

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury  
Internal Revenue Service

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

▶ 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](http://www.irs.gov/form990).Open to Public  
Inspection

<b>A</b> For the 2016 calendar year, or tax year beginning , 2016, and ending , 20																																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC</b></td> <td><b>D</b> Employer identification no. <b>27-5249383</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number <b>(304) 296-3433</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>PO BOX 409</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>MORGANTOWN, WV 26507</b></td> <td><b>G</b> Gross receipts \$ <b>2,939,277</b></td> </tr> <tr> <td colspan="3"> <b>F</b> Name and address of principal officer: <b>Patricia S Ryan</b>  <b>Same as C above</b> </td> </tr> <tr> <td colspan="3"> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶         </td> </tr> <tr> <td colspan="3"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> </tr> <tr> <td colspan="3"> <b>J</b> Website: ▶ <b>YCFWV.ORG</b> </td> </tr> <tr> <td colspan="3"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶         </td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>2011</b></td> <td><b>M</b> State of legal domicile: <b>WV</b></td> </tr> </table>	<b>C</b> Name of organization <b>YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC</b>		<b>D</b> Employer identification no. <b>27-5249383</b>	Doing business as		<b>E</b> Telephone number <b>(304) 296-3433</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>PO BOX 409</b>		City or town, state or province, country, and ZIP or foreign postal code <b>MORGANTOWN, WV 26507</b>		<b>G</b> Gross receipts \$ <b>2,939,277</b>	<b>F</b> Name and address of principal officer: <b>Patricia S Ryan</b> <b>Same as C above</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶			<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: ▶ <b>YCFWV.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2011</b>		<b>M</b> State of legal domicile: <b>WV</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>																																																										
<b>Revenue</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																										
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 15																																																									
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 15																																																									
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b> 3																																																									
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 25																																																									
<b>Expenses</b>	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0																																																									
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0																																																									
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**Part II Signature Block**

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

<b>Sign Here</b>	<b>Patricia S Ryan</b> Signature of officer	Date			
	<b>Patricia S Ryan, President</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Homer A Ruckle</b>	Preparer's signature	Date <b>08-12-2017</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00679845</b>
	Firm's name ▶ <b>H A Ruckle CPA</b>	Firm's EIN ▶			
	Firm's address ▶ <b>3803 Swallowtail Drive</b> <b>Morgantown WV 26508</b>	Phone no.		<b>304-594-9199</b>	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:  
SEE SCHEDULE O
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,687,391 including grants of \$ ) (Revenue \$ )  
YCF PARTNERED IN PHILANTHROPY, AND CONNECTED WITH INDIVIDUALS, ORGANIZATIONS, AND BUSINESSES IN DEVELOPING THEIR CHARITABLE WISHES BY FACILITATING AND MANAGING FUNDS TO HELP MEET CURRENT COMMUNITY NEEDS AND FUTURE CHALLENGES. THIS COLLABORATION WITH FUNDING AND CIVIC PARTNERS HELPED CUT COSTS, BUILD PROGRAMS, AND INCREASED THE SCOPE AND EFFICIENCY OF CHARITABLE GIVING IN NORTH CENTRAL WEST VIRGINIA.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 1,687,391

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> 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. . . . .	X	

