# Federal Tax Return

YOUR COMMUNITY FOUNDATION, INC.

2013

H.A. RUCKLE, CPA 3803 SWALLOWTAIL DRIVE MORGANTOWN, WV 26508 Phone: (304) 594-9199 Fax: (304) 594-9199 HARUCKLE@YAHOO.COM

## **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning and ending C Name of organization YOUR COMMUNITY FOUNDATION, INC. Check if applicable: D Employer identification number Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) 27-5249383 Name change P.O. BOX 409 E Telephone number Initial return City or town ZIP code (304) 296-3433 MORGANTOWN W 26507 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 2,291,166 F Name and address of principal officer: Application pending Yes X No H(a) Is this a group return for subordinates? NICHOLAS AUSTIN, PRESIDENT 111 HIGH ST, MORGANTOWN, WV H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status: 501(c) ) < (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ► YCFWV.ORG H(c) Group exemption number ▶ X Corporation K Form of organization: Trust Association Other > L Year of formation: 2011 M State of legal domicile: w Part I Summary Briefly describe the organization's mission or most significant activities: YOUR COMMUNITY FOUNDATION, INC. (YCF) Activities & Governance PROMOTES, DEVELOPS, AND COORDINATES CHARITABLE GIVING FOR THE GOOD OF NORTH CENTRAL WEST VIRGINIA, AND THE GREATER MORGANTOWN COMMUNITY. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 14 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . 4 14 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . . . 5 3 6 25 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 1,772,178 1,645,193 Revenue 9 60,924 72,613 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10 167,668 537,933 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 28,962 35,427 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2,029,732 2,291,166 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 664.673 768,613 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 15 68,836 73,261 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . 165,596 183,235 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 899,105 1,025,109 19 Revenue less expenses. Subtract line 18 from line 12. 1,130,627 1,266,057 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 9,023,414 10,992,136 21 Total liabilities (Part X, line 26) . . . . . 937,557 965,990 Net assets or fund balances. Subtract line 21 from line 20 10,026,146 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 Signature of officer Here **NICHOLAS AUSTIN** PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Paid Check X HOMER A. RUCKLE HOMER A. RUCKLE 8/28/2014 self-employed P00679845 Preparer Firm's name ► H.A. RUCKLE, CPA **Use Only** Firm's EIN ► 20-8546566 Firm's address ► 3803 SWALLOWTAIL DRIVE, MORGANTOWN, WV 26508 (304) 594-9199 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . X Yes

Form 9	90 (2013)	YOUR COMMUNITY FOUNDATION, INC.	27-5249383 Page <b>2</b>
Pai	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Par	
1	THE TR AND TO ASSIST AND EN	describe the organization's mission: RUST WAS ESTABLISHED AS A COMMUNITY FOUNDATION TO ADMINISTER AT O ASSIST IN MATCHING COMMUNITY RESOURCES WITH COMMUNITY NEEDS T DONORS IN ACHIEVING THEIR CHARITABLE INTENTIONS THROUGH THE ES NDOWMENTS THAT PROVIDE RESOURCES TO ENHANCE THE QUALITY OF LI	S. THE TRUST AIMS TO STABLISHMENT OF FUNDS FE FOR THOSE SERVED.
2	the prior	organization undertake any significant program services during the year which were or Form 990 or 990-EZ?	Yes X No
3	services If "Yes,"	e organization cease conducting, or make significant changes in how it conducts, any es?	Yes X No
-	expense	ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of all expenses, and revenue, if any, for each program service reported.	of grants and allocations to others,
	DEVELO THEIR O	) (Expenses \$ 937,762 including grants of \$ ARTNERED IN PHILANTHROPY, AND CONNECTED WITH INDIVIDUALS, ORGAN OPING THEIR CHARITABLE WISHES BY FACILITATING AND MANAGING FUNDS CURRENT NEEDS AND FUTURE CHALLENGES. THIS COLLABORATION WITH F D CUT COSTS, BUILD PROGRAMS, AND INCREASED THE SCOPE AND EFFICIE H CENTRAL WEST VIRGINIA.	S TO HELP THE COMMUNITIES MEET FUNDING AND CIVIC PARTNERS
4b	(Code:	) (Expenses \$ including grants of \$	) (Revenue \$)
4c	(Code:	) (Expenses \$ including grants of \$	) (Revenue \$)
-			
- - - -			
		rogram services. (Describe in Schedule O.)	
	Expense	ses \$ 0 including grants of \$ 0 ) (Revenue \$	0)

Form 990 (2013) YOUR COMMUNITY FOUNDATION, INC. 27-5249383 Page 3 **Checklist of Required Schedules** Part IV Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes " 2 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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, 5 Х 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 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 Х 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 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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 Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X, . . . 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . . . . X 13 14a **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 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Pal	t IV Checklist of Required Schedules (continued)		T	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	1	<del> </del>	┝
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	$\vdash$	<del>-^-</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
¢	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		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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 so, complete Schedule L, Part II	26		Х
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			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
Ŋ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
٠	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_29	-	Χ
	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		<u>X</u>
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<del>   </del>		
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
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	İ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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		
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		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
20	VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			
	······································	-20	v 1	

Form 9	990 (2013) YOUR COMMUNITY FOUNDATION, INC.	27-5249383	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or 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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	3		2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	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?	За		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
C.	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	8-C?. <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			4-60
а	Did the organization make any taxable distributions under section 4966?			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
20	against amounts due or received from them.)	——————————————————————————————————————		
2a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	200.233	
b b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		electrones
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>K</b>
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			
c 4a	Enter the amount of reserves on hand			<del></del>
74	and and organization receive any payments for indoor tariffing services during the tax year?	14a		_X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Sec	tion A. Governing Body and Management					
4-	Entenths would be affective an early and of the annual to the least of the second to the least of the second to the least of the second to the least of the second to the	1 _	[		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	_1a	14			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h	·	41				
b	Enter the number of voting members included in line 1a, above, who are independent		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	•				
-	any other officer, director, trustee, or key employee?		ļ	2		X
3	Did the organization delegate control over management duties customarily performed by or under					1
	supervision of officers, directors, or trustees, or key employees to a management company or other		Ļ	_3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i,	ſ			
	stockholders, or persons other than the governing body?		ļ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following:	•				
а	The governing body?		. [	8a	Χ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Each committee with authority to act on behalf of the governing body?		Ĭ	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	Ī			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<u>.</u> <u>.</u>		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	e Co	ode.	)	
				]	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,		ľ		1
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	_	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.		11a	X	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could of the companies	give rise to conflicts?	L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If describe in Schedule O how this was done.			Ī		ļ
42			_	12c	X	
13	Did the organization have a written whistleblower policy?		L	13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and appro-					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	Ĭ			L.
a b	The organization's CEO, Executive Director, or top management official.		Ľ	15a	Х	
D	Other officers or key employees of the organization			15b	X	
16a			Š			
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement				
b	with a taxable entity during the year?		ļ.	16a		<u>X</u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps to safety	ate its				
	the organization's exempt status with respect to such arrangements?	juard				
Secti	ion C. Disclosure	<u> </u>		16b		
17	List the states with which a serve of this Form COO is			·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	LT (Section 501/a)	(3)~			
	available for public inspection. Indicate how you made these available. Check all that apply.	- 1 (Section 501(C))	S(C)	orily)	ı	
		olain in Schedule C	1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest o	ソ olice	, and		
	financial statements available to the public during the tax year.	ormici or interest pr	JIIC)	, and	,	
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the				
	organization: NICHOLAS AUSTIN PRESIDENT	(004) 000	3 <b>⊿</b> 2	વ		
	111 HIGH STREET, MORGANTOWN, WV 26505		U-1-3.			

