Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

_	For the f	0040		ii	0040				00		
<u>~</u>			ndar year, or tax year beg			and ending		D. 5 I	, 20		
В	Check if a			tal Area Development Corp	poration of We	st Virginia		D Employer identification number 55-6024192			
\exists	Address o	change	Doing business as Charle			 					
\sqcup	Name cha	•	Number and street (or PO I	oox if mail is not delivered to str	eet address)	Room/suite		E Telephone number			
	Initial retu	m	1116 Smith Street			L			304-340-4253		
\Box	Final return	n/terminated	-	ce, country, and ZIP or foreign p	ostal code						
\sqcup	Amended		Charleston, WV 25301	<u> </u>			,	G Gross re		1,717,273	
Ш	Applicatio	n pending	F Name and address of princip	pal officer Matthew G. Ball	ard, President	/CEO			subordinates? 🔲 Ye		
			1116 Smith Street, Charle			_ 			s included? 🔲 Ye		
<u>L</u>	Tax-exem	pt status	☐ 501(c)(3) <	501(c) (4) ◄ (insert no)	4947(a)(1) or		4		list. (see instructi	ons)	
J	Website:		w.charlestonareaalliance.c	orq		<u> </u>		exemption	number >	NA	
		ganization	✓ Corporation ☐ Trust ☐	Association Other ▶	L Yea	ar of formation	1963	M State	of legal domicile	WV	
Р	art I	Summ									
	1	-	-	s mission or most signific							
Activities & Governance	غ ا	a myriad o	of innovative economic ar	nd community developmen	nt programs to	build a mo	re vibrant o	communit	y and prosper	ous	
nar			in the greater Charleston,								
Ver			_	ation discontinued its op		sposed of	more than	25% of	its net assets.		
g				e governing body (Part VI				3		37	
න් ග	1		•	embers of the governing	• •	•		4		37	
ij	1			oyed in calendar year 201	18 (Part V, line	2a) .		5		13	
ξį			nber of volunteers (estim	• • • • • • • • • • • • • • • • • • • •			,	6		150	
ĕ				from Part VIII, column (FD·		7a		0	
_	<u>d</u> 1	Net unrel	<u>ated business taxable in</u>	come from Form 990 T,	me 38			7b		0	
Revenue				[2]	OCT 9 2 20	110	Prior Ye	ar	Current Y	ear	
	1		ions and grants (Part VII		OCT 2 2 20	019		599,244		752 <u>,930</u>	
	9 F	Program	service revenue (Part VII		954,177		918,469				
ě	10 I	nvestme	nt income (Part VIII, colu	ımn (A), lines 3, 4, and 🕜		609		9,527			
4	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 4-re) .			o		36,347	
	12 7	Total reve	enue—add lines 8 through	n 11 (must equal Part VIII,	column (A), Iır	ne 12)		1,554,030		1,717,273	
	13 (Grants ar	nd similar amounts paid	(Part IX, column (A), lines	1–3)			3,950		0	
			-	Part IX, column (A), line 4	•	· · L_		0		0	
S	15 5	Salaries, d	other compensation, emp	loyee benefits (Part IX, col	umn (A), lines (5–10)		804,978		830,501	
Expenses	16a F	Professio	nal fundraising fees (Par	t IX, column (A), line 11e)	· · L		0		0	
×pe	b	Fotal fund	draising expenses (Part I	X, column (D), line 25) 🕨	11	11,051					
Ш	17 (Other exp	penses (Part IX, column ((A), lines 11a-11d, 11f-24	le)			772,880		708,031	
	18 7	Fotal exp	enses. Add lines 13-17	must equal Part IX, colur	mn (A), line 25)	1	,581,808		1,538,532	
_		Revenue	less expenses. Subtract	line 18 from line 12 .	<u></u>		<i>.</i>	(27,778)		178,741	
Net Assets or Fund Balances						Beg	ginning of Cu	rrent Year	End of Y	ear	
sets	20 T	Fotal asse	ets (Part X, line 16) .					,446,835	·	5,343,108	
P A	21 7		ılıtıes (Part X, lıne 26) .			· ·		923,293		640,825	
			s or fund balances. Sub	tract line 21 from line 20	<u> </u>	<u>l</u>		1,523,542		4,702,283	
Pa	art II	Signat	ure Block								
Un	der penalti	es of perjur	y, I declare that I have examine	ed this return, including accomp	anying schedules	and stateme	nts, and to tl	ne best of m	ny knowledge and	d belief, it is	
tru	e, correct,	and comple	ste Declaration of preparer (oth	ner than officer) is based on all ir	ntormation of which	ch preparer ha	as any knowl	edge.			
			uply of the	mes				10/14	119		
Sig		Signa	ature of officer	01:05:13:	0.661		Da	te	,		
He	re	\		Chief Financial	Jfficer						
		<u>, , , , , , , , , , , , , , , , , , , </u>	or print name and title								
Pa	id	Print/Typ	pe preparer's name	Preparer's signature		Date		Check [rf PTIN		
	eparer	·						self-emp			
	e Only	1	ame 🕨				Firm	's EIN ▶			
_		Firm's ac	ddress ▶				Pho	ne no			
Ма	y the IRS	discuss	this return with the prep	parer shown above? (see	instructions)				🗌 Ye	s 🗌 No	
For	Paperwo	ork Reduc	ction Act Notice, see the s	eparate instructions.		Cat No	11282Y		Form	990 (2018)	

3 - uA	m	
Part	Ш	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		fly describe the organization's mission:
		tal Area Development Corporation of WV offers a myriad of innovative economic and community development programs to build
	a mo	ore vibrant community and prosperous economy in the greater Charleston, WV metro area.
2	Did .	the organization undertake any significant program services during the year which were not listed on the
_		r Form 990 or 990-EZ?
	•	es," describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program
		ices?
		es," describe these changes on Schedule O.
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
•		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
		otal expenses, and revenue, if any, for each program service reported.
4a	(Coc	de:) (Expenses \$ 405,548 including grants of \$ 0) (Revenue \$ 172,110)
	-	ration of Business Incubator: Program promotes job creation through support of entrepreneurship and small business
		lopment. Focus is on: improvement of incubator growth for tenants; awareness of the incubator as an available resource in
		ocal area; individual/business consultation; providing central location for small business referrals to partners and support
		ems. Deliverables include: scheduling retention visits upon graduation from the business incubator; referring tenants to
		ness development partners and consultants; offering educational programs to tenants.
		i v
4b	(Coc	de) (Expenses \$430,404 including grants of \$0) (Revenue \$316,104)
	Ecor	nomic Development: Programs and projects focus on business retention and recruitment, workforce development, securing or
	deve	loping available and appropriate locations for new business and industry, encouraging public investment in supportive
		structure, offering financial incentives to induce private investment and economic growth, supporting entrepreneurship.
		verables include: attracting target industries to the area; developing international trade alliances for area/member businesses;
		ering and supporting tourism as a key element of our regional economy; enhancing and developing relationships with economic
	pros	pects and site consultants; developing entrepreneurial networks and support systems.
4c	(Coc	de) (Expenses \$ 308,106 including grants of \$ 0) (Revenue \$ 24,418)
70	•	munity Development: Working through partnerships with the public and private sectors, community development programs
		I strong communities and enhance the quality of life in the greater Charleston area. We provide smart growth and sustainable
		tives, leadership development, resource development and unique educational opportunities. Deliverables include: downtown
		neighborhood revitalization; educational opportunities on community development issues; grant research and development;
		ership training and education.
	151111	
4d	Othe	er program services (Describe in Schedule O.)
		enses \$ 181,276 including grants of \$ 0) (Revenue \$ 405,837)
4e	Tota	l program service expenses ► 1,325,334

