70 workshops plus opportunitie	s to learn and
network with national, state, and local experts - from the nuts and bolts o	f housing
development to funding tools and innovative models - this conference also re	ecognized the
important connection of housing to health, economic development, and social	stability for
our children, families, and elder population.	