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Form 990 (2013)	YOUR COMMUNITY FOUNDATION	ON, INC.								27-52493	883 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es,	Key	Er	npl	oyee	es, i	Highest Comp	pensated	
	Employees, and Independent C		.+ +.		1::	:	n thi	- D	- wt \ /		<u></u>
Section A.	Check if Schedule O contains a r										· · · L.
	Officers, Directors, Trustees, Key E							_	<del></del>		
organization's	his table for all persons required to be tax year.	listed. Report Co	mpe	nsa	uon	tor i	ine ca	alen	dar year ending	with or within the	•
-	of the organization's <b>current</b> officers, d	lirectors trustees	s (wh	ethe	er in	divid	duals	or c	organizations) re	enardless of amo	unt
of compensati	on. Enter -0- in columns (D), (E), and (	(F) if no compen	satio	n wa	as p	aid.	addio	0, 0	7 gai 112 attorio), 10	garaicss or amo	ane
<ul> <li>List all c</li> </ul>	of the organization's <b>current</b> key emplo	oyees, if any. Se	e ins	truc	tions	s for	defir	nitio	n of "key employ	ee."	
• List the	organization's five current highest cor	npensated empl	oyee	s (o	ther	tha	n an o	offic	er, director, trust	tee, or key emplo	yee)
wno received i organization a	reportable compensation (Box 5 of For nd any related organizations.	m vv-2 and/or B	ox /	of F	orm	109	99-MI	SC)	of more than \$1	00,000 from the	
_	of the organization's <b>former</b> officers, ke	ev emnlovees a	nd bi	ahe	st co	mn	enest	od 4	emplovees who i	received more th	on.
\$100,000 of re	portable compensation from the organ	nization and any	relate	ed o	rgai	niza	tions.	.cu (	employees who i	eceived more un	an
<ul> <li>List all c</li> </ul>	of the organization's former directors	or trustees that	rece	ived	, in	the	capad	city	as a former direc	ctor or trustee of	the
organization, r	nore than \$10,000 of reportable compe	ensation from the	e org	aniz	atio	n ar	nd an	y re	lated organizatio	ns.	
ist persons in compensated	the following order: individual trustees employees; and former such persons.	s or directors; ins	stituti	onal	trus	stee	s; offi	icer	s; key employees	s; highest	
Check this	s box if neither the organization nor an	y related organiz	atior	ı coı	тре	nsa	ted a	ny c	current officer, dir	rector, or trustee.	
						C)	-			,	
						sition					
	<b>(A)</b> Name and Title	(B) Average					e than o		( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	offic	er ar	nd a c	lirect	or/trust	ee)	compensation from	compensation	amount of
		hours for	Individual trustee or director	nstit	Officer	Key employee	Highest co	Forme	the	from related organizations	other compensation
		related organizations	recto	High	4	emp	est c	ξ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	ĭ tr	lal tr		loye	omp		,		and related
		inie)	stee	Institutional trustee	Ì	0	Highest compensated employee				organizations
				ď			ated			:	
(1) BARBAI	RA ALEXANDER McKINNEY	2.00						<del>                                     </del>			
HAIRMAN		0.00	Х	$\perp$							
(2) ROBER		2.00									
/. CHAIRMAN	****	0.00	X	1	<u> </u>	<u> </u>	ļ	<u> </u>			

	hours per	officer and a director/trustee)					ee)	compensation	compensation	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)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BARBARA ALEXANDER McKINNEY	2.00									
CHAIRMAN	0.00	Х								
(2) ROBERT GREER	2.00									
V. CHAIRMAN	0.00	Х								
(3) MIKE DEPROSPERO	2.00									<del></del>
TREASURER	0.00	Х								
(4) GERRY SCHMIDT	2.00									
SECRETARY	0.00	Х								
(5) BILLY COFFINDAFFER	2.00									
BOARD MEMBER	0.00	Χ			•					
(6) BILLY ADKINS	2.00									
BOARD MEMBER	0.00	Х								
(7) STEPHEN DECKER	2.00									
BOARD MEMBER	0.00	Х								
(8) JIM GRIFFIN	2.00									
BOARD MEMBER	0.00	Х								
(9) RANJIT MAJUMDER	2.00									
BOARD MEMBER	0.00	Х								
(10) MARCEL MALFREGEOT	2.00									
BOARD MEMBER	0.00	Х								
(11) M. L. QUINN	2.00									
BOARD MEMBER	0.00	Х								
(12) GINNA ROYCE	2.00			一						
BOARD MEMBER	0.00	х				1	- 1			
(13) TARA STEVENS	2.00			寸	$\neg$		寸			
BOARD MEMBER	0.00	х				İ				
(14) BETH FULLER	40.00		一	寸						
EXECUTIVE DIRECTOR	0.00			$\times$				43.000	o	0
							_	,5,550	<u> </u>	

Р	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	iployees (con	tinued)
						-	C) sition					
		(A) Name and title	(B) Average			neck	more	than		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
		Name and due	hours per	offic	er an	dad	lirect	or/trus	tee)	compensation	compensation	amount of
			week (list any hours for	Individual trustee or director	Institutional trust	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations	other compensation
			related organizations	idua	ut or	è	emp	est c	Ę	organization (W-2/1099-MISC)	(W-2/1099-MIS	c) from the organization
			below dotted	ام التاريخ	ial tr		loye	eömp		(		and related
			line)	stee	ustee		"	ensa				organizations
					"			ated				
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)						_						
(24)				-								<del> </del>
.X-12.			†						ĺ			
(25)												
1b	Sub-total									43,000		0 0
С		m continuation sheets to Part VII, S	ection A						•	0		0 0
d		d lines 1b and 1c).								43,000		0 0
2		nber of individuals (including but not li e compensation from the organization		sted a		e) v 0	vho	recei	ved	more than \$100	,000 of	
	теропаріс	e compensation from the organization				U					·	Yes No
3		rganization list any <b>former</b> officer, dire				oye	e, o	r higl	nest	t compensated		
4		ndividual listed on line 1a, is the sum of				naı	nd c	 ther	con	nensation from		3 X
•		ization and related organizations grea									7	
	individual											4 X
5	Did any p	erson listed on line 1a receive or accress rendered to the organization? If "Y	rue compensatio	n fron	n an Ie J	y ui for	nrela suci	ated	orga	anization or indiv	idual	5 X
Sec		ependent Contractors	,					μυ.		<u> </u>		1911 ^
1	Complete compensation year.	this table for your five highest compe ation from the organization. Report co	ensated independ Impensation for t	dent o	ontr	act	ors i yeai	that r r end	ece ing	ived more than \$ with or within the	100,000 of organization	s tax
	•	(A) Name and business add	ress							(B) Description of serv	ices	(C) Compensation
												0
												0 0
												0
												0
2		ber of independent contractors (include 15100,000 of compensation from the		ed to ►	thos	se li	stec	abo 0	ve)	who received		

Part VIII	Statement	of Revenue

		Check if Schedule O contains	a response or r	note to any line i	n this Part VIII			
	T				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	1 3		0				
Grants	b	Membership dues	<u>1b</u>	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	е	Government grants (contribution		28,500	1			
ioi	f	All other contributions, gifts, gran	· -	, , , , , , , , , , , , , , , , , , , ,	1			100
ibut		similar amounts not included abo		1,616,693				100
at o	a	Noncash contributions included in I		1,010,000				
ပ္ပိုင်္ခ	h	Total. Add lines 1a-1f	·		1,645,193			
	<del>  ''</del>	Total: Add mics (d=1)	• • • • • •	Business Code	1,040,190			
ın	20	ELIND ADMINISEES			70.040	70.040		
eve		FUND ADMIN FEES		525920	72,613	72,613	0	
e E	þ				0			
Š	С				0			
Ser	d				0			
ащ	e				0		L.,	
Program Service Revenue	f	All other program service revenu	e		0			
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	<u></u> . <b>&gt;</b>	72,613			
	3	Investment income (including div	idends, interest,	and				
		other similar amounts)			135,165	0	l o	135,165
	4	Income from investment of tax-ex	cempt bond proc	eeds	0			,
	5	Royalties			0			
		•	(i) Real	(ii) Personal	_			
	6a	Gross rents	35,427					
	b	Less: rental expenses						
	С	Rental income or (loss)	35,427	Ō				7
	d	Net rental income or (loss)			35,427			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	55,421			
	b	assets other than inventory						
			0	402,768				
	D	Less: cost or other basis		_		100		
		and sales expenses	0	0		44		
	С	Gain or (loss)	0	,				
	d	Net gain or (loss)		<u> ▶</u>	402,768			
							100	
ıπε	8a	Gross income from fundraising						
Ver		events (not including \$	0					
Re		of contributions reported on line		;				
ē		See Part IV, line 18	a	0				
Other Revenue	b	Less: direct expenses	b	0				
0	C	Net income or (loss) from fundrai	sing events		0			
	9a	Gross income from gaming activi	ties.		A. S. S.			
		See Part IV, line 19		0				
	b	Less: direct expenses		0				70
	С	Net income or (loss) from gaming		<b>. ▶</b>	Ω			
	10a	Gross sales of inventory, less	[		Ü			
		returns and allowances	ا ء	n				
i	b	Less: cost of goods sold	, , , , , , , , , , , , , , , , , , ,	0				
	~	Net income or (loss) from sales o						
ł		Miscellaneous Revenue	I inventory		U			
}	11a			Business Code	_			
			· <b></b>		0			
	b				0			
	C				0			
	d	All other revenue	L		0			
	е	Total. Add lines 11a–11d			0	Maria di Maria		2.22
	12	Total revenue. See instructions.	<u></u>		2,291,166	72,613	0	135,165

## Part IX Statement of Functional Expenses

Section 50	01(c)(3) and 501(c)(4)	organizations must comple	ete all columns. All other or	rganizations must com	plete column (A).