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A				
Part	Checklist of Required Schedules				
			Yes	No	
` 1		" 1		✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,			

1	complete Schedule A	1		1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	 	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1	-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4			- NA
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1	-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1	_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	\		_
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	√		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓		_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1	_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1	_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1	_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓_		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	_	1	_
	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	✓		-
3 4a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1	<u>-</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1	_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓	-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			N/
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1	

Part	Checklist of Required Schedules (continued)			
			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	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		١
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	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		✓_
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		1
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		✓
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check of Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ď		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	i

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				-
			Yes	No	_
` 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Ĭ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓		_
	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	\longrightarrow	<u> ✓</u>	ī
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			NA -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		.	,	
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>	ī
D	If "Yes," enter the name of the foreign country: NA See instructions for filter requirements for EigCEN Form 114. Person of Foreign Real and Eigen Eigen Ei		.		l
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>			J
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	\longrightarrow	- /	-
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			ĪΝΑ
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 charitable contributions?	6a	1		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				-
	gifts were not tax deductible?	6b	1		
7	Organizations that may receive deductible contributions under section 170(c).				ĺ
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		!	NΑ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			N/
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		1	NΑ
	required to file Form 8282?	7c			; , , ,
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7-			J N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f			- N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\dashv		- N. N.
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\neg		N.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				ĺ
	sponsoring organization have excess business holdings at any time during the year?	8			N/
9	Sponsoring organizations maintaining donor advised funds.				١.,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	\longrightarrow		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\dashv		N.
10	Section 501(c)(7) organizations. Enter				ĺ
a b	Initiation fees and capital contributions included on Part VIII, line 12				
11	Section 501(c)(12) organizations. Enter				
·· a	Gross income from members or shareholders				
-	Gross income from other sources (Do not net amounts due or paid to other sources			i	
_	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			N/
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b NA				ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			NΑ
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
_	the organization is licensed to issue qualified health plans				
с 14а	Enter the amount of reserves on hand	145		<u></u>	į
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b	\longrightarrow	<u> </u>	Ν
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		✓	
	If "Yes," see instructions and file Form 4720, Schedule N.		\rightarrow	<u>•</u>	İ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	7	$\overline{\ }$	J
	If "Yes," complete Form 4720, Schedule O.				İ
		Form	990	(2018))

Part_		•			
4 :		<u></u>	<u> </u>		<u>(</u>
Secti	on A. Governing Body and Management			Voc	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27		163	
					}
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b ' 37	1		1
2	- · · · · · · · · · · · · · · · · · · ·	relationship with			
	any other officer, director, trustee, or key employee?		2	✓	
3					
			3		✓
					<u>/</u>
		on's assets?.			✓
If there are material differences in voting nights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 1b 37 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The govern					
/a			72		
h	, , , , , , , , , , , , , , , , , , ,		'a	•	
			7b		1
8					1
_		g			
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	\	
9					
<u> </u>				✓	
secu	on B. Policies (This Section B requests information about policies not required by the	e internai Heven	ue Co		No
10a	Did the organization have local chanters, branches, or affiliates?		102	168	-/
_	· · · · · · · · · · · · · · · · · · ·	f such chanters	100		
-			10b		N/
11a	•		-	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	✓	
b			12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"		,	
40				√	
				✓	/-
	- · · · · · · · · · · · · · · · · · · ·		14		1
.5					
а			15a	1	
b	Other officers or key employees of the organization		15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a					
	· · · · · · · · · · · · · · · · · · ·		16a		✓_,
b					
			164		
Secti		· · · · ·	100		
_					
			. ,500		- · (·)
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	erest	policy	, and
	· · · · · · · · · · · · · · · · · · ·			-	
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	>	
	Debra S. James CEO, 1116 Smith Street Charleston, WIV, 25301 Phone: 304-340-4253				

_	7
Page	•

Form	apa	1201	Q١

<u> </u>		<u> </u>		_			
Part	VII	Compensation of Officers,	Directors, Trustees	Key Employees	, Highest Compensat	ed Employees	and
		Independent Contractors					

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

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

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

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos ieck is pe	rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Steven Hedrick, Chairman	3	√		1				o	0	o
(2) Greg Elliot, Vice Chairman	11	√		1				0	0	0
(3) Christy Elliott, Secretary	1	✓		1				0	0	0
(4) Jack Rossi, Treasurer	1	✓		✓				0	0	0
(5) Kenneth Boggs, Director	1	✓						0	0	0
(6) Matthew Bond, Director	1	1						0		0
(7) Brian Bruce, Director	1	1						0		0
(8) Ellen S. Cappellanti, Director	1	1						0		0
(9) Loren W. Claypool, Director	1	1				-		0		0
(10) Byard Matt Coleman, Director	1	/						0		0
(11) Glenn Crotty, Jr., MD, Director	1	<u> </u>						0		0
(12) David P. Ferretti, Director	1	<u> </u>						0		0
(13) Julia Gonzales, Director	1	<u> </u>						0		0
(14) Dickinson Gould III, Director	1	<u> </u>						0		, 6