**Part 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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	3	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	<b>15</b>
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.			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	<b>15</b>
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **West Virginia**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**Patricia S Ryan (304)296-3433, PO BOX 409, MORGANTOWN, WV 26507**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stephen Decker Chairman	3.00	X		X				0	0	0
(2) Sarah Minear Vice Chairman	3.00	X		X				0	0	0
(3) Michael DeProspero Treasurer	3.00	X		X				0	0	0
(4) James Griffin Secretary	3.00	X		X				0	0	0
(5) Robert Greer Imm Past Chairman	1.00	X						0	0	0
(6) Billy Atkins Counsel to the Board	1.00	X						0	0	0
(7) Dr. Ranjit Majumber Board Member	1.00	X						0	0	0
(8) M.L. Quinn Board Member	1.00	X						0	0	0
(9) Marcel Malfregeot Board Member	1.00	X						0	0	0
(10) Barbara Alexander McKinney Board Member	1.00	X						0	0	0
(11) Nicholas Fantasia Board Member	1.00	X						0	0	0
(12) James Maier Board Member	1.00	X						0	0	0
(13) Jonathon Mann Board Member	1.00	X						0	0	0
(14) Gerard Schmidt Board Member	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)Oral Henderson III Board Member	1.00	X						0	0	0
(16)Virginia Royce Board Member	1.00	X						0	0	0
(17)Billy Coffindaffer Board Member	1.00	X						0	0	0
(18)Patricia S Ryan President	40.00			X				51,923	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								51,923	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	20,000			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,521,677			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		2,541,677			
<b>Program Service Revenue</b>	<b>2a</b>	<b>FUND ADMIN FEES</b>	<b>Business Code</b>				
			525920	100,527	100,527		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		100,527			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		167,163			167,163
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	Gross rents . . . . .	(i) Real (ii) Personal				
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		28,224	28,224		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶		101,686	101,686		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
	<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		2,939,277	230,437	0	167,163	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	1,140,921	1,140,921		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	323,976	323,976		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	51,923	36,346	12,981	2,596
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	46,377	23,189	21,797	1,391
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	8,316	5,039	2,944	333
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	5,500		5,500	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .	125,358	125,358		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	10,084	6,111	3,570	403
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	15,020	9,102	5,317	601
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	33,719	7,600	25,617	502
<b>17</b> Travel . . . . .	2,081	1,261	737	83
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	2,059	1,248	729	82
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,854		26,854	
<b>23</b> Insurance . . . . .	4,667		4,667	
<b>24</b> 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.)				
<b>a</b> PRINTING & PUBLIC AWARENESS	11,444	6,935	4,051	458
<b>b</b> STAFF DEV & TRAINING	999		999	
<b>c</b> MEMBERSHIPS & DUES	2,470		2,470	
<b>d</b> BANK & MERCHANT SERVICE FEES	503	305	178	20
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e .	1,812,271	1,687,391	118,411	6,469
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	55,230	1	24,255	
	<b>2</b> Savings and temporary cash investments		2		
	<b>3</b> Pledges and grants receivable, net		3	25,500	
	<b>4</b> Accounts receivable, net	27,560	4	234,006	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	<b>7</b> Notes and loans receivable, net		7		
	<b>8</b> Inventories for sale or use		8		
	<b>9</b> Prepaid expenses and deferred charges		9		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,081,480			
	<b>b</b> Less: accumulated depreciation	10b 263,872	833,983	10c	817,608
	<b>11</b> Investments - publicly traded securities		11		
	<b>12</b> Investments - other securities. See Part IV, line 11		12		
	<b>13</b> Investments - program-related. See Part IV, line 11	11,972,372	13	13,452,188	
	<b>14</b> Intangible assets		14		
	<b>15</b> Other assets. See Part IV, line 11		15		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	12,889,145	16	14,553,557		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,314	17	3,659	
	<b>18</b> Grants payable		18		
	<b>19</b> Deferred revenue		19		
	<b>20</b> Tax-exempt bond liabilities		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	<b>22</b> 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		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	242,469	24	247,001	
	<b>25</b> 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	798,935	25	975,153	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,044,718	26	1,225,813	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	764,025	27	745,928	
	<b>28</b> Temporarily restricted net assets	11,080,402	28	12,581,816	
	<b>29</b> Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32		
	<b>33</b> <b>Total net assets or fund balances</b>	11,844,427	33	13,327,744	
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	12,889,145	34	14,553,557	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,939,277
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,812,271
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,127,006
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,844,427
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	356,311
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,327,744

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</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		

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC**

**27-5249383**

**Part I 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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,773,578	1,645,619	943,083	2,914,550	2,541,677	9,818,507
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,773,578	1,645,619	943,083	2,914,550	2,541,677	9,818,507
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						2,233,208
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						7,585,299

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,773,578	1,645,619	943,083	2,914,550	2,541,677	9,818,507
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	110,776	135,165	154,295	163,406	167,163	730,805
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	88,486	108,041	117,448	131,185	128,751	573,911
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						11,123,223
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	68.19	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	77.64	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

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

(Complete only if you checked the box on line 10 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶ ☐
- b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or 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 **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶ ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)**Section D - Distributions****Current Year**