Do not include amounts reported or lines 6b,   Total depensate   Program service	Check if Schedule O contains a response or note to any line in this Part IX						
organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 12,456 121,456 121,456 121,456 13 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 16 and 16 0 0 8 8 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9			1 ' '	Program service	Management and	Fundraising	
organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 12,456 121,456 121,456 121,456 13 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 16 and 16 0 0 8 8 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9	1	Grants and other assistance to governments and					
United States, See Part IV, line 22			647,157	647,157			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  8 Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Compensation of current officers, directors, trustees, and key employees.  Pension plan accrusis and contributions (include section 401(k) and 403(b) employee contributions.  Compensation of current officers, directors, and trustees of compensation of current officers.  Compensation of current officers, directors, and trustees of compensation of current of c	2	Grants and other assistance to individuals in the					
organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 0  4 Benefits paid to or for members 0  Compensation of current officers, directors, trustees, and key employees		United States. See Part IV, line 22	121,456	121,456			
United States. See Part IV, lines 15 and 16. 0  Benefits paid to or for members 0  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(8) 0  7 Other salaries and wages 24,637 12,072 11,579 986  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) and 403(b) employers (include section 401(k) employers (include section 401(k) employers (include section 4	3	Grants and other assistance to governments,					
## Benefits paid to or for members   0		organizations, and individuals outside the					
## Benefits paid to or for members   0		United States. See Part IV, lines 15 and 16	0				
trustees, and key employees	4		0				
6 Compensation not included above, to disqualified persons (as defined under section 4986(n/1) and persons described in section 4958(c)(3)(B).  7 Other salaries and wages.  8 Pension plan accrusals and contributions (include section 401(k) and 403(b) employer contributions).  0 Other employee benefits.  10 Payroll taxes.  5 5624 3,487 1,856 281  17 Fees for services (non-employees):  a Management.  0 Legal  C Accounting.  4,000 0 4,000 0  C Accounting.  4,000 0 4,000 0  0 0  d Lobbying.  9 Other silfine 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Schedule O.)  20 Other silfine 11g amount expenses for any federal, state, or local public officials.  10 Payments of travel or entertainment expenses for any federal, state, or local public officials.  10 Conferences, conventions, and meetings.  10 Other expenses. Itemize expenses not covered above (List miscallaneous expenses in line 24e. If line 24e amount, list line 24e expenses on 1.533 0 0 1.533 0 0 2.544 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	Compensation of current officers, directors,					
6 Compensation not included above, to disqualified persons (as defined under section 4986(n/1) and persons described in section 4958(c)(3)(B).  7 Other salaries and wages.  8 Pension plan accrusals and contributions (include section 401(k) and 403(b) employer contributions).  0 Other employee benefits.  10 Payroll taxes.  5 5624 3,487 1,856 281  17 Fees for services (non-employees):  a Management.  0 Legal  C Accounting.  4,000 0 4,000 0  C Accounting.  4,000 0 4,000 0  0 0  d Lobbying.  9 Other silfine 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Schedule O.)  20 Other silfine 11g amount expenses for any federal, state, or local public officials.  10 Payments of travel or entertainment expenses for any federal, state, or local public officials.  10 Conferences, conventions, and meetings.  10 Other expenses. Itemize expenses not covered above (List miscallaneous expenses in line 24e. If line 24e amount, list line 24e expenses on 1.533 0 0 1.533 0 0 2.544 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		trustees, and key employees	43,000	30,100	10,750	2,150	
persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B). 0  7 Other salaries and wages	6		·		· · · · · · · · · · · · · · · · · · ·	·	
persons described in section 4958(c)(3)(B). 0   24,637   12,072   11,579   986  8		·					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 5.624 3.487 1,856 281 11 Fees for services (non-employees): a Management. 0 C b Legal. 0 C Accounting. 1 C Accounting. 1 C Accounting. 1 C Accounting. 1 C Accounting. 1 C Accounting. 2 C Accounting. 3 C Accounting. 4 0.00			1 0				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  9 Other employee benefits.  10 Payroll taxes.  5 624 3,487 1,856 281  11 Fees for services (non-employees):  a Management.  0 0  b Legal.  0 0  c Accounting.  4,000 0 4,000 0  d Lobbying.  0 0  e Professional fundraising services. See Part IV, line 17.  f Investment management fees.  84,110 84,110 0 0  0 0  12 Advertising and promotion.  13 Office expenses.  11,561 7,166 3,815 578  14 Information technology.  0 0  15 Occupancy.  20,580 7,550 12,402 608  17 Travel.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials.  0 Conferences, conventions, and meetings.  10 Interest.  11,004 12,256 748 0  11,854 0 24,374 0 24,374 0  11,857 0 40 24,374 0 24,374 0  11,858 0 29.  11,858 1,552 11,502 6,122 928  11,859 1,533 0 1,533 0  15 STAFF DevelLopMent & TRAINING.  10 ANN SCREDIT CARD PROCESSING FEES.  1,504 Danks & CREDIT CARD PROCESSING FEES.  1,504 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaling and fundraising solicitation. Check here.   1 Total functional expenses. Add lines 1 through 24e.  1 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaling and fundraising solicitation. Check here.   1 Joint control of the complete of the company and fundraising solicitation. Check here.	7			<u> </u>	11 579	986	
section 401(k) and 403(b) employer contributions).  Other employee benefits.  Other employee benefits.  Other employee benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees benefits.  Other employees employees.  Other employees.  Other employees employees.  Other employees.  Other employees.  Other employees.  Other employees.  Other employees.  Other expenses.  Other employees.  Other employees.  Other employees.  Other employees.  Other employees.  Other employees.  Other expenses.  Other employees.	· · · · · · · · · · · · · · · · · · ·	24,007	12,012	11,575	300		
9 Other employee benefits. 0   5,624	Ü	· · · · · · · · · · · · · · · · · · ·	1				
10	0						
11 Fees for services (non-employees): a Management					1 056	204	
a Management		•	5,024	3,467	1,850	281	
b Legal		· · · · · · · · · · · · · · · · · · ·	,				
c Accounting.         4,000         0         4,000         0           d Lobbying.         0         0         0           e Professional fundraising services. See Part IV, line 17.         0         0           f Investment management fees.         84,110         84,110         0           g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)         0         0           12 Advertising and promotion.         0         0            13 Office expenses.         11,561         7,168         3,815         578           14 Information technology.         0	_						
d Lobbying   0   Professional fundraising services. See Part IV, line 17   0   0   0   0   0   0   0   0   0					4.000		
Professional fundraising services. See Part IV, line 17.  f Investment management fees.  9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  20 Advertising and promotion.  10 Office expenses.  11,561 7,168 3,815 578  14 Information technology.  15 Royalties.  16 Occupancy.  20,560 7,550 12,402 608  17 Travel.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials.  19 Conferences, conventions, and meetings.  10 Interest.  11,004 12,256 748 0  11,004 12,256 748 0  120 Interest.  10 Occupancy.  11,004 12,256 748 0  121 Payments to affiliates.  122 Depreciation, depletion, and amortization.  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  28 PRINTING & PUBLIC AWARENESS  29 Total functional expenses. Add lines 1 through 24e.  20 Inderest.  10 Occupancy.  11,561 7,168 3,165 578  12,402 608	_				4,000	<u> </u>	