Form 990 (2018) Part VII Section A. Officers, Dir.	estero Trusteos Kov	Emple				liabor	** C	componented E	mpleyees /cor	tinuo	.dl	I	Page 8
Part VII Section A. Officers, Dir	ectors, Trustees, Key	Emplo	yee:		(C)	iignes	St C	ompensated	mpioyees (cor	tinue	<u>a)</u>		
(A)	(B)	(40)	Position (do not check more than o			(D)		(E)					
Name and title	Average	\				ıs both		Reportable	Reportable		Est	mated	
	hours pe	r offic				or/trust		compensation	compensation fro	om		ount of	
	week (list a hours fo	any 9 5	5	요	Ž	g £	F	from the	related organizations			ther ensatic	vn.
	related	. 중절	#	Officer	уe	ghe	Forme	organization	(W-2/1099-MIS	C)		m the	••
	organizatio	ns X	Ì	~	Key employee	st c	"	(W-2/1099-MISC)			_	nızatıor	
	below dott line)	ted > =	<u>e</u>		oye	<u>" </u>		-				related	
	inte)	or director	nstitutional trustee	l	ő	ĕ	l	ł	l	- 1	organ	iization	3
		, w	l e			Highest compensated employee							
(15) Allan Hathaway, Director	1	+-	\vdash	╁	H		┝╌	 					
(1997) Milan Madiaway, Discotor	· -	··· /						۰ ا		0			0
(16) Eric Hicks, Director	1		1					1		1			
		✓						0		0			0
(17) Anthony Jenkins, Ph.D., Directo	r 1												
		✓						0		0			0
(18) Adam R. Krason, Director	1		}	ļ	1		ł	}		- }			
		✓		<u> </u>			L.	0	· · · · · · · · · · · · · · · · · · ·	0			0
(19) Daniel J. Lauffer, Director	1												
		_		ļ			<u> </u>	0		0			0
(20) Chris Morris, Director	1			ļ									
			-	<u> </u>			<u> </u>	0		0			0
(21) Tim O'Neal, Director	1												
(00)			├	-			<u> </u>	0		0			0
(22) Marcus Phillips, Director	1												
(02)			╀	[—				0		0			0
(23) Kathı Richards, Dırector	1	- /						_					
(24) Steven & Dohay Director		- *	╁			-	┝	0		0			0
(24) Steven S. Robey, Director		· /						0		O			0
(25) George Smith, Director		 	+		\vdash		┢			4			
(29) George Siliti, Director		_/						٥		0			0
1b Sub-total			٠.	' .				0		0			
c Total from continuation she	eets to Part VII, Sect	tion A					•	253,038		0	·		51,646
d Total (add lines 1b and 1c)							•	253,038		0			51,646
2 Total number of individuals (_	ted :	above	e) w			,000	of		
reportable compensation fro	m the organization 🕨												
												Yes	No
3 Did the organization list an							emp	oloyee, or high	est compens	ated	<u> </u>	<u> </u>	
employee on line 1a? If "Yes,	" complete Schedule	J for s	uch	ındı	ıvıdı	ıal					3_		✓
4 For any individual listed on li													
organization and related or	ganizations greater	than \$	150,	,000)? [f "Yes	s, "	complete Sch	edule J for s	such			ļ.—I
ındıvıdual			٠			•					4	✓	
5 Did any person listed on line for services rendered to the											5		
Section B. Independent Contractor		Comp	iete	SCI.	ieut	ile o i	0/ 3	such person	<u> </u>	<u> </u>	<u> </u>		
			400		oot	contr		ore that recover	d mara than 9	0011	000 0		
 Complete this table for your compensation from the orga 													av
year.	nzation. Noport comp	periodi	011 10	0, 1,	.00	4.01.0	u. ,	roar criaing wit		, o.g.		JII 5 ti	u ^
	(A)							(B)			(C)		
Name ar	nd business address							Description of s	ervices	С	ompens	sation	
													<u>NA</u>
				_		-	ļ						
-						-1	_					-	
<u> </u>													
2 Total number of independe	nt contractors (male	dina F	ı+	0+ 1	imi*	od to	L	nee listed abo	avel who				
received more than \$100,000							, 111	O IISTEG ADI	JVG) WIIU				

				. 490 .
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	ted Fr	mnlovees	and
	eamperson of embers, 2 detects, traditions, they Employees, trightest compense	ILCU LI	iipioyees,	, anu
	Independent Contractors			

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	rson	e than of its both tor/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lyle Smith, Director	11	✓						0	0	0
(2) Diane Strong-Treister, Director	1	1						0		0
(3) Ben Thomas, Director	1	√						0		0
(4) William E Turner, Jr., Director	1	√						0		0
(5) Bob Welch, Director	11	1						0		
(6) Tessa M. White, Director	1	1						0		0
(7) Philip A. Wright, Director	1	V						0	0	0
(8) Mayor Amy Goodwin, Ex-Officio Member	1	√					-	0	0	0
(9) Chair, CURA, Ex-Officio Member	1	<u>·</u>						0	0	
(10) Mayor Frank A. Mullens, Jr, Ex-Officio	1	→						0	0	0
(11) Jack W. Nuckols, Ex-Officio Member	1	·				_				0
(12) Commissioner Ben Salango, Ex-Officio	1	*						0	0	0
(13) Matthew G. Ballard, President/CEO	40	•	_					0	0	0
(14) Debra S. James, CFO	40			V	▼			159,710 93,328	0	30,013 21,633

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinue	ed)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe d a d	rson	than out the state of the state	an ee)	(D) Reportable compensation from	(E) Reportable compensation		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compe from organ and	ensation the nization related izations	1
(15)														
(16)														
(17)							_							
(18)						<u> </u>								
(19)														
(20)														
(21)											\dashv			
(22)														
(23)					-									
(24)														
(25)														
1b	Sub-total			<u>.</u>	<u>.</u>		•	> > >	253,038		0		(1)2	51,646
<u>d</u>	Total number of individuals (including bur reportable compensation from the organ		d to th	nose	e list	ted	above	e) w	no received m	ore than \$10	0,000	of	1114	<u>!</u>
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>	fficer, direc									sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000)? /	f "Ye	s, "	and other complete Scl	nedule J for	such	4		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co? If "Yes," o	ompe comp	nsa lete	tion Sci	fro hedi	m any ule J	y un	nrelated organi such person	zation or indi	vıdual 	5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rej year.	compensat port compe	ted in	dep on f	end or ti	lent he c	contralence	act dar y	year ending wi	ed more than	n \$100 he org	anizati	on's t	ax
	(A) Name and business add	dress							(B) Description of	services		(C) Compens		
								\vdash	<u></u>					
									·				_	
<u> </u>			_					-	-					
•2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	VIII	Statement of Reve				_		
I.	_	Check if Schedule C	contains a res	sponse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		0				
Gra	b	Membership dues .		0				
ts, (С	Fundraising events .		0				3
Gif ilar	d	Related organizations		356,638				
ns,	e	Government grants (cor		220,000				
utio er (f	All other contributions, g						
ë t		and similar amounts not inc	<u></u>	176,292				
ont	9	Noncash contributions includ	•	0				
	h	Total. Add lines 1a-1	<u> </u>	Business Code	752,930			
Program Service Revenue	2a	Membership Dues		900099	246 500	346 500	0	0
Rev	b	Rents-Business Incuba	ator	531120	346,588 169,879	346,588 169,879	0	
ce	C	Rents-Motion Industrie		531120	198,000	198,000	0	
ervi	ď	EPI Management Fee		561000	54,000	54,000	0	0
E S	e	Economic/Community	Development	900099	150,002	150,002	0	0
gra	f	All other program ser			0	0	0	0
Pro	g	Total. Add lines 2a-2		▶	918,469			
	3	Investment income	(including divid	lends, interest,				
		and other similar amo	•	▶	9,527	9,527	0	0
	4	Income from investmen	t of tax-exempt b	ond proceeds ►	0	0	0	0
	5	Royalties	<u> </u>	▶	o	0	0	0
	_	_	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)	(1)					
	d	Net rental income or	(IOSS)	>	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) dedurined	(1) (1)	i		:	
	ь	Less cost or other basis			i			
		and sales expenses .						
	. с	Gain or (loss)						
	d	Net gain or (loss) .		▶	0	0	0	0
anue	8a	Gross income from fu	ındraising					
Other Revenue		events (not including \$ of contributions reported See Part IV, line 18						
the	h	Less: direct expenses	_					
0		Net income or (loss) f			0			
		Gross income from ga	aming activities.					<u>_</u>
		See Part IV, line 19 .		1	Ì			
		Less: direct expenses				•		
		Net income or (loss) f Gross sales of in returns and allowance	ventory, less		0	0		0
-	L		_					
ļ		Less: cost of goods s Net income or (loss) f			0	0	0	0
		Miscellaneous R		Business Code				
Ì	11a			531120	36,347	36,347	0	0
	b	incubator building		331120	30,347	30,347	U	
	c							
	d	All other revenue .						
	е	Total. Add lines 11a-	11d	, ▶	36,347			
	12	Total revenue. See in	nstructions .	<u> </u>	1,717,273	964,343		