- |           |  |  |
|-----------|--|--|
| <b>1</b>  | Amounts paid to supported organizations to accomplish exempt purposes  |  |
| <b>2</b>  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |  |
| <b>3</b>  | Administrative expenses paid to accomplish exempt purposes of supported organizations  |  |
| <b>4</b>  | Amounts paid to acquire exempt-use assets  |  |
| <b>5</b>  | Qualified set-aside amounts (prior IRS approval required)  |  |
| <b>6</b>  | Other distributions (describe in <b>Part VI</b> ). See instructions.   |  |
| <b>7</b>  | <b>Total annual distributions.</b> Add lines 1 through 6.  |  |
| <b>8</b>  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |  |
| <b>9</b>  | Distributable amount for 2016 from Section C, line 6   |  |
| <b>10</b> | Line 8 amount divided by Line 9 amount   |  |

**Section E - Distribution Allocations (see instructions)****(i)  
Excess Distributions****(ii)  
Underdistributions  
Pre-2016****(iii)  
Distributable  
Amount for 2016**

- |          |   |  |  |
|----------|---|--|--|
| <b>1</b> | Distributable amount for 2016 from Section C, line 6  |  |  |
| <b>2</b> | Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions.   |  |  |
| <b>3</b> | Excess distributions carryover, if any, to 2016:  |  |  |
| <b>a</b> |   |  |  |
| <b>b</b> |   |  |  |
| <b>c</b> | From 2013 . . . . .   |  |  |
| <b>d</b> | From 2014 . . . . .   |  |  |
| <b>e</b> | From 2015 . . . . .   |  |  |
| <b>f</b> | <b>Total</b> of lines 3a through e  |  |  |
| <b>g</b> | Applied to underdistributions of prior years  |  |  |
| <b>h</b> | Applied to 2016 distributable amount  |  |  |
| <b>i</b> | Carryover from 2011 not applied (see instructions)  |  |  |
| <b>j</b> | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |  |
| <b>4</b> | Distributions for 2016 from Section D, line 7: \$   |  |  |
| <b>a</b> | Applied to underdistributions of prior years  |  |  |
| <b>b</b> | Applied to 2016 distributable amount  |  |  |
| <b>c</b> | Remainder. Subtract lines 4a and 4b from 4.   |  |  |
| <b>5</b> | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |  |
| <b>6</b> | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |  |
| <b>7</b> | <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |  |  |
| <b>8</b> | Breakdown of line 7:  |  |  |
| <b>a</b> |   |  |  |
| <b>b</b> | Excess from 2013 . . . .  |  |  |
| <b>c</b> | Excess from 2014 . . . .  |  |  |
| <b>d</b> | Excess from 2015 . . . .  |  |  |
| <b>e</b> | Excess from 2016 . . . .  |  |  |

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

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

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

**Name of the organization**

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC

**Employer identification number**

27-5249383

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	<b>Employer identification number</b> 27-5249383
--	---

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div>██████████ ████████████████████</div> <div>██████████</div> <div>██████████████████</div>	\$ 1,031,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div>██████████████████████████████████████</div> <div>██████████████████</div> <div>██████████████████</div>	\$ 112,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div>██████████████████</div> <div>██████████████████████████████</div> <div>██████████████████</div>	\$ 75,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public  
Inspection

Name of the organization

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC

Employer identification number

27-5249383

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$ _____
(ii) Assets included in Form 990, Part X . . . . .	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$ _____
b Assets included in Form 990, Part X . . . . .	▶ \$ _____

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

Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	6,690,489	6,754,424	6,452,773	5,042,709	3,647,749
<b>b</b> Contributions . . . . .	1,312,673	402,870	187,058	780,888	1,221,429
<b>c</b> Net investment earnings, gains, and losses . . . . .	371,403	(21,118)	430,440	857,186	349,553
<b>d</b> Grants or scholarships . . . . .	412,295	380,978	263,802	176,489	136,687
<b>e</b> Other expenditures for facilities and programs . . . . .	40,914				
<b>f</b> Administrative expenses . . . . .	68,688	64,709	62,045	51,521	39,335
<b>g</b> End of year balance . . . . .	7,852,668	6,690,489	6,744,424	6,452,773	5,042,709

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ \_\_\_\_\_ %  
**c** Temporarily restricted endowment ▶ 100.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		98,000		98,000
<b>b</b> Buildings . . . . .		972,079	256,313	715,766
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		11,401	7,559	3,842
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				817,608