f   Investment management fees   84,110   84,110   0   0   0     g   Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   0   0     12   Advertising and promotion   0   0   0     13   Office expenses   11,561   7,168   3,815   578     14   Information technology   0   0   0     15   Royalties   0   0   0     16   Occupancy   20,560   7,550   12,402   608     17   Travel   198   123   65   10     18   Payments of travel or entertainment expenses for any federal, state, or local public officials   0   0     10   Interest   13,004   12,256   748   0     21   Payments to affiliates   0   0     10   Payments to affiliates   0   0     21   Payments to affiliates   0   0     22   Depreciation, depletion, and amortization   24,374   0   24,374   0     24   Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PRINTING & PUBLIC AWARENESS   18,552   11,502   6,122   928     b STAFF DEVELOPMENT & TRAINING   70   0   70   0   0     c MEMBERSHIPS & DUES   1,533   0   1,533   0     d BANK & OREDIT CARD PROCESSING FEES   1,260   781   416   63     e All other expenses   1   1,025,109   937,762   81,743   5,604     16   Order combined educational campaign and fundraising solicitation. Check here     if							
Q Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	_	<del>_</del>				_	
(A) amount, list line 11g expenses on Schedule O.)  20 Advertising and promotion  30 Office expenses  11,561 7,168 3,815 578  14 Information technology  40 0  578  15 Royalties  50 0  60 Ccupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  11,004 12,256 748 0  12 Depreciation, depletion, and amortization  20 Insurance  21 Depreciation, depletion, and amortization  22 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column  (A) amount, list line 24e expenses on Schedule O.)  23 PRINTING & PUBLIC AWARENESS  24 STAFF DEVELOPMENT & TRAINING  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	-		84,110	84,110	0	0	
12       Advertising and promotion       0       3,815       578         13       Office expenses       11,561       7,168       3,815       578         14       Information technology       0       0	g		_				
13 Office expenses 11,561 7,168 3,815 578 14 Information technology 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
14         Information technology         0         0         15         Royalties         0         0         7,550         12,402         608         17         Travel         20,560         7,550         12,402         608         10         198         123         65         10							
15 Royalties .				7,168	3,815	578	
16 Occupancy			<del></del>				
17         Travel         198         123         65         10           18         Payments of travel or entertainment expenses for any federal, state, or local public officials         0         0         0           19         Conferences, conventions, and meetings         0         0         0         0           20         Interest         13,004         12,256         748         0           21         Payments to affiliates         0         0         0         24,374         0         24,374         0         24,374         0         24,374         0         4,013         0         1,015         2         2,028         2,028         2,028         2,028         2,028         2,028							
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 0  19 Conferences, conventions, and meetings . 0  10 Interest . 13,004 12,256 748 0  21 Payments to affiliates . 0  22 Depreciation, depletion, and amortization . 24,374 0 24,374 0 24,374 0  23 Insurance . 4,013 0 4,013 0  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PRINTING & PUBLIC AWARENESS	16	· ·		7,550	12,402	608	
for any federal, state, or local public officials .	17		198	123	65	10	
19 Conferences, conventions, and meetings	18	·					
20       Interest .       13,004       12,256       748       0         21       Payments to affiliates .       0			0				
21         Payments to affiliates         0         0         24,374         0         24,374         0         24,374         0         24,374         0         24,374         0         24,374         0         0         4,013         0         4,013         0         4,013         0         4,013         0         4,013         0         4,013         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0         0         4,013         0	19	Conferences, conventions, and meetings					
Depreciation, depletion, and amortization 24,374 0 24,374 0 24,374 0 24,374 0 24,374 0 24,374 0 4,013 0 4,013 0 4,013 0 0 4,013 0 0 4,013 0 0 4,013 0 0 4,013 0 0 0 4,013 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			13,004	12,256	748	0	
23 Insurance	21						
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PRINTING & PUBLIC AWARENESS  b STAFF DEVELOPMENT & TRAINING  70  0  70  0  70  0  70  0  1,533  0	22	Depreciation, depletion, and amortization	24,374	0	24,374	0	
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.)  a PRINTING & PUBLIC AWARENESS 18,552 11,502 6,122 928  b STAFF DEVELOPMENT & TRAINING 70 0 70 0  c MEMBERSHIPS & DUES 1,533 0 1,533 0  d BANK & CREDIT CARD PROCESSING FEES 1,260 781 416 63  e All other expenses 0  25 Total functional expenses. Add lines 1 through 24e 1,025,109 937,762 81,743 5,604  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	23		4,013	0	4,013	0	
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.)  a PRINTING & PUBLIC AWARENESS 18,552 11,502 6,122 928  b STAFF DEVELOPMENT & TRAINING 70 0 70 0  c MEMBERSHIPS & DUES 1,533 0 1,533 0  d BANK & CREDIT CARD PROCESSING FEES 1,260 781 416 63  e All other expenses 0  Total functional expenses. Add lines 1 through 24e 1,025,109 937,762 81,743 5,604  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	24	Other expenses. Itemize expenses not covered		and the second second			
(A) amount, list line 24e expenses on Schedule O.)  a PRINTING & PUBLIC AWARENESS b STAFF DEVELOPMENT & TRAINING 70 0 70 0 c MEMBERSHIPS & DUES 1,533 0 1,533 0 d BANK & CREDIT CARD PROCESSING FEES All other expenses 0  25 Total functional expenses. Add lines 1 through 24e 1,025,109 937,762 81,743 5,604  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if							
a PRINTING & PUBLIC AWARENESS b STAFF DEVELOPMENT & TRAINING c MEMBERSHIPS & DUES d BANK & CREDIT CARD PROCESSING FEES e All other expenses  Total functional expenses. Add lines 1 through 24e . 1,025,109  25 Total functional expenses. Add lines 1 through 24e . 1,025,109  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if						1.00	
a PRINTING & PUBLIC AWARENESS b STAFF DEVELOPMENT & TRAINING c MEMBERSHIPS & DUES d BANK & CREDIT CARD PROCESSING FEES e All other expenses  Total functional expenses. Add lines 1 through 24e . 1,025,109  25 Total functional expenses. Add lines 1 through 24e . 1,025,109  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if		(A) amount, list line 24e expenses on Schedule O.)		3.07			
b STAFF DEVELOPMENT & TRAINING 70 0 70 0  c MEMBERSHIPS & DUES 1,533 0 1,533 0  d BANK & CREDIT CARD PROCESSING FEES 1,260 781 416 63  e All other expenses 0  25 Total functional expenses. Add lines 1 through 24e . 1,025,109 937,762 81,743 5,604  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	а		18,552	11,502	6,122	928	
d BANK & CREDIT CARD PROCESSING FEES 1,260 781 416 63 e All other expenses 0  25 Total functional expenses. Add lines 1 through 24e 1,025,109 937,762 81,743 5,604  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	b	STAFF DEVELOPMENT & TRAINING	70	0	70	0	
d BANK & CREDIT CARD PROCESSING FEES 1,260 781 416 63 e All other expenses 0  25 Total functional expenses. Add lines 1 through 24e 1,025,109 937,762 81,743 5,604  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	C	MEMBERSHIPS & DUES	1,533	0	1,533	0	
e All other expenses  Total functional expenses. Add lines 1 through 24e 1,025,109 937,762 81,743 5,604  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	d	BANK & CREDIT CARD PROCESSING FEES	1,260	781		63	
Total functional expenses. Add lines 1 through 24e . 1,025,109 937,762 81,743 5,604  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	е					W	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	25		1,025,109	937.762	81.743	5.604	
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	26			,	, , , , , , , , , , , , , , , , , , , ,		
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if							
fundraising solicitation. Check here  if  if							