Form 990 (2018)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	ımn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .	<u> </u>	. <u></u> . 🗋
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	, o	o		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	306,206	220,129	45,931	40,146
6	Compensation not included above, to disqualified	300,200	220,129	43,931	40,140
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				n
7		382,366	312,069	25,613	44,684
7 8	Other salaries and wages	382,366	312,069	23,613	44,004
J	section 401(k) and 403(b) employer contributions)	29,537	24,444	1,692	3,401
0	Other employee benefits		47,786	4,564	7,200
9	• •	59,550			
10	Payroll taxes	52,842	41,071	5,287	6,484
11	Fees for services (non-employees):		٩		0
a	Management	13,221	13,221	<u> </u>	
b	Legal	15,081	12,462	1,084	1,535
G	=	15,081	12,462	1,004	1,333
d	Lobbying	0	- 		0
e	Investment management fees	0	0		0
g	Other. (If line 11g amount exceeds 10% of line 25, column		<u>U</u>		
9	(A) amount, list line 11g expenses on Schedule O.) .	£ 172	£ 172		0
12	Advertising and promotion	5,172	5,172	0	
	<u> </u>	10.649	16,336	1,408	1,904
13 14	Office expenses	19,648 30,365	27,351	1,408	1,767
15		30,365	27,331		0
16	Royalties	155,739	155,739		0
17	Travel	644	155,755	256	388
18	Payments of travel or entertainment expenses	044		230	300
	for any federal, state, or local public officials	٥	0	o	0
19	Conferences, conventions, and meetings .	<u> </u>		0	0
20	Interest	12,236	12,236	0	0
21	Payments to affiliates	12,236	12,230	0	0
22	Depreciation, depletion, and amortization .	213,889	212,640	517	732
23	Insurance	18,112	14,966	1,302	1,844
24	Other expenses. Itemize expenses not covered	10,112	1,,000	.,,,,,	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank and merchant fees	4,667	0	4,667	0
b	Employee dues and training	16,861	13,412	3,259	190
C	ED/CD/Member Services program expenses	184,524	183,748	0	776
d	Bad debts	12,552	12,552	0	0
e	All other expenses Governance/Misc Exp	5,320	0	5,320	0
25	Total functional expenses. Add lines 1 through 24e	1,538,532	1,325,334	102,147	111,051
26	Joint costs. Complete this line only if the				<u>-</u>
	organization reported in column (B) joint costs				
•	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If				
	following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·				Form 990 (2018)

Part X Balance Sheet

	_	Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	381,106	1	477,796
	2	Savings and temporary cash investments	1,165,869	2	1,204,199
	3	Pledges and grants receivable, net	34,450	3	0
	4	Accounts receivable, net	371,442	4	318,732
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	·		
		Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	13,226	9	14,155
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 7,263,869			
	b	Less: accumulated depreciation 10b 3,945,529	3,468,952	10c	3,318,340
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	. 0	12	0
	13	Investments—program-related. See Part IV, line 11	4,650	13	4,650
	14	Intangible assets	7,140	14	5,236
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,446,835	16	5,343,108
Ì	17	Accounts payable and accrued expenses	157,734		132,150
	18	Grants payable	0		0
	19	Deferred revenue	166,195	-	178,977
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	11,616	21	12,121
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and			
ia		disqualified persons. Complete Part II of Schedule L	0		0
-	23	Secured mortgages and notes payable to unrelated third parties	383,354		131,036
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	204 204	25	100 544
	26	Total liabilities. Add lines 17 through 25	204,394 923,293		186,541
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	923,293		640,825
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	4,473,515	27	4,665,316
32	28	Temporarily restricted net assets	50,027		36,967
힐	29	Permanently restricted net assets	0		0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		-	
ts (30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
Ş	33	Total net assets or fund balances	4,523,542		4,702,283
	34	Total liabilities and net assets/fund balances	5.446.835		5.343.108
	-				Form 990 (2018)

_	4	
Page	ı	•
, 290		-

Part	XI Reconciliation of Net Assets			•	•
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,71	7,27 3	<u>3</u>
2	Total expenses (must equal Part IX, column (A), line 25)		1,53	8,532	2
3	Revenue less expenses. Subtract line 2 from line 1		17	8,741	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4,52	3,542	2
5	Net unrealized gains (losses) on investments			0	<u>)</u>
6	Donated services and use of facilities				<u>0</u>
7	Investment expenses			C	<u>)</u>
8	Prior period adjustments			(<u>0</u>
9	Other changes in net assets or fund balances (explain in Schedule O)		_		<u>0</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		4,70	2,283	<u>3</u>
Part	XII Financial Statements and Reporting			_	ı
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		עַ	_
		_ 	Yes	No	7
1	Accounting method used to prepare the Form 990: Cash Accrual Other			ł	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O.			1	J
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			7
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			İ	
	reviewed on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis	2b			
D	Were the organization's financial statements audited by an independent accountant?	-	<u> </u>		ī
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both. Separate basis Onsolidated basis Both consolidated and separate basis				
				·	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1		
	If the organization changed either its oversight process or selection process during the tax year, explain in	<u> </u>	<u> </u>		ī
	Schedule O.			ŀ	
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Jä	the Single Audit Act and OMB Circular A-133?	3a		1	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ť.	-
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			NA
		Forr	n 99 0	(2018	- 3)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

