

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NW WORKS, INC.		D Employer identification number 54-0880043
	Doing business as		E Telephone number 540-667-0809
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,487,902.
	3085 SHAWNEE DR.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WINCHESTER, VA 22601		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOEL STOPHA SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NWORKS.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1970 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO EMPOWER ADULTS WITH DISABILITIES AND INDIVIDUALS WITH BARRIERS TO EMPLOYMENT TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	167
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,450,889.	Current Year 1,589,104.
	9 Program service revenue (Part VIII, line 2g)	4,062,592.	3,836,778.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,913.	10,499.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,558.	41,460.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,569,952.	5,477,841.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,088,351.	4,072,674.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 88,175.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,396,994.	1,188,258.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,485,345.	5,260,932.
19 Revenue less expenses. Subtract line 18 from line 12	84,607.	216,909.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,545,063.	End of Year 4,880,956.
	21 Total liabilities (Part X, line 26)	2,783,034.	1,791,018.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,762,029.	3,089,938.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	JOEL STOPHA, TREASURER & FINANCE COMMITTEE CHAIR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name EDWARD T. YODER, CPA	Preparer's signature EDWARD T. YODER, CPA	Date 01/30/23
	Firm's name PBMARES, LLP	Firm's EIN 54-0737372	Check if self-employed <input checked="" type="checkbox"/> PTIN P00239134
	Firm's address 558 SOUTH MAIN STREET HARRISONBURG, VA 22801	Phone no. 540 434-5975	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO EMPOWER ADULTS WITH DISABILITIES AND INDIVIDUALS WITH BARRIERS TO EMPLOYMENT TO BUILD SKILLS AND SECURE AND SUSTAIN MEANINGFUL EMPLOYMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,204,832. including grants of \$) (Revenue \$ 1,706,024.) CONTRACTS: NW WORKS EMPLOYS PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ON ABILITYONE CONTRACTS WHICH WERE SECURED FOR THE SOLE INTENT OF EXPANDING EMPLOYMENT FOR THIS SPECIFIC GROUP OF PEOPLE. IN THESE SETTINGS, INDIVIDUALS EARN LIVING WAGES, HAVE HEALTH AND OTHER BENEFITS AND PAY TAXES TO BE FULLY CONTRIBUTING MEMBERS OF THEIR COMMUNITY.

4b (Code:) (Expenses \$ 1,283,868. including grants of \$) (Revenue \$ 984,860.) INTEGRATED COMMUNITY DEVELOPMENT: WORKFORCE DEVELOPERS PROVIDE CAREER FOCUSED SKILL BUILDING, SCREENING, PLACEMENT AND SUPPORT SERVICES TO ENSURE INDIVIDUALS WITH DISABILITIES HAVE MEANINGFUL OPPORTUNITIES FOR EMPLOYMENT WHILE REHABILITATION SPECIALIST PROVIDE MEANINGFUL DAY ACTIVITIES FOR THOSE NOT ORIENTED TOWARDS EMPLOYMENT. INDIVIDUALS ARE EMPLOYED IN OR PARTICIPATE IN ACTIVITIES IN SETTINGS THAT INCLUDE BOTH INDIVIDUALS WITH AND WITHOUT DISABILITIES. THESE ENVIRONMENTS HELP TO FOSTER GREATER INDEPENDENCE AND INCLUSION. WORKFORCE DEVELOPERS AND REHABILITATION SPECIALISTS PROVIDE ONGOING SUPPORTS TO ENSURE LONG-TERM SUPPORT WITH A FOCUS ON THE DESIRED OUTCOME OF THE INDIVIDUAL SEEKING EMPLOYMENT OR GREATER COMMUNITY INCLUSION.

4c (Code:) (Expenses \$ 686,439. including grants of \$) (Revenue \$ 1,136,404.) COMMERCIAL BUSINESSES: PROVIDE EMPLOYMENT OPPORTUNITIES ANNUALLY FOR MANY INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ALONG WITH OTHER BARRIERS TO EMPLOYMENT. THIS EMPLOYMENT IS DESIGNED TO PROVIDE EMPLOYMENT FOR INDIVIDUALS WHO HAVE TRADITIONALLY BEEN EXCLUDED FROM THE LABOR MARKET. COMMERCIAL BUSINESSES, COMMERCIAL PACKAGING, AND WAREHOUSING AND DISTRIBUTION. WORKFORCE SUPPORT SERVICES ARE PROVIDED TO EMPLOYEES WITH DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT TO ENSURE ONGOING SUCCESS AND QUALITY DELIVERY OF GOODS AND SERVICES BASED ON CUSTOMER NEED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 387,622. including grants of \$) (Revenue \$ 9,490.)

4e Total program service expenses 3,562,761.