Part X **Balance Sheet** 

Cach—non-interest-beering			Check if Schedule O contains a response or	r note to ar	y line in this Part X	(		
1								, ,
2   3   Savings and temporary cash investments.	_	1	Cash—non-interest-hearing		<del></del>		1	<del></del>
3   Pledges and grants receivable, net   12,975   3   12,877   4   Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.   5   Clans and other receivables from mother disqualified persons (as defined under action (455)(1/10), person described in section 456(6/(3/6)) and contributing, employers and sponsoring organizations (see instructions). Complete Part II of Schedule L   0   7   0   0   7   0   0   0   0   0		1				54,104		71,100
A Accounts receivable, net.   16.455   4   19.405		1				12 975	+	12 875
Section   Complete   Part   I of Schedule   Learns and other receivables from current and former officers, directors, directors, complete   Part   I of Schedule   Learns and other receivables from other disqualified persons (as defined under section 4555(())), persons described in section 4555(()(3)(3) and contributing employers and sponsoring organizations of section 501(()(9) voluntary employees beneficiary organizations (see instructions). Complete Part   I of Schedule   Learns and other persons and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses   9   Tenpaid expenses and deferred charges   9   Tenpaid expenses   9   Tenpaid expenses   9   Tenpaid expenses   1   Tenpaid expenses							_	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958()(3)(8), and contributing employers and sonorang organizations of section 501(9) woltnary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivable, net.  9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and edered charges 9 Prepaid expenses and edered charges 10a Land, buldings, and equipment cost or other basis. Complete Part IV of Schedule D. 10b 184,816 844,779 10c 882,778 11 Investments—publicity traded securities 12 Investments—propriate See Part IV, line 11 13 Investments—publicity traded securities. 12 Investments—propriar—related. See Part IV, line 11 13 Investments—propriar—related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 19 Deferred revenue. 20 Tax-evempt bond liabilities. 20 Deferred revenue. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Store Intelliate (including federal income tax, payables to urrelated third parties, and other liabil		1 .				10,400	7	19,400
1			trustees, key employees, and highest compens	ated emplo	yees.		-	
9 Prepaid expenses and deferred charges   9   10a   1,067,594   10b   184,816   844,779   10c   882,776   10c   10b   184,816   844,779   10c   882,776   11c   10b   12c	ts	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary expressions.					
9 Prepaid expenses and deferred charges   9   10a   1,067,594   10b   184,816   844,779   10c   882,776   10c   10b   184,816   844,779   10c   882,776   11c   10b   12c	se	7				0	<del>                                     </del>	
9	Ř	1 .						
10a		1					<del></del>	
to ther basis. Complete Part VI of Schedule D b Less accumulated depreciation.  11 Investments—publicly traded securities.  12 Investments—publicly traded securities.  13 Investments—program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained aernings, endowment, accumulated income, or ot			· · · · · · · · · · · · · · · · · · ·	1 1			- 3	
1		'04	- · · ·	102	1 067 504			
11   Investments—publicly traded securities   0   11   0   0   12   12   12   12		h					40-	000 770
12		1						
13   Investments—program-related. See Part IV, line 11.   8,114,441   13   10,035,975     14   Intangible assets.   0   14   0     15   Other assets. See Part IV, line 11.   0   15   0     16   Total assets. Add lines 1 through 15 (must equal line 34)   9,023,414   16   10,992,136     17   Accounts payable and accrued expenses   1,368   17   1,367     18   Grants payable   18   18     19   Deferred revenue   19   20     20   Tax-exempt bond liabilities   20     21   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D.   22     23   Secured mortgages and notes payable to unrelated third parties   0   23   0     24   Unsecured notes and loans payable to unrelated third parties.   0   23   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.   502,036   25   611,536     26   Total liabilities. Add lines 17 through 25   937,557   26   965,990     27   Unrestricted net assets   528,063   27   657,373     28   Temporarily restricted net assets   7,557,794   28   9,368,773     29   Organizations that do not follow SFAS 117 (ASC958), check here   and complete lines 27 through 29, and lines 33 and 34.     27   Unrestricted net assets   7,557,794   28   9,368,773     28   Permanently restricted net assets   7,557,794   28   9,368,773     29   Organizations that do not follow SFAS 117 (ASC958), check here   and complete lines 30 through 34.     30   Capital stock or trust principal, or current funds   31   32   32   33   34   34   34   34   34								
14		1						<del></del>
15 Other assets. See Part IV, line 11   0   15   0   0   15   16   16   16   Total assets. Add lines 1 through 15 (must equal line 34)   9,023,414   16   10,992,136   17   1,367   18   Grants payable and accrued expenses   1,368   17   1,367   18   Grants payable   18   18   19   Deferred revenue   19   20   20   21   22   20   22   23   20   22   24   25   25   25   25   25   25		1 -						
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  19 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here Part X of Schedule D.  28 Temporarily restricted net assets.  29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 27 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  31 Total net assets or fund balances.  8085.857 33 10.026,146								<del></del>
17								
18   Grants payable   18   18   19   19   19   19   19   19							-	
19   Deferred revenue   19   20		ı				1,300		1,367
Tax-exempt bond liabilities 20  Tax-exempt bond liabilities 21  Escrow or custodial account liability. Complete Part IV of Schedule D. 21  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22  Secured mortgages and notes payable to unrelated third parties 0 23 0 0 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 31 Capital stock or trust principal, or current funds. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Socient II abilities. 35 Schodia 27 Gest, 373 Gest, 373 Gest, 373 Gest, 373 Gest, 373 Gest, 373 Gest, 373 Gest, 373 Gest, 373 Gest, 374 Gest, 374 Gest, 375 Gest, 3							-	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  24 Loans and other labilities compensated employees, and disqualified persons. Complete Part II of Schedule L.  22 Loans and other labilities ont included on lines 17-24).  23 Secured mortgages and notes payable to unrelated third parties.  43 4,153 24 353,087  434,153 24 353,087  502,036 25 611,536  937,557 26 965,990  25 Jenson Advance Part II of Schedule L.  26 Total liabilities. Add lines 17 through 25.  27 Jenson Advance Part II of Schedule L.  28 Temporarily restricted net assets.  7,557,794 28 9,368,773  29 Permanently restricted net assets.  7,557,794 28 9,368,773  29 Permanently restricted net assets.  30 Jenson Advance Part II of Schedule L.  31 Jenson Advance Part II of Schedule L.  32 Jenson Advance Part II of Schedule L.  33 Jenson Advance Part II of Schedule L.  34 Jenson Advance Part II of Schedule L.  35 Jenson Advance Part II of Schedule L.  36 Jenson Advance Part II of Schedule L.  37 Jenson Advance Part II of Schedule L.  38 Jenson Advance Part II of Schedu								
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here omplete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  29 Permanently restricted net assets.  30 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  24 Unsecured mortgages and notes payable to unrelated third parties.  434,153 24 353,087  50 23 611,536  502,036 25 611,536  502,036 25 611,536  502,036 25 611,536  502,036 25 611,536  503,087  504,153 24 353,087  505,087  506,990  507  508,086,990  509,090  509	S				21			
24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.	itie							
24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.	ē						-00	
24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  3434,153 24 353,087  353,085,857  361,536  37,557,794  38,936,773  39,936,773  30,936,773  30,936,773  30,936,773  30,936,773  30,936,773  30,9	Lia	22						
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parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets.  Temporarily restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Organizations that do not follow SFAS 117 (ASC 9						434, 153	24	353,087
Part X of Schedule D. 502,036 25 611,536 26 Total liabilities. Add lines 17 through 25. 937,557 26 965,990  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 528,063 27 657,373 28 Temporarily restricted net assets. 7,557,794 28 9,368,773 29 Permanently restricted net assets. 29  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 8,085,857 33 10,026,146			= ,	•				
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Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Setained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  8,085,857  33 10,026,146		26						
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets						937,337	26	965,990
8,085,857 <b>33</b> 10,026,146	seo				ere ► X and			
8,085,857 <b>33</b> 10,026,146	lar	27	Unrestricted net assets			528,063	27	657.373
8,085,857 <b>33</b> 10,026,146	Ba	28				7,557,794	28	
8,085,857 <b>33</b> 10,026,146	nd	29	Permanently restricted net assets				29	
8,085,857 <b>33</b> 10,026,146	orFu			check here	► and			
8,085,857 <b>33</b> 10,026,146	ets	30	Capital stock or trust principal, or current funds.				30	
8,085,857 <b>33</b> 10,026,146	\ss	31						
8,085,857 <b>33</b> 10,026,146	at /	32	Retained earnings, endowment, accumulated in	come, or o	ther funds			
0,020,140	ž	33			· · · · · · · · · · · · · · · · · · ·	8 085 857		10 026 146
		34						

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		2,291,	166
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,025,1	109
3	Revenue less expenses. Subtract line 2 from line 1	3		1,266,0	057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,085,8	857
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		674,2	232
7	Investment expenses	7			
8	Prior period adjustments	8		<del></del>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	10,026,1	146
Part				_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.                                    </u>	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	<del>-</del>	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	• •	. <b>2a</b>		X
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2b</b>	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<u>2</u> c	Х	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				-warrantings
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (20	013)

27-5249383 Page **12** 

Form 990 (2013) YOUR COMMUNITY FOUNDATION, INC.

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number YOUR COMMUNITY FOUNDATION, INC. 27-5249383 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Х A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d **b** Type II Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? . . . . . . . . . . . . . . . . . 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section. governing document? col. (i) of your (i) organized in the (see instructions)) U.S.? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,839,051	1,773,578	1,645,193	5,257,822
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	1,839,051	1,773,578	1,645,193	5,257,822
5	The portion of total contributions by each						
	person (other than a governmental unit		20.95				
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5,257,822
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	0	0	1,839,051	1,773,578	1,645,193	5,257,822
8	Gross income from interest, dividends,				***		
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			89,681	110,776	135,165	335,622
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on			81,281	88,486	108,041	277,808
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.						5,871,252
12 13	Gross receipts from related activities, etc. (se	e instructions) .			[	12	
13	First five years. If the Form 990 is for the organization, check this box and step bere	ganization's first	, secona, thira,	fourth, or fifth to	ax year as a se	ection 501(c)(3)	. 💳
<u> </u>	organization, check this box and stop here.		<u> </u>	· · · · · ·	<u> </u>		<b>►</b> X
	ion C. Computation of Public Support	Percentage					
14 15	Public support percentage for 2013 (line 6, co	olumn (f) divided	by line 11, col	umn (f))		14	0.00%
15 16a	Public support percentage from 2012 Schedu					15	0.00%
Ioa	<b>33 1/3% support test—2013.</b> If the organization and <b>stop here.</b> The organization qualifies as	ion did not ched	K the box on III	ne 13, and line	14 is 33 1/3% c	or more, check th	nis box
b	33 1/3% support test—2012. If the organization	a publicly suppo	orteu organizati	ION		/20/	▶∐
	box and <b>stop here.</b> The organization qualifies	s as a nublicly s	upported organ	ization	line 15 is 33 1	3% or more, cn	eck this
17a							▶□
11a	10%-facts-and-circumstances test—2013.	if the organization	on ala not chec	k a box on line	13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization meets	s the facts-and-	circumstances	test, check this	s box and <b>stop</b>	here. Explain ir	1
	Part IV how the organization meets the "facts	-and-circumstar	ices" test. The	organization qu	alifies as a pub	olicly supported	
b	organization.	If the organization		le de la company			▶ 🔲
	10%-facts-and-circumstances test—2012. I	n the organization	on ala not cnec	k a box on line	13, 16a, 16b, o	r 1/a, and line	
	15 is 10% or more, and if the organization me Part IV how the organization meets the "facts	-and-circumeter	nu-circumstant	es lest, check	ulis pox and st	i <b>op nere.</b> Expla	ın ın
	supported organization	-anu-uncumstar	ices lest. The	organization qu	annes as a pub	oliciy	
10							▶ 🗀
18	<b>Private foundation.</b> If the organization did no	ot check a box o	n line 13, 16a,	16b, 17a, or 17	b, check this bo	ox and see	<del></del>
-	instructions						▶∐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						l 0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the	[					
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's	[					
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0		0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0				0
8	Public support (Subtract line 7c from	- 0		0	0	C	0
Ü	line 6.)						1 0
Sec	tion B. Total Support						<u>.                                    </u>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
				<u> </u>		(0) 2010	(i) Total
9	Amounts from line 6	0	0	0	0	C	0
10a	,	1					
	payments received on securities loans,	1					_
b	rents, royalties and income from similar sources Unrelated business taxable income (less						0
b	section 511 taxes) from businesses	1					
	acquired after June 30, 1975		i				
С	Add lines 10a and 10b	0	0	0			0
11	Net income from unrelated business				0	0	0
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organiza	ition's first, secon	d, third, fourth, c	or fifth tax year as	s a section 501(c	:)(3)	<del></del>
	organization, check this box and <b>stop here</b>						▶ 🗌
Sec	tion C. Computation of Public Support I	Percentage					
15	Public support percentage for 2013 (line 8, column		13, column (f))			15	0.00%
16	Public support percentage from 2012 Schedule A, F	Part III, line 15.				16	0.00%
Sect	tion D. Computation of Investment Inco	me Percenta	ge				
17	Investment income percentage for 2013 (line 10c, c			mn (f))		17	0.00%
18	investment income percentage from 2012 Schedule	A, Part III, line 1	17			18	0.00%
19a	33 1/3% support tests—2013. If the organization of	did not check the	box on line 14,	and line 15 is mo	re than 33 1/3%	and line 17 is	2,00,0
	not more than 33 1/3%, check this box and stop he	e <b>re.</b> The organiza	tion qualifies as	a publicly suppor	rted organization	1	▶ 🗍
b	33 1/3% support tests—2012. If the organization of	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box and	d <b>stop here.</b> The	organization qu	alifies as a publi	cly supported org	ganization	▶ 🔲
20	Private foundation. If the organization did not ched	ck a hox on line 1	4 19a or 19h d	chack this hav an	d coo inctruction		. □