∠⊌∎ Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

Open to Public Inspection

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

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

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

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

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

	ee separate instructions), t						
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.					
Name	of organization			Er	nployer iden	itification numb	er
	I Area Development Corpor					55-60241 <u>92</u>	
Part		e organization is exempt und					
1		f the organization's direct and in	direct political ca	ampaign activi	ties in Part	IV. (see instri	uctions for
	definition of "political car						
2		y expenditures (see instructions)			▶ \$		NA
3		cal campaign activities (see instruc			<u>· · · · </u>		
Part		e organization is exempt und					
1	-	excise tax incurred by the organiza					NA
2	-	excise tax incurred by organization	_			· · · · Yes	
3	_	ed a section 4955 tax, did it file Fo	•			☐ Yes	
4a b	If "Yes," describe in Part					res	140
Part		e organization is exempt und	er section 501/	c) except se	ction 501	(c)(3)	
1		ly expended by the filing organization				(0)(0).	
•				· · · · · · · · · · · · · · · · · · ·	_		NA
2		filing organization's funds contrib					
_		vities					
3		expenditures. Add lines 1 and 2				· · · · · · · · · · · · · · · · · · ·	
•							
4	Did the filing organization	n file Form 1120-POL for this year	?			· · Yes	☐ No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all se	ection 527 pol	tical organi	zations to which	h the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the	filing organi	zation's funds.	Also enter
		ontributions received that were pro					
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is ne	eded, provi	de information	in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount		(e) Amount of	
				filing organ funds. If none		contributions re	
				10.100.11.10	, 0	delivered to a	separate
				Ì		political orga If none, ent	
(1)							
				 			NA
(2)			}	Ì			
				<u> </u>			
(3)			1				
		 		 			
(4)			1				
							
(5)			1				
(0)			-	<u> </u>			
(6)		<u> </u>	1	1		}	

Pag	_	2
ray	E	æ

Par	t II-A	Complete if the organizat section 501(h)).	ion is exempt ι 	Inder section 5	01(c)(3) and filed	d Form 5768 (elec	ction under
A (Check ►	if the filing organization beloaddress, EIN, expenses, an				liated group membe	r's name,
В	Check ▶	If the filing organization che	cked box A and '	'limited control" pi	rovisions apply.		
		Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
	_	(The term "expenditures"	means amounts	paid or incurred.	.)	organization's totals	group totals
18	Total lo	obbying expenditures to influence	ce public opinion	(grass roots lobby	/ıng)		NA
ŀ	Total lo	obbying expenditures to influence	ce a legislative bo	dy (direct lobbyin	g)		
(Total lo	obbying expenditures (add lines	1a and 1b) .				
(d Other	exempt purpose expenditures .					
•	Total e	xempt purpose expenditures (a	dd lines 1c and 1	d)			
f	Lobbyi columr	ng nontaxable amount. Ente	r the amount fr	om the following	g table in both		
	If the ar	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000.				
9		oots nontaxable amount (enter :	•				
ŀ		ct line 1g from line 1a. If zero or					
i		ct line 1f from line 1c. If zero or					
j		e is an amount other than zering section 4911 tax for this year	_		the organization		Yes No
	(Som	e organizations that made a s	ection 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
		Lobbyii	ng Expenditures	During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	Lobby	ng nontaxable amount					NA
ŀ		ng ceiling amount of line 2a, column (e))					
(Total lo	obbying expenditures					
•	Grassr	oots nontaxable amount					
•		oots ceiling amount of line 2d, column (e))					
f	Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).	1 7		т —	(1.)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	a) No		(b)	
		1	NO	^	moun	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					N/
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>	ļ			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		-	 		
	Other activities?					
z 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912	' 		 		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			<u> </u>		
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					1
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5), c DR (b)	or se Pari	ction t III-A,	line (3, is
1	Dues, assessments and similar amounts from members		1			N/
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble sections.	ying				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
^o rovid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gra	oup lis	t); Pai	t II-A, I	nes 1	and
isee	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
						
VA.						
						

onedule O (i oil	11 330 OF 330-CZ) Z016	raye -
Part IV	Supplemental Information (continued)	
NA		
<u></u>		
		
		·
	,	
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Capital Area Development Corporation of West Virginia 55-6024192 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a NA c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ds, chec	k any of th	e follow	ring that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progr	ams	
b	☐ Scholarly research		е					
С	☐ Preservation for future generations	5					·	
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the org	anization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part				<u>-</u>				
	Complete if the organization 990, Part X, line 21.	-	" on For	m 990, F	Part IV, line	9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:			_
		·		_			/	Amount
С	Beginning balance					1c		NA
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							-
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation	n has been	provide	d on Part XIII	
Par	Endowment Funds.Complete if the organization	anawarad "Vas	" on For	~ 000 [Port IV line	. 10		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	NA		,	(4))		(2)	(0) 1 00 1 100 100 100 100 100 100 100 10
b	Contributions							
C	Net investment earnings, gains, and losses		-					
d	Grants or scholarships					_	- <u></u> -	+
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year en	nd balanc	e (line 1g	, column (a)) held a	is:	
а	Board designated or quasi-endowment	nt ▶ N	Α%					
b	Permanent endowment >	NA%						
С	Temporarily restricted endowment	NA%						
_	The percentages on lines 2a, 2b, and			. 4 . 11				1
За	Are there endowment funds not in the organization by:	e possession of tr	ie organi	zation tha	at are neid	and adi	ministered for t	
								Yes No 3a(i) ✓
	(i) unrelated organizations (ii) related organizations							3a(i)
b	If "Yes" on line 3a(ii), are the related o							3b ✓
4	Describe in Part XIII the intended uses							<u> </u>
Part								
	Complete if the organization		" on For	m 990, F	art IV, line	11a. S	See Form 990), Part X, line 10.
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated preciation	(d) Book value
1a	Land	. [0		738,243			738,243
b	Buildings		0		6,362,353		3,792,659	2,569,694
С	Leasehold improvements		0		0		0	0
d	Equipment	·	0		163,273		152,870	10,403
<u>е</u>	Other	·	0		0		0	0
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	9υ. Part)	v. column	ı ıısı. ııne 10	IC.I		3.318.340