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH & EQUIVALENTS	966,467	FMV
(2) BONDS	19,571	FMV
(3) POOLED - CASH & EQUIVALENTS	245,194	FMV
(4) POOLED - BONDS & BOND FUNDS	4,036,008	FMV
(5) POOLED - MUTUAL FUNDS	3,000,719	FMV
(6) POOLED - EQUITY SECURITIES	5,182,222	FMV
(7) MUTUAL FUNDS	2,007	FMV
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	13,452,188	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY ENDOWMENTS	975,153	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	975,153	

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 . . . . ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	3,295,588
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	356,311	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	356,311
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,939,277
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	2,939,277

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,812,271
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,812,271
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	1,812,271

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**01. Footnote for uncertain tax position under FIN 48 (Part X)**

For Federal tax purposes the Organization is an exempt organization under Section 501(c)3 of the Internal Revenue Code, and was determined not to be a private foundation by the Internal Revenue Service; however, the Organization remains subject to tax on any business income unrelated to its tax-exempt purpose.

The Organization follows FASB Codification Section 740 Accounting for Uncertainty in Income Taxes (ASC 740). This guidance provides a recognition threshold and measurement process for uncertain tax positions. For the year ended December 31, 2016, there were no uncertain tax positions requiring accrual.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

YOUR COMMUNITY FOUNDATION OF NORTH CENTR

Employer identification number

27-5249383

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(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, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SEE ATTACHED SCHEDULE YCF MORGANTOWN, WV 26505							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SEE ATTACHED SCHEDULE					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**01. Monitoring procedures (Part I, line 2)**

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC. (YCF) PROVIDES GRANTEEES WITH A WRITTEN STATEMENT OF GRANT TERMS AND CONDITIONS WHICH MUST BE SIGNED BY THE GRANTEE ORGANIZATION. YCF MONITORS THE USE OF GRANT FUNDS THROUGH A REVIEW OF THE FINAL GRANTEE REPORT, OR THROUGH REVIEW OF INVOICES SUBMITTED FOR REIMBURSEMENT. FINAL REPORTS MUST BE FILED BEFORE FUTURE GRANT APPLICATIONS ARE CONSIDERED.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

**YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC**

**27-5249383**

**01. Form 990 governing body review (Part VI, line 11)**

FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT 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  
APPROPRIATE FIDUCIARY DUTY, AND ACCORDINGLY, HAS TAKEN THESE STEPS.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

ANNUALLY, THE BOARD OF DIRECTORS EVALUATES THE PERFORMANCE OF THE PRESIDENT. AFTER THE  
EVALUATION PROCESS, THE BOARD APPROVES THE COMPENSATION OF THE PRESIDENT. THE COMPENSATION  
RATE IS COMPARED TO THOSE OF OTHER SIMILAR LOCAL AND STATEWIDE ORGANIZATIONS. SALARY  
INCREASES ARE DOCUMENTED IN BOARD OF DIRECTOR'S MEETING MINUTES.

**04. Governing documents, etc, available to public (Part VI, line 19)**

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE  
PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, OR UPON REQUEST.

**05. General explanation attachment**

PART I, LINE 1 AND PART 3, LINE 1: ORGANIZATION'S MISSION:

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC (YCF) PROMOTES, DEVELOPS, AND  
COORDINATES CHARITABLE GIVING FOR THE GOOD OF NORTH CENTRAL WEST VIRGINIA. YCF WAS  
ESTABLISHED TO INVEST AND ADMINISTER DONATIONS, AND TO ASSIST IN MATCHING COMMUNITY  
RESOURCES WITH COMMUNITY NEEDS. YCF AIMS TO ASSIST DONORS IN ACHIEVING THEIR CHARITABLE

Employer identification number

27-5249383

ENHANCE THE QUALITY OF LIFE FOR THOSE SERVED.