	1 990 8F 990-EZ) 2013 YOUR COMMUNITY FOUNDATION, INC.	27-5249383	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II,	line 10: Part II, line 17a or	17h <sup>.</sup>
	and Dort III. line 40. Also complete this most for any additional information	(O = 10 t = 1)	176,
	and Part III, line 12. Also complete this part for any additional information.	(See instructions).	
			. <b></b>
		·	
		·	
<b></b>			
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2013

Name of the organization Employer identification number YOUR COMMUNITY FOUNDATION, INC. 27-5249383 Organization type (check one): Filers of: Section: X 501(c)( Form 990 or 990-EZ 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more

educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Name of organization
YOUR COMMUNITY FOUNDATION, INC.

Employer identification number 27-5249383

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REDACTED REDACTED WV 26501 Foreign State or Province: Foreign Country:	\$485,311	Person X Payroil
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	REDACTED REDACTED WV 26501 Foreign State or Province: Foreign Country:	\$36,666	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	REDACTED  REDACTED  REDACTED WW 26501  Foreign State or Province:  Foreign Country:	\$100,125	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	REDACTED  REDACTED  REDACTED WW 28801  Foreign State or Province:  Foreign Country:	\$35,366	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	REDACTED  REDACTED  WV 26501  Foreign State or Province: Foreign Country:	\$ 148,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
YOUR COMMUNITY FOUNDATION, INC.

Employer identification number 27-5249383

Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional spa	ice is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<del></del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or			Employer identification number
Part III	MMUNITY FOUNDATION, INC.  Exclusively religious, charitable, etc., individe		
	total more than \$1,000 for the year. Complete		
	For organizations completing Part III, enter the to contributions of \$1,000 or less for the year. (Ent		
	Use duplicate copies of Part III if additional space		
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transfersels name address and 710 to	_	
	Transferee's name, address, and ZIP + 4	Relatio	onship of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		•	
	Transferee's name, address, and ZIP + 4	Relatio	onship of transferor to transferee
	For. Prov. Country		
(a) No. from		/->11	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ļ		(e) Transfer of gift	
İ		_	
	Transferee's name, address, and ZIP + 4	Relation	nship of transferor to transferee
	For. Prov. Country		
(a) No.		L	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of gift	
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	Relatio	nship of transferor to transferee
	For Press		
	For. Prov. Country	I	

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	e of the organization		Employer identification number
YOL	JR COMMUNITY FOUNDATION, INC.		27-5249383
Pai		ther Similar Fund	
	Complete if the organization answered "Yes" to Form 990		
	(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in v		
	used only for charitable purposes and not for the benefit of the donor or		
	purpose conferring impermissible private benefit?		Yes No
Par	t II Conservation Easements.		
	Complete if the organization answered "Yes" to Form 990		
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a	an historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space	<b></b>	
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	nguished, or termina	ted by the organization
	during the tax year		
4 5	Number of states where property subject to conservation easement is loc		
3	Does the organization have a written policy regarding the periodic monitor violations, and enforcement of the conservation easements it holds?	oring, inspection, har	adling of
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	a conservation care	Yes No
•	• The volume of riodis devoted to morning, inspecting, and emoral	ig conservation ease	entents during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easemen	ts during the year
	<b>▶</b> \$		io dailing the year
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of se	ction
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financia	al statements that describes
ъ-	the organization's accounting for conservation easements.	··-	
Par	Organizations Maintaining Collections of Art, Historica	al Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its reven	ue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, o	or research in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its finance	ial statements that d	escribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue :	statement and balance sheet
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, o	or research in furtherance
	of public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Fall X		🕨 💲
2	If the organization received or held works of art, historical treasures, or of	ther similar assets fo	r financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) re	lating to these items	:
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt; \$</b>
b	Assets included in Form 990 Part X		► ¢

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c),)

0

882 778

0

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Schedule D (Form 990) 2013 YOUR COMMUNITY FOUNDATION, INC. 27-5249383 Investments—Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . . . . . . . . 0 0 (2) Closely-held equity interests . . . . . (D) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) INDIVIDUAL ACCOUNT - CASH & EQUIVALE 772.149 F (2) INDIVIDUAL ACCOUNT - EQUITY SECURITI 28,051 F (3) INDIVIDUAL ACCOUNT - LIMITED PARTNER 20,500 F (4) POOLED ACCOUNT - CASH & EQUIVALENT 55,604 F (5) POOLED ACCOUNT - BONDS & BOND FUN 3,184,977 F (6) POOLED ACCOUNT - MUTUAL FUNDS 1,864,658 F (7) CORPORATE SECURITIES 4,110,036 F (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 10,035,975 Part IX Other Assets. Complete if the organization answered "Yes" to 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.) Other Liabilities. Complete if the organization answered "Yes" to 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) AGENCY ENDOWMENTS	611,536	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	611,536	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. 0

Page 4

Par	· · · · · · · · · · · · · · · · · · ·	Return
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 2,965,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	<b>2e</b> 674,232
3	Subtract line 2e from line 1	<b>3</b> 2,291,166
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.64
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b> 2,291,166
Part		er Return
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 .	Total expenses and losses per audited financial statements	<b>1</b> 1,025,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	<b>2e</b> 0
3	Subtract line 2e from line 1	<b>3</b> 1,025,109
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,025,109
Part	XIII Supplemental Information	1,020,100
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V line 4: Part X line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation
	, and the parties and provide any additional information	allori.
<b>-</b> -		

Schedule D (Forr		YOUR COM	MUNITY FOU	NDATION, IN	C		 27-5249383	Page <b>5</b>
Part XIII	Suppl	emental Info	rmation (co	ntinued)				
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# **SCHEDULE 1** (Form 990)

Department of the Treasury

Partl

Part II

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Publi

OMB No. 1545-0047

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

**Employer identification number** 

2 N

X Yes

27-5249383

General Information on Grants and Assistance YOUR COMMUNITY FOUNDATION, INC. Name of the organization

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance? . .

Person Crante	Par Othor	Accidence	Grante and Other Assistant to					
_	line 21, for	any recipient t	Part IV, line 21, for any recipient that received more	ind Organizations i e than \$5,000. Part l	I <b>n the United State</b> : Il can be duplicated	and Organizations in the United States. Complete if the organizatio re than \$5,000. Part II can be duplicated if additional space is needed.	ganization answered needed.	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, re than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	f organization t	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE YCF MORGANTOWN, WV 26505	HEDULE W 26505							
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number 3 Enter total number	er of section	501(c)(3) and granizations liste	Enter total number of section 501(c)(3) and government organiza Enter total number of other organizations listed in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	table		<b>A</b>	

Schedule I (Form 990) (2013)

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

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance SEE ATTACHED SCHEDULE Part III Part IV

2

BE SIGNED BY THE GRANTEE ORGANIZATION. YCF MONITORS THE USE OF GRANT FUDNS THROUGH A REVIEW OF THE GRANTEE FINAL REPORT OR THROUGH Part I Line 2 YOUR COMMUNITY FOUNDATION, INC. (YCF) PROVIDES GRANTEES WITH A WRITTEN STATEMENT OF GRANT TERMS AND CONDITIONS WHICH MUST REVIEW OF INVOICES SUBMITTED FOR REIMBURSEMENT. FINAL REPORTS MUST BE FILED BEFORE FUTURE GRANT APPLICATIONS ARE CONSIDERED.