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12. (a) Description of secunity or classify o	Part VII	Investments — Other Securities. Complete if the organization answ	vered "Yes" on For	m 99	0 Part IV lin	e 11b. See Fo	orm 990. Part X. line 12
(2) Closely-held equity interests	•	(a) Description of security or category	100 011101	1	•	(c)	Method of valuation
(2) Closely-held equity interests (3) Chter (4) (6) (7)	(1) Financial	derivatives				-	· · · · · · · · · · · · · · · · · · ·
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C							
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other						
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(A)						
(b) (c) (c) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f							
(6) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)						
(F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				L			
(ii) (iii) Total. (Column (ii) must equal Form 990, Part X, col. (iii) line 12.) ▶ NA Part VIII Investments — Program Related. (iii) Member organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (iii) Investment in closely held member organization - trade for dues and (iv) Member organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (iii) Investment in closely held member organization - trade for dues and (iv) Member of Member organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. (iii) (iii) (i							
Total,							
Total, Column (b) must equal Form 990, Part X, col. (b) Iner 15.				ļ			
Investments Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value				<u> </u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value (c) Investment in closely held member organization - trade for dues and (c) Soc Cost		<u> </u>			NA NA	<u> </u>	and the second s
(a) Description of Investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Investment in closely held member organization - trade for dues and (d) 4,650 Cost (e) Support in previous years (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VIII				O Dart IV II-	- 11- C F	own 000 David V Ivan 10
(1) Investment in closely held member organization - trade for dues and 4,550 Cost (2) support in previous years (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			rered "Yes" on For	т			•
(2) support in previous years (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (10) must equal Form 990, Part X, col (((1)) line 13) ▶ (((1)) Pederal income taxes ((1)) (2) (3) (4) (6) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment		(b)) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ 4,650 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ NA Part X Other Llabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 186,541	(1) Investme	ent in closely held member organization -	trade for dues and		4,650	Cost	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 186,541	(2) support	in previous years				-	
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ A,650 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of hability (b) Book value (c) Part X (c) Part X (d) Part X (d) Part X (e) Description of hability (e) Book value (f) Federal income taxes 0 (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 186,541							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
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[9] Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 4,650 Part X							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.							
Complete if the organization answered "Yes" on Form 990, Part IV, Inne 11d. See Form 990, Part X, Iine 15. (a) Description (b) Book value		h) must aqual Form 000. Part V. cal. (P) line 12)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541					4,650		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Partix		vered "Ves" on For	m aa	n Part IV line	a 11d See Fo	orm 990 Part X line 15
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 186,541	-			111 33	o, rarriv, iii	e i iu. dee i c	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 186,541	(1)						
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						*****	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ NA Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541	(8)						
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 186,541			!. (B) line 15.)				► NA
Iine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (10	Part X						_
1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Note payable to related organization 186,541 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541		•	ered "Yes" on For	m 99	0, Part IV, line	e 11e or 11f.	See Form 990, Part X,
(1) Federal income taxes (2) Note payable to related organization (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(2) Note payable to related organization (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541			(b) Book value				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541		able to related organization	18	36,541			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541							
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 186,541		····					
		must equal Form 990 Part Y col (R) line 25 1					
					the organization	's financial state	ements 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

Part			-	Return.	-
	Complete if the organization answered "Yes" on Form 990				
1	Total revenue, gains, and other support per audited financial statement	s		1 _	1,730,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
a	Net unrealized gains (losses) on investments		0		
b	Donated services and use of facilities		0		
c d	Other (Describe in Part XIII.)		13.000		
e	Add lines 2a through 2d		13,060	2e	13,060
3	Subtract line 2e from line 1			3	1,717,273
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			1,717,273
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	n		
b	Other (Describe in Part XIII.)		0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.) .		5	1,717,273
Part	•			r Return	
	Complete if the organization answered "Yes" on Form 990	, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	1,538,532
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				_
а	Donated services and use of facilities		0		
b	Prior year adjustments		0		
C	Other losses		0		
d	Other (Describe in Part XIII.)		0		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	i . i		3	1,538,532
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		0		
_	Add lines 4a and 4b	L	U	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I			5	1,538,532
	XIII Supplemental Information.		<u> </u>		1,336,332
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part	IV, lines 1b and 2b	; Part V, lii	ne 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provid	le any additional in	formation.	
Part IV	Lines 2a and 2b: Capital Area Development Corporation of West Virginia s	erves as fis	cal agent for the Ka	nawha Vall	ey Business
Forum	(KVBF), collecting dues payments from KVBF members and remitting paym	ents to KVE	F vendors for their	meeting ex	penses. The
balanc	e held by the reporting organization for KVBF as of 12/31/18 was \$12,121.		·		
	•••				
Part V,	Lines 3a, 3b, 4: CADCO Foundation, Inc., a related 501(c)(3) organization, c	reated as a	supporting organization	ation for th	e Capital Area
Dovolo	Smoot Corneration of West Virginia (CADCO) dhe Charleston Area Alliance		heard decignated	ondoumon	t frund hold for
Develo	pment Corporation of West Virginia (CADCO) dba Charleston Area Alliance,	maintains	a board-designated	endowmen	t lung nela lor
he nu	pose of funding future economic development projects focused on job crea	tion and rot	ention in CADCO's	conside are	a The value of
ine pui	pose of funding future economic development projects focused on job crea	tion and rei	endon in CADCO 3	Sei vice air	a. The value of
the end	dowment fund is reported on Form 990 for CADCO Foundation.				
					••••
Part X,	Line 2: The following footnote is included in audited financial statements o	f the report	ing organization.		
-			·		
"Th	e Alliance and its subsidiaries are classified as tax-exempt organizations un	der Section	s 501(c)(3), (4) and ((6) of the In	ternal
Rev	venue Code as described in Note 1 to the financial statements and, therefore	, are not su	bject to taxes on in	come deriv	ed from their
exe	mpt activities."				

ichedule D (Fo	rm 990) 2018		Page 5
Part XIII	Supplemental Information (contin	ued)	
Took VI. I to	2d. Not appete policies of fire and state of	¢12.000	
art XI, Line	2d: Net assets released from restrictions	\$13,060	
	••••••		
			
••••			
			.

SCHEDULE J (Form 990)

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

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

► Attach to Form 990.

Solution of the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Area Development Corporation of West Virginia 55-60241	192		
Part	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		√
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			\Box
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			ļ
а	The organization?	5a		√
b	Any related organization?	5b		✓
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		7
b	Any related organization?	6b		√
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	_		_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		_
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			✓
	······································	8		<u>*</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

Note: The sum of columns (B)(I)–(III) for each listed fillowing the total amount of Form 390, Fart VII, Section A, line 1a, applicable column (D) and (E) amounts for that movidual. (B) Breakdown of W-2 and/or 1099-MISC compensation	or eac	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	rt VII, Section A, line	a, applicable colum	n (U) and (C) amount	s for that individual.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Nontaxable benefits	(E) lotal of columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Matthew G. Ballard, President/	€ €	159,710	0	0	15,965	14,834	190,509	0
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,							Sch	Schedule J (Form 990) 2018

this part		 									i		1 990) 2018
for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part								1 1 1 1 1 1 1 1 1 1 1 1					Schedule J (Form 990) 2018
II. Also c		i i i i i i i				į					į		Sche
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a, 6b, 7, a		: : : : : : : : : : :				į							
5a, 5b, 6a		! ! ! ! ! ! ! !									·		
, 4b, 4c,		i i i i i i i i											
1b, 3, 4a													
lines 1a,		i i i i i i											
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criptions													
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explanation.													
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Provide the information, explanation, or descriptions required or any additional information.					ï								
Provide or any	¥												