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC</b>	Employer identification number (EIN) or <b>27-5249383</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 409</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MORGANTOWN, WV 26507</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **Patricia S Ryan, PO BOX 409, MORGANTOWN, WV 26507**Telephone No. ► **304-296-3433**

FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **11-15**, 20 **17**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 **16** or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2017)

**SCHEDULE I**  
**(Form 990)**

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

**2016**

**Open to Public  
Inspection**

**Part II**

**Grants and Other Assistance to Governments and Organizations**

**YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL  
WEST VIRGINIA, INC.**

**27-5249383**

Name	Address	City	State	Amount	Purpose
Arts Monongahela	201 High St.	Morgantown	WV	13,442	ARTS & CULTURAL:Arts Fund
Bartlett House, Inc.	1110 University Ave	Morgantown	WV	9,890	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Catholic Charities of WV	235 High St.	Morgantown	WV	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Christian Help, Inc.	219 Walnut St.	Morgantown	WV	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Clarksburg mission, Inc.	PO Box 1123	Clarksburg	WV	5,000	HEALTH & SOCIAL SERVICES:Dominion Charitable
Clay Battelle Family Services	6061 Mason-Dixon Hwy	Blacksville	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Coordinating Council on Homelessness	235 High St.	Morgantown	WV	15,000	HEALTH & SOCIAL SERVICES:Mavis Grant & George Lilly
Covenant CME	802 Greenbag Rd.	Morgantown	WV	6,500	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Empty Bowls Monongalia	7 Rousch Dr.	Westover	WV	6,950	HEALTH & SOCIAL SERVICES:Opportunity Day
Fairmont State University Foundation	1300 Locust Dr.	Fairmont	WV	6,000	SCHOLARSHIPS:Dominion Charitable
FIRST	200 Bedford St.	Manchester	NH	5,000	EDUCATION:Mountaineer Area Robotics
Glenville State College	200 High St.	Glenville	WV	5,000	EDUCATION:Dominion Charitable
Health Access	489 Washington Ave.	Clarksburg	WV	10,000	HEALTH & SOCIAL SERVICES:Dominion Charitable
Hope Federal Credit Union	925 White Oaks Blvd.	Bridgeport	WV	10,000	HEALTH & SOCIAL SERVICES:Dominion Charitable
M.T. Pckets Theatre Company	203 Parsons St.	Morgantown	WV	9,500	ARTS & CULTURAL:Arts Fund
Mason Dixon Elementary	7041 Mason Dixon Hwy.	Blacksville	WV	5,000	EDUCATION:Tanner Children's
MHS Baseball Team	109 Wilson Ave.	Morgantown	WV	10,860	SPORTS:MHS Athletic Boosters
Milan Puskar Health Right, Inc.	341 Spruce St	Morgantown	WV	20,800	HEALTH & SOCIAL SERVICES:Mavis Grant & George Lilly
Mon Cty Child Advocacy Center, Inc.	909 Greenbag Rd	Morgantown	WV	32,497	HEALTH & SOCIAL SERVICES:Opportunity Day
Mon River Trails Conservancy	PO Box 282	Morgantown	WV	10,151	COMMUNITY DEVELOPMENT:Opportunity Day
Monongalia Arts Center	107 High St.	Morgantown	WV	10,500	ARTS & CULTURAL:Arts Fund
Morgantown Area Chamber of Commerce	1029 University Ave.	Morgantown	WV	75,000	COMMUNITY DEVELOPMENT:MACC
Morgantown High School Band	109 Wilson Ave.	Morgantown	WV	10,000	ARTS & CULTURAL:Dominion Charitable
Morgantown Area Meals on Wheels	3375 University Ave.	Morgantown	WV	6,750	HEALTH & SOCIAL SERVICES:Empty Bowls
Morgantown Museum	175 Kirk Street	Morgantown	WV	5,361	ARTS & CULTURAL:Arts Fund
Morgantown Theatre Company	369 High St.	Morgantown	WV	13,000	ARTS & CULTURAL:Arts Fund
Northern Appalachian Teen Challenge	415 Benedum Dr.	Bridgeport	WV	10,000	HEALTH & SOCIAL SERVICES:Dominion Charitable
Operation Welcome Home	452 Mylan Park Lane	Morgantown	WV	16,656	HEALTH & SOCIAL SERVICES:Get Fit
P.U.R.R. WV	306 Beech St.	Grafton	WV	10,000	ANIMAL FUNDS:Prevention of Cruelty
Rock Forge Presbyterian Church	P.O. Box 127	Morgantown	WV	7,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Scott's Run Settlement House, Inc.	41 Lady Bug Dr.	Osage	WV	20,400	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Shallow Creek Kennels, Inc.	6572 Seneca Road	Sharpsville	PA	11,750	HEALTH & SOCIAL SERVICES:Morgantown Police Dog
St. Ursula	P.O. Box 18	Morgantown	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
The Cultural Foundation of Harrison Co.	248 E. Main St	Clarksburg	WV	5,570	ARTS & CULTURAL:C/H Cultural
The Disability Action Center	102 Benoni Ave	Fairmont	WV	11,430	HEALTH & SOCIAL SERVICES:Opportunity Day
The Salvation Army	1224 University Ave.	Morgantown	WV	6,150	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia



**SCHEDULE I**  
**(Form 990)**

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

**2016**

**Open to Public  
Inspection**

**Part II**

**Grants and Other Assistance to Governments and Organizations**

**YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL  
WEST VIRGINIA, INC.**

**27-5249383**

Name	Address	City	State	Amount	Purpose
Tucker Community Foundation	PO Box 491	Parsons	WV	9,497	EDUCATION:Wade World
Union Mission of Fairmont	107 Jefferson St.	Fairmont	WV	37,000	HEALTH & SOCIAL SERVICES:Union Mission
United Way of Harrison County	P.O. Box 2452	Clarksburg	WV	10,350	HEALTH & SOCIAL SERVICES: UWH
Vandalila Bronze, LLC	9 Buchanan St	Morgantown	WV	39,733	ARTS & CULTURAL:Morgan Statue
Wadestown Food Pantry	1902 Range Rd.	Wadestown	WV	7,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Women's Giving Circle of NCWV	PO Box 176	Morgantown	WV	9,000	HEALTH & SOCIAL SERVICES:Opportunity Day
WVU Children's Hospital	1 Medical Center Dr.	Morgantown	WV	50,600	HEALTH & SOCIAL SERVICES:Mountain Loggers
WVU Foundation	2 Waterfront Pl.	Morgantown	WV	20,000	EDUCATION:Dominion Charitable

**SCHEDULE I**  
**(Form 990)**

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

**2016**

**Open to Public  
Inspection**

**Part III**

**Grants and Other Assistance to Individuals**

**YOUR COMMUNITY FOUNDATION OF NORTH  
CENTRAL WEST VIRGINIA, INC.**

**27-5249383**

Name	Amount	Purpose
Fairmont State	Aimee Zorik	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State	Aimee Zorik 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Alaysia Dillistone	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Alaysia Dillistone	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Alexandra Brennan	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Alexandra Brennan 2016	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State University	Alexandra Brennan 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Alexis Friend 2016	500.00 SCHOLARSHIPS:Poling Brookhaven Sch Fund
Waynesburg University	Allison Hall	2,500.00 SCHOLARSHIPS:Delynn
Waynesburg University	Allison Hall 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Amanda Wolfe	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Amanda Wolfe 2016	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State	Amber Howdershelt	1,000.00 SCHOLARSHIPS:Hopeworks
Fairmont State University	Amber Howdershelt 2016	1,000.00 SCHOLARSHIPS:Hopeworks
Fairmont State	Andrew Harker	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State	Andrew Harker 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Ashley Shaffer 2016	500.00 SCHOLARSHIPS:Spotte Memorial Scholarship
Faimont State University	Bailey Haller	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State University	Bailey Haller 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brandon Armstron	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brandon Armstrong 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brandon Thomas	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brandon Thomas 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brennen McMinn	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brennen McMinn 2016 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Brennen McMinn 2016	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State University	Brittany Gyrok	827.55 SCHOLARSHIPS: Mt. Loggers
Fairmont State University	Brittany Gyrok 2016	827.54 SCHOLARSHIPS:Hopeworks
Fairmont State	Caleb Anselene 2016	460.00 SCHOLARSHIPS:Jacob Bower Memorial
Fairmont State	Caleb Anselene2016	500.00 SCHOLARSHIPS:Jacob Bower Memorial
Pierpont Community & Technical College	Caleb Eldred 2016	2,500.00 SCHOLARSHIPS:Wolfe
Wheeling Jesuit University	Cameron Gibson 2016	500.00 SCHOLARSHIPS:Jacob Bower Memorial
WVU Foundation	Caroline Ernstes2016	500.00 SCHOLARSHIPS:Harper Memorial
Wellesley College	Catherine Gooding	1,000.00 SCHOLARSHIPS:Hopeworks
Wellesley College	Catherine Gooding 2016	1,000.00 SCHOLARSHIPS:Hopeworks
WVU Foundation	ChandlerStrogen ---School of law2016	3,200.00 SCHOLARSHIPS:Jarvis
WVU Foundation	Chloe Corder 2016	2,000.00 SCHOLARSHIPS:Baker Memorial Scholarship
Pierpont Community & Technical College	Chloe Corder 2016	2,500.00 SCHOLARSHIPS:Wolfe
WVU Foundation	Clay Chipps	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Clay Chips 2016	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State University	Clay Stuart	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State	Clay Stuart 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Cordell Summers	1,000.00 SCHOLARSHIPS:Shahan
WVU Foundation	Courtney Randolph 2016	2,000.00 SCHOLARSHIPS:Baker Memorial Scholarship
WVU Foundation	Courtney Randolph 2016	1,000.00 SCHOLARSHIPS:Bowen Scholarship
WV Wesleyan College	Dakota Bull 2016	500.00 SCHOLARSHIPS:Mazzie
Fairmont State	Dominique Kelley	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State University	Dominique Kelley	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Elizabeth Keim	500.00 SCHOLARSHIPS:Miss West Virginia
La Roche College	Elmo Trickett 2016	500.00 SCHOLARSHIPS:Jacob Bower Memorial
WVU Foundation	Emilea Warnick 2016	500.00 SCHOLARSHIPS:KHS '59
Fairmont State	Emily Arbogast	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State	Emily Arbogast 2016	2,500.00 SCHOLARSHIPS:Delynn
Shepherd University	Emily Harper	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Eric Finch	1,000.00 SCHOLARSHIPS:Hopeworks
WVU Foundation	Eric Finch 2016	1,000.00 SCHOLARSHIPS:Hopeworks
North Greenville University	Ethan Griggs	1,000.00 SCHOLARSHIPS:Argabrite
WVU Foundation	Haleigh Bell	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Haleigh Bell 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Haleigh Posey	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Haleigh Posey 2016	2,500.00 SCHOLARSHIPS:Delynn
Saint Vincent College	Haley Martin	2,500.00 SCHOLARSHIPS:Delynn
Saint Vincent College	Haley Martin 2016	2,500.00 SCHOLARSHIPS:Delynn
College of Charleston	Hannah Cooper	1,000.00 SCHOLARSHIPS:Argabrite
Clemson University	Hannah Cooper	1,000.00 SCHOLARSHIPS:Argabrite

**SCHEDULE I**  
**(Form 990)**

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

**2016**

**Open to Public  
Inspection**

**Part III**

**Grants and Other Assistance to Individuals**

**YOUR COMMUNITY FOUNDATION OF NORTH  
CENTRAL WEST VIRGINIA, INC.**

**27-5249383**

	Name	Amount	Purpose
WVU Foundation	Hannah Petracca 2016	1,000.00	SCHOLARSHIPS:Jacob Bower Memorial
MOHELA	Hannah Prince	2,000.00	SCHOLARSHIPS:Miss West Virginia
WVU Foundation	Heidi Dunn	750.00	SCHOLARSHIPS:Hopeworks
WVU Foundation	Heidi Dunn 2016	750.00	SCHOLARSHIPS:Hopeworks
Fairmont State University	Jacob Griffith 2016	500.00	SCHOLARSHIPS:Harper Memorial
WVU Foundation	Jacob Morris	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Jacob Morris 2016	2,500.00	SCHOLARSHIPS:Delynn
Marietta College	Jacob Smith	2,500.00	SCHOLARSHIPS:Delynn
Marietta College	Jacob Smith 2016	2,500.00	SCHOLARSHIPS:Delynn
Mount Vernon Nazarene University	James Moore	1,800.00	SCHOLARSHIPS:Koen
Mount Vernon Nazarene University	James Moore 2016	1,800.00	SCHOLARSHIPS:Koen
WVU Foundation	Jamie DeSantis	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Jamie DeSantis 2016	2,500.00	SCHOLARSHIPS:Delynn
Marshall University	Jarrett Hockenberry	2,500.00	SCHOLARSHIPS:Delynn
Marshall University	Jarrett Hockenberry	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Jessica