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

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

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 9)

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number YOUR COMMUNITY FOUNDATION, INC 27-5249383 Form 990, Part VI, Section B, Line 15a: FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING; FURTHERMORE, THE BOARD EVALUATES THE COMPETENCY OF THE PERSON(S) OR FIRM HIRED TO PREPARE THE RETURN AND CONFIRMS THAT THE RETURN IS FILED TIMELY. THE BOARD CONSIDERS THIS AN APPRORIATE FIDUCIARY PROCESS, AND ACCORDINLGY, HAS TAKEN THESE STEPS. Form 990, Part VI, Section B, Line 15: ANNUALLY, THE BOARD OF DIRECTORS EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. AFTER THE EVALUATION PROCESS, THE BOARD APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR EVALUATES THE PERFORMANCE OF THE ADMINISTRATIVE ASSISTANT. AFTER THE EVALUATION PROCESS, THE BOARD APPROVES THE COMPENSATION OF THE ADMINISTRATIVE ASSISTANT. THE COMPENSATION RATES ARE COMPARED TO THOSE OF OTHER SIMILAR LOCAL AND STATEWIDE ORGANIZATIONS. SALARY INCREASES ARE DOCUMENTED IN THE BOARD OF DIRECTOR'S MINUTES. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, OTHER STATE AND NOT-FOR-PROFIT WEBSITES, AND UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
	27-5249383
TOOK COMMONITY TOOKDATION, INC.	27-32-3303

SCHEDULE I		, , , , , , , , , , , , , , , , , , ,			2013
(1011)	Government	and Otner Assistance to Organizations, ents, and individuals in the United States	Organizations ne United Staf	. sa	Open to Public
Part II	Grants and Other A	Grants and Other Assistance to Governments and Organizations	ents and Orga	ınizations	inspection
	YOUR COI	YOUR COMMUNITY FOUNDATION, INC.	DATION, II	Ğ.	27-5249383
Name	Address	City	State	Amount	Purpose
Arts Monongahela	201 High St.	Morgantown	<b>&gt; M</b>	23,875	ARTS & CULTURAL:Arts Fund
Betty Puskar Breast Care Center	P.O. Box 9300	Morgantown	<b>/</b>	10,000	OTHER:Pink Party
Monongalia Arts Center	107 High St.	Morgantown	\ \	12,000	ARTS & CULTURAL:Arts Fund
Morgantown Area Meals on Wheels	3373 University Ave	Morgantown	<b>^</b>	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Morgantown Theatre Company	369 High St.	Morgantown	<b>^</b>	12,000	ARTS & CULTURAL:Arts Fund
Rock Forge Presbyterian Church	P.O. Box 127	Morgantown	<b>%</b>	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Scotts Run Settlement House	41 Lady Bug Dr.	Morgantown	<b>%</b>	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
St. Ursula	P.O. Box 18	Morgantown	<b>%</b>	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Stepping Stones	400 Mylan Park	Morgantown	<b>&gt;</b>	5,000	SCHOLARSHIPS.Jim Dunn Memorial Scholarship
Union Mission of Fairmont	107 Jefferson St.	Fairmont	<b>&gt;</b>	20,233	OTHER:Union Mission
WVU Children's Hospital	1 Medical Center Dr.	Morgantown	<b>^</b>	45,000	HEALTH & SOCIAL SERVICES:Mountain Loggers Kids
WVU Foundation	One Waterfront Place	Morgantown	<b>%</b>	50,000	UNRESTRICTED: Dreamswork Fund
				198,108	

Part III

Grants and Other Assistance to Organizations, Governments, and individuals in the United States

Grants and Other Assistance to Individuals

Open to Public Inspection

2013

YOUR COMMUNITY FOUNDATION, INC.

#### 27-5249383

Name	Amount		Purpose
Matthew Boschen	500.00	Winner creative writing 2013	ARTS & CULTURAL: Shelley A. Marshall Foundation
Fairmont State University	700.00	Laura Pingley	Margaret L Spencer Health
Clemson University	1,000.00	Kevin Dao	SCHOLARSHIPS: Argabrite Scholarship Fund
North Greenville University	1,000.00	Ethan Griggs	SCHOLARSHIPS: Argabrite Scholarship Fund
Winthrop University	1,000.00	Jenna Anne Lilly	SCHOLARSHIPS:Argabrite Scholarship Fund
Clemson University	1,000.00	Nicholas Hotzelt	SCHOLARSHIPS:Argabrite Scholarship Fund
WVU Foundation	1,150.00	Mariah Dawson	SCHOLARSHIPS:Baker Memorial Scholarship
WVU Foundation	1,250.00	Jeanette Pool	SCHOLARSHIPS:Baker Memorial Scholarship
West Virginia University Glenville State	1,250.00 1,000.00	Megan Bartlett Megan Sheets	SCHOLARSHIPS:Baker Memorial Scholarship
Fairmont State University	350.00	Taylor Reed	SCHOLARSHIPS:BOWEN SCHOLARSHIPS:BRIDGES
Fairmont State University	500.00	Jessica Miller	SCHOLARSHIPS:Burton Memorial
WVU Foundation	2,500.00	Andrea Barbato	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Bryce Cumpston	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Heather McLean	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Jamie Vankirk	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Marilyn DeSantis	SCHOLARSHIPS:DeLynn Scholarship Fund
Saint Vincent College	2,500.00	Sarah Riffon	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Travis Howard	SCHOLARSHIPS:DeLynn Scholarship Fund
Seton Hill University	2,500.00	Anna Reitsma	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	2,500.00	Aimee Zorik	SCHOLARSHIPS: DeLynn Scholarship Fund
WVU Foundation	2,500.00	Andrea Barbato	SCHOLARSHIPS: DeLynn Scholarship Fund
Seton Hill University	2,500.00	Anna Reitsma	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	2,500.00	Bailey Haller	SCHOLARSHIPS: DeLynn Scholarship Fund
WVU Foundation	2,500.00	Brandon Thomas	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Clay Chipps	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Jessica Church	SCHOLARSHIPS:DeLynn Scholarship Fund
Concord University	2,500.00	Johnathon Berry	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Kerrie Davis	SCHOLARSHIPS:DeLynn Scholarship Fund
Penn State Fayette	2,500.00	Madison Mullenburg	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation WVU Foundation	2,500.00	Makayla Wilkins	SCHOLARSHIPS:DeLynn Scholarship Fund
Davis and Elkins College	2,500.00 2,500.00	Marilyn DeSantis Mary jane Braham	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Megan DeBastiani	SCHOLARSHIPS:DeLynn Scholarship Fund SCHOLARSHIPS:DeLynn Scholarship Fund
Oral Roberts University	2,500.00	Sara Bennett	SCHOLARSHIPS:DeLynn Scholarship Fund
Saint Vincent College	2,500.00	Sarah Riffon	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Taylor Scudiere	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Todd Funkhouser	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	2,500.00	Travis Howard	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	2,500.00	Yamini Anantula	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	400.00	Rachel Fitzwater Biesecker	SCHOLARSHIPS:Devison
WVU Foundation	250.00	Sarah Dunaway	SCHOLARSHIPS:Dr. Leo Kotchek Memorial Sch.
WVU Foundation	250.00	Stephanie Kelly	SCHOLARSHIPS:Dr. Leo Kotchek Memorial Sch.
WVU Foundation	250.00	Sarah Dunaway	SCHOLARSHIPS:Dr. Leo Kotchek Memorial Sch.
WVU Foundation	500.00	Kerrie Davis	SCHOLARSHIPS:Harper Memorial
North Carolina State	500.00	Madison Minor	SCHOLARSHIPS:Harper Memorial
WVU Foundation	750.00	Autumn Holmes	SCHOLARSHIPS:Hope Works Scholarship
WVU Foundation WVU Foundation	750.00 750.00	Elizabeth Coen	SCHOLARSHIPS:Hope Works Scholarship
Fairmont State	750.00 750.00	Jordon Sanbeil Sara Guidi	SCHOLARSHIPS:Hope Works Scholarship
WVU Foundation	750.00	Travis Howard	SCHOLARSHIPS:Hope Works Scholarship SCHOLARSHIPS:Hope Works Scholarship
WVU Foundation	750.00	Heidi Dunn	SCHOLARSHIPS:Hope Works Scholarship
WVU Foundation	750.00	Elizabeth Coen	SCHOLARSHIPS:Hope Works Scholarship
WVU Foundation	750.00	Jordon Sankbeil	SCHOLARSHIPS:Hope Works Scholarship
Fairmont State University	750.00	Sara Guidi	SCHOLARSHIPS:Hope Works Scholarship
Fairmont State University	750.00	Travis Howard	SCHOLARSHIPS:Hope Works Scholarship
Marshall University	1,000.00	Anthony Hayes	SCHOLARSHIPS:Jacob Bower Memorial
Fairmont State University	500.00	Brenda Palmer	SCHOLARSHIPS: Jacob Bower Memorial
WVU Foundation	500.00	Jasmin Johnson	SCHOLARSHIPS: Jacob Bower Memorial
Oral Roberts University	1,000.00	Michael Buonaiuto	SCHOLARSHIPS: Jacob Bower Memorial
WV School of Osteopathie	2,000.00	Ryan Quinn	SCHOLARSHIPS:JARVIS
WVU Foundation	1,000.00	Brynn Harshbarger	SCHOLARSHIPS: Jim Dunn Memorial Scholarship
WV Wesleyan College	1,000.00	Cameron Greza	SCHOLARSHIPS: Jim Dunn Memorial Scholarship
WVU Foundation	500.00	Emma Moore	SCHOLARSHIPS:KEENER
WVU Foundation	500.00	Sara Robinson	SCHOLARSHIPS:KEENER
West Liberty College Fairmont State University	500.00 1,800.00	Autumn Brook Mayle	SCHOLARSHIPS:KHS Class of '59
Marion Cty Adult & Community Center	1,800.00	Kelly Humphreys Nicholas Powell	SCHOLARSHIPS:Koen Scholarship
WVU Foundation	250.00	Kerrie Davis	SCHOLARSHIPS:Koen Scholarship SCHOLARSHIPS:Micah Wilson
C & E Development	3,750.00	Makayla Lewis	SCHOLARSHIPS:Miss WV Scholarshp Fund
Concord College-Business Office	500.00	Megan Godfrey	SCHOLARSHIPS:Miss WV Scholarship Fund
Shepherd University	600.00	amber collis	SCHOLARSHIPS:Miss WV Scholarshp Fund
Office of Student Accounts	1,600.00	margaret power	SCHOLARSHIPS:Miss WV Scholarshp Fund
Bon Vista Villa, LLC	1,050.00	APT U-18 Jackie Riggleman	SCHOLARSHIPS:Miss WV Scholarshp Fund
WVU Foundation	1,436.22	Kaitlin Gates	SCHOLARSHIPS:Miss WV Scholarshp Fund
Copper Beach Townhomes	900.00	Paige Madden	SCHOLARSHIPS:Miss WV Scholarshp Fund
Copper Beach Townhomes	424.00	Kaitlin Gates	SCHOLARSHIPS:Miss WV Scholarshp Fund
Shepherd University	1,000.00	Julianne Brown	SCHOLARSHIPS:Miss WV Scholarshp Fund
Copper Beach Townhomes	1,696.00	Kaitlin Gates	SCHOLARSHIPS: Miss WV Scholarshp Fund
WVU Foundation	2,500.00	Chelsea Malone	SCHOLARSHIPS: Miss WV Scholarshp Fund
Concord University	500.00	Jeseca Bragg	SCHOLARSHIPS:Miss WV Scholarshp Fund
Fairmont State University	500.00	Brandon Howdershelt	SCHOLARSHIPS:Poling Brookhaven Sch Fund
Fairmont State University	500.00	Kiley Rhae Moore	SCHOLARSHIPS:Rusty Mazzie Memorial Scholarsh
Fairmont State University	1,000.00	Sara Jones	SCHOLARSHIPS:Spotte Memorial Scholarship
WVU Foundation West Liberty College	300.00 500.00	Samatha Thomas	SCHOLARSHIPS:Valentine Fund
oot abouty college	500.00	Autumn Brook Mayle	SCHOLARSHIPS:Wills Music Educator Scholarshp