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	ment of the Treasury Revenue Service	▶ Go	► Atta to www.irs.gov/F			or Form 99 uctions and						pen 1 Ispec	o Pul tion	blic
Name	of the organization		_						oyer ide	ntıfıcat	ion nu	mber		
Capita	al Area Development	Corporation of V	Vest Virginia							55-	60241	92		
Par		efit Transaction	ns (section 50 answered "Ye	1(c)(3) es" on	, section Form 99	501(c)(4), a	and 5	01(c)(29) organi; 5a or 25b, or Fo	zations	s only)). Part	V line	40h	
			(b) Relationship b				T -					*,		rected?
1	(a) Name of disqualifie	ed person	(b) riciationship b	organiz	•	person and		(c) Description	on of tra	nsactio	n		Yes	No
(1)	NΔ												163	"
(2)			-				 -							<u> </u>
(3)													\vdash	
(4)		-					 							
(5)				-		· · · · ·	 		_					
(6)							_						\vdash	
2	Enter the amount under section 495							fied persons du				 }		
3	Enter the amount	of tax, if any, on	line 2, above,	reımb	oursed by	the organ	izatio	n			▶ \$	<u> </u>		
Part	Complete if	d/or From Inter the organization reported an am	answered "Ye	s" on	Form 99	0-EZ, Part e 5, 6, or 2	V, lin	e 38a or Form 9	90, Pa	art IV,	line 2	6, or 1	f the	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the inization?	(e) Origii principal ar		(f) Balance due	(g) In (default?	by bo	proved pard or nittee?	(i) Wi agreer	
				То	From				Yes	No	Yes	No	Yes	No
(1)	NA									L				
(2)										<u> </u>				
(3)									_					
(4)	 									ļ				
(5)									<u> </u>	<u> </u>			L	
(6)		<u> </u>							<u> </u>	ļ				
(7)														
(8)					_					<u> </u>				
(9)	- .													
(10)]	l	l									Ш	
Total Part	Grants or As	ssistance Bene the organization	fiting Interest	ed Pe	rsons.		. ▶ ine 2	\$ 7.						
(a)	Name of interested person	1 ' '	ship between interest and the organization		(c) Amount	of assistance		(d) Type of assistant	ce	(e)	Purpo	se of a	ssistano	ce
	NA													
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

Schedule L (Form 990 or 990-EZ) 2018				F	age 2
Part IV Business Transactions Involvir Complete if the organization ans	ng Interested Persons. wered "Yes" on Form 990), Part IV, line 28a,	28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
(1) 71				Yes	No
(1) There are no reportable transactions in (2) excess of applicable thresholds. See			 	_	—
(2) excess of applicable thresholds. See (3) Part V below for additional information.			 	+	
(4)			 		 -
(5)				- 	
(6)					
(7)					$\overline{}$
(8)					
(9)					
(10)					<u> </u>
Part V Supplemental Information. Provide additional information fo	r responses to questions	on Schedule L (see	e instructions).		
business with this organization. No transaction All transactions between the reporting organiza terms extended to the general business commu below with respect to this reporting organizatio Brian Bruce, officer of West Virginia American to	ition and such unrelated en inity and the public. No tra n.	nsactions resulted i	ed in the normal course of busine	ss under	
Philip A. Wright, officer of Appalachian Power C	Company - public utility ser	vices			
David P. Ferretti, member of Spilman, Thomas 8	& Battle, PLLC - legal service	es			
Ben Thomas, member of Bowles Rice, LLP - leg	al services				·
Christy Elliott, officer of BB&T - banking and in-	surance services				
Ellen Cappellanti, member of Jackson Kelly PLI	LC - legal services				·
Kathi Richards, member of Epiphany Consulting	g - management profile ser	vices			·
B. Matt Coleman, officer of Pinnacle Supply and	1 Office & Commercial Clea	ning - janitorial sup	plies and services		·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Employer identification number

OMB No 1545-0047

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

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

Open to Public Inspection

Capital Area Development Corporation of West Virginia 55-6024192 Page 1, Part I, Line 6: Community leaders and citizens comprise the organization's voluntary Board of Directors, advisory committees and task forces of economic and community development programs. Volunteers assist with planning, organizing and implementing projects. No compensation is paid to any volunteers. Approximate numbers of volunteers are: Economic Development - 50; Community Development-50; Administrative/Member Services - 50; Total - 150. Page 2, Part III, Lind 4d: Other program services include benefits and opportunities provided to member businesses such as: networking, professional development, referrals, and marketing. Program expenses were \$181,276 including grants of \$0 and revenues of \$405,837. Page 4, Part IV, Line 28c: Several directors of the organization are affiliated with unrelated entities doing business with and/or contributing to the organization. See Schedule L, Part V for a list of those directors. There were no reportable transactions in excess of applicable thresholds, and no impairment of independence with respect to the organization. Page 6, Part VI, Line 2: Matthew Ballard, President/CEO and Tessa White, member of Board of Directors, reported a business relationship with each other. Page 6, Part VI, Line 6: Approximately 600 area businesses are members of the reporting organization. Page 6, Part VI, Line 7a: The voluntary Board of Directors of the organization is comprised of business and community leaders elected by the organization's membership. Page 6, Part VI, Line 9: See attached list of Board of Directors for mailing addresses. Page 6, Part VI, Lines 11a and 11b: The organization's chief financial officer prepared Form 990. Authority to review and approve Form 990 has been delegated to the Board's Finance Committee, which reviewed and approved the form prior to filing. The Board's Executive Committee also approved Form 990 prior to filing. Remaining members of the Board were invited to contact the chief financial officer to obtain by email a copy of Form 990.

Name of the organization	Employer identification number
Capital Area Development Corporation of West Vırginia	55-6024192
Page 6, Part VI, Line 12c: Conflicts of interest with respect to officers, directors and employees of the orga	nization and its affiliates is
addressed in the organization's Bylaws, Accounting Manual, and Personnel Policies. The organization's co	onflict of interest policy is
presented to directors and employees at periodic training and orientation sessions. Directors and employees	ees are charged with professional
conduct which includes self-monitoring and reporting of potential or perceived conflicts of interest. Management	gement and the Board of Directors
advise as to whether or not any perceived conflict is valid. Directors are asked to remove themselves from	discussions or decisions in
matters where there may be conflict of interest. The organization has a Code of Ethics statement which is	accepted via signature by
directors and employees.	
·····	
Page 6, Part VI, Line 15: The organization's Executive Committee reviews the performance of and determine	es the compensation of the
organization's President/CEO. The last such review was conducted in 2018. The organization's Human Re	sources Committee is charged
with periodically engaging the services of an independent compensation consultant to perform comparative	e analysis of executive
compensation in order to establish market rate executive compensation for the organization's senior staff.	
<u>'</u>	
Page 6, Part VI, Line 19: The organization makes its governing documents, conflict of interest policy and f	nancial statements available to
the public upon request, either by providing copies or by inspection at its office.	
Pages 7 and 8, Part VII, Line 1a, Column B: The members of this organization's Board of Directors also ser	ve as directors of related
organizations listed in Schedule R. On average, directors spend approximately one hour weekly on govern	nance matters for all affiliated
organizations. Meetings include: Board meeting (bi-monthly), Executive Committee (monthly), Finance Co	ommittee (bi-monthly), Community
Development Committee (monthly), Economic Development Committee (bi-monthly), Nominating and HR C	Committees (as needed).
Page 12, Part XII, Line 2: The organization's CFO compiled the financial statements. An independent CPA	firm audited the consolidated
financial statements of the organization and its affiliates. Finance Committee selects the audit firm and pro-	ovides audit oversight.
·····	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Capital Area Development Corporation of West Virginia