121,456.22

## Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are	e filing for an <b>Automatic 3-Month Extensio</b> e filing for an <b>Additional (Not Automatic) 3</b> <b>nplete Part II unless</b> you have already bee	-Month Ex	tension, complete only Part II (on p	page 2 of this form	۱).	<b>▶</b> □
Electronic	filing (e-file). You can electronically file For	m 8868 if v	ou need a 3-month automatic extens	sion of time to file	(6 month	ne for
a corporation	in required to file Form 990-T), or an addition	nal (not aut	tomatic) 3-month extension of time	ou can electronic	rally file I	-orm
8868 to reg	uest an extension of time to file any of the fo	rms listed	in Part I or Part II with the exception	of Form 8870 Inf	ormation	OHH
	ransfers Associated With Certain Personal					
	). For more details on the electronic filing of					Site
					Nonproi	нъ.
Part I	Automatic 3-Month Extension of	<b>Fime.</b> Onl	<u>y submit original (no copies nee</u>	ded).		
A corporation	on required to file Form 990-T and requesting	g an auto <mark>m</mark>	natic 6-month extension—check this	box and complete	;	
Part I only .						▶ 🗍
All other cor	porations (including 1120-C filers), partners	hips, REM	ICs, and trusts must use Form 7004	to request an exte	ension of	
	ncome tax returns.	• •	,			
			Enter filer's	idontificing accomb	:-	4
Type or	Name of exempt organization or other files, se	e instruction		identifying numb		
					(EIN) OF	
print YOUR COMMUNITY FOUNDATION, INC. 27-5249383						
File by the Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)						
due date for filing your P.O. BOX 409						
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	MORGANTOWN, WV 26507					
Enter the Re	eturn code for the return that this application	ic for (file	a congrete application for each return	-\		
Litter the re	stam code for the retain that this application	is ioi (ille	a separate application for each return	n)		01
Application	1	Return	Application			Return
is For		Code	Is For			Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		<del></del>	07
	Form 990-BL 02 Form 1041-A 08					
Form 4700 (in dividual)						
						09
					11	
Form 990-1 (trust other than above) 06 Form 8870 12						
Telephor  If the org	ss are in the care of ► NICHOLAS AUST ne No. ► (304) 296-3433 anization does not have an office or place of or a Group Return, enter the organization's	f business	Fax No. ▶in the United States, check this box		  f+b	. ► □
					— . If th	
list with the	e group, check this box ▶ names and EINs of all members the extension	If it is for pa on is for	art of the group, check this box		and	attach a
	est an automatic 3-month (6 months for a co		required to file Form 990-T) extension	n of time	· · · · ·	
until					o ovdono	ion
is for the organization's return for:  ▶ X calendar year 2013 or						
	calendar year 2015 of					
▶□	tax year beginning		, and ending			
2   f th = 1						•
	tax year entered in line 1 is for less than 12	months, ch	neck reason: Initial return	Final return	ו	
	nange in accounting period					
	application is for Forms 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tentative tax, less	any		
nonrefundable credits. See instructions.					0	
<b>b</b> If this	application is for Forms 990-PF, 990-T, 472	0, or 6069,	enter any refundable credits and			
	ated tax payments made. Include any prior y			3ь	\$	0
	ce due. Subtract line 3b from line 3a. Includ				<del>-</del>	
	S (Electronic Federal Tax Payment System)			3c	\$	0
	u are going to make an electronic funds withdra					<u>_</u>
navment instr			,			

Form 8868	3 (Rev. 1-2014)					Page <b>2</b>
	u are filing for an Additional (Not Automatic) 3					
	nly complete Part II if you have already been g			a previously filed F	Form 8868	<b>)</b> .
	are filing for an Automatic 3-Month Extension					
Part II	Additional (Not Automatic) 3-Mont	n Extens				
Type or	Name of exempt organization or other filer, se	e instruction		ler's identifying n Employer identification		
print		YOUR COMMUNITY FOUNDATION, INC. 27-5249383			,	
•	Number, street, and room or suite no. If a P.O					1)
File by the	date for					
filing your return. See	City, town or post office, state, and ZIP code.	For a foreig	n address, see instructions.			
instructions.	MORGANTOWN, WV 26507					
Enter the	e Return code for the return that this application	n is for (file	a separate application for each r	eturn)		. 01
Applica		Return	Application			
Is For		Code	Is For			Return Code
Form 99	90 or Form 990-EZ	01				Jour
Form 99		02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual	al)		09
Form 99	90-PF	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already g	ranted an a	utomatic 3-month extension on a	previously filed I	Form 8868	
Telep	oooks are in the care of ► NICHOLAS AUST whone No. ► (304) 296-3433 organization does not have an office or place of		Fax No. ▶		-	▶ □
	is for a Group Return, enter the organization's					
	hole group, check this box		,			nd attach a
	the names and EINs of all members the extens		3 11, 7 11 11 11 11 11 11			ia attaori a
	equest an additional 3-month extension of time		11/15/2014	<b></b> .		
	or calendar year 2013 , or other tax year be			and ending	_	
6 <u>If 1</u>	the tax year entered in line 5 is for less than 12 Change in accounting period	months, cl	neck reason: Initial ret	urn Final re	eturn	
	ate in detail why you need the extension An a	ttompt to a	htain information page 222 for F			•
a	timely fashion, but the information was not furni	ished in su	fficient time to permit the timely fi	ling a return was i	equestea	in
22.2			moone and to point the timely in	ing of the retain.		
			<del></del>			
8a If t	this application is for Forms 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax, I	ess any		
	nrefundable credits. See instructions.				8a \$	0
	this application is for Forms 990-PF, 990-T, 472					
	timated tax payments made. Include any prior	year overp	ayment allowed as a credit and a	· ·		
	nount paid previously with Form 8868.	da			8b \$	0
	alance due. Subtract line 8b from line 8a. Includ TPS (Electronic Federal Tax Payment System)			•	00 6	^
					8c   \$	0
	Signature and Verif	ication n	nust be completed for Part	ll only.		
Under per knowledge	nalties of perjury, I declare that I have examined this e and belief, it is true, correct, and complete, and th	form, includat I am auth	ding accompanying schedules and s orized to prepare this form.	tatements, and to t	ne best of r	ny
Signature I	_	r:u. <b>.</b>	TODENT			
Signature		Title ▶ PR	ESIDENT	Date	<b>•</b>	