Part I

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

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

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection

Employer identification number

55-6024192

(g) Section 512(b)(13) controlled entity? ٩ (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets 12a Type 1 NA NANA NANA (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) 501(c)(6) 501(c)(6) (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity Economic Development WV Economic Development WV ⋛ (b) Primary activity **Business League** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity 55-0680725 55-0714069 23-7061206 (a)
Name, address, and EIN of related organization 1116 Smith Street, Charleston, WV 25301 1116 Smith Street, Charleston, WV 25301 1116 Smith Street, Charleston, WV 25301 (3)Interregional Chamber of Commerce (1)CADCO Foundation, Inc. (2)Enterprise Properties, Inc. 3 (2) Part II (I) ල ₹ € 9 9 9

Schedule R (Form 990) 2018

Cat No. 50135Y

because it ha	because it had one or more related organizations treated as a partnership during the tax year.	organizations	reated as a pa	artnership	during the 1	lax year.	200	3	(60)		2	ŕ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		(f) Share of total Sincome	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) General or P managing c partner?	(k) Percentage ownership
								Yes	ON.	Yes	2	
(1)NA												
(2)												
(6)												
(4)												
(5)												
(9)												
<i>u</i>)												
Part IV Identification line 34, becar	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization a line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ations Taxable related organi	as a Corpora zations treated	ntion or T as a cor	rust. Compleoration or t	lete if the trust durin	organization of the tax	on answ /ear.	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	Form 99	00, Parl	, , ≤
(a) Name, address, and EIN of related organization	of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section co	(i) Section 512(b)(13) controlled entity?
											Yes	No
(1)NA												
(2)												
(6)											_	
(4)											ļ	
(5)				-							<u> </u>	
(9)											<u></u>	
(J)												į
))					Schedule R (Form 990) 2018	3 (Form	990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	ş
1 During the tax year, did the organization engage in any of the following transaction	following transactions with one or more related organizations listed in Parts II-IV?	nizations listed in Parts I	- \\;	_		
a Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19		 >
b Gift, grant, or capital contribution to related organization(s)				4		 >
c Giff grant or capital contribution from related organization(s)				4	ţ	
	•			2 7	•	
				₽	+	>
e Loans or loan guarantees by related organization(s)			•	1e	<u> </u>	
					<u>-</u> -	٦
f Dividends from related organization(s)				+		>
g Sale of assets to related organization(s)				19		>
h Purchase of assets from related organization(s)	•			두		\
i Exchange of assets with related organization(s)				=		>
j Lease of facilities, equipment, or other assets to related organization(s)				-	>	
k Lease of facilities, equipment, or other assets from related organization(s)				<u> </u> ¥	1	>
I Performance of services or membership or fundraising solicitations for related organization(s)	ganızatıon(s)			=	>	
 m Performance of services or membership or fundraising solicitations by related organization(s) 	ganization(s)			E		>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£	\	
o Sharing of paid employees with related organization(s)			•	10	>	
					+	_
p Reimbursement paid to related organization(s) for expenses				ا و	<u> </u> 	>
q Reimbursement paid by related organization(s) for expenses				19	-	>
					-	
r Other transfer of cash or property to related organization(s)			•	-	\ \	l
s Other transfer of cash or property from related organization(s)				2	\	
2 If the answer to any of the above is "Yes," see the instructions for information on who must		complete this line, including covered relationships and transaction thresholds.	hips and transaction	n thres	holds	<u>ئ</u>
(a)	(q)	9	(p)	1	i	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amount	involve	Dg.
(1) CADCO Foundation, Inc.	U	356,638	356.638 See Part VII			
(2) CADCO Foundation. Inc.	a	23.761.66	22 751 See Dart VIII			
	U	00101/07	IIA IIA			
(3) Interregional Chamber of Commerce		6,936 Se	6,936 See Part VII			
(4) Enterprise Properties, CADCO Foundation. Interregional Chamber of Commerce	<u> </u>	54 800 %	54 800 See Part VII			
(5) Enterprise Properties, CADCO Foundation, Interregional Chamber of Commerce	1,5	18,692 Se	18,692 See Part VII			
(9)						
			Schedule R (Form 990) 2018	(Form	990) 2	2018

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

of gross revenue, triat was not a related organization. Occurs regarding exclusion to certain investment partners in partners	gariization. Oct	1 2000000000000000000000000000000000000	garding exclusi		d morning the man	al tricionipo.	4	3	3	
(a) Name, address, and EIN of entity	Pnmary activity	Legal domicile		Are all partners	Share of	Share of	Disproportionate	Code V—UBI	General or	(N) Percentage
		(state or foreign	income (related,	Section	-	end-of-year	allocations?	w	managing	ownership
			from tax under	organizations?		doodle doodle		(Form 1065)	barmer	
			sections 512-514)	Yes No			Yes No		Yes No	
(1) NA										
(2)										
(6)										
(4)				-						
(5)										
(9)				_						
(2)										
(8)										
(6)										
(10)										
(11)										
(12)								i		
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2018

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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
Part V, Line	2(1): The reporting organization received grants from CADCO Foundation to support the operation of its business incubator
building. To	otal grants received in 2018 were \$356,638.
Part V, Line	2(2): The reporting organization owes a note payable to CADCO Foundation to repay funds borrowed from the Foundation's
board-desig	nated endowment for the purpose of improvements to the business incubator building owned and operated by the reporting
organizatio	n. Funds are repaid semi-annually to the Foundation's endowment account based on an amortization schedule computed with
a competitiv	ve fixed rate of interest. At 12/31/18, the balance of the note payable was \$186,541. Payments to CADCO Foundation on this note
in 2018 were	e \$23,751 including interest of \$5,899.
Part V, Line	2(3): The reporting organization receives monthly rental income from the Interregional Chamber of Commerce for reimbursement
of occupant	cy costs incurred in support of Chamber activities. Total rents received from the Chamber in 2018 were \$6,936.
Part V, Line	2(4): The reporting organization received nominal membership dues totaling \$800 from CADCO Foundation and Enterprise
Properties.	All administrative and management functions of the related entities are performed by staff of the reporting organization without
charge to C	ADCO Foundation, at cost to the Chamber, and for an annual management fee of \$54,000 to Enterprise Properties.
Part V, Line	2(5): As is common with related organizations managed by shared staff and utilizing shared resources, CADCO Foundation,
Enterprise P	Properties and the Chamber use intercompany due tolfrom accounts with the reporting organization to capture transfers and other
transactions	during the normal course of recordkeeping. The net increase in the Foundation's payable to the reporting organization in 2018
was \$3,279.	The net increase in Enterprise Properties' payable to the reporting organization in 2018 was \$26. The net decrease in the
Chamber's r	eceivable from the reporting organization in 2018 was \$15,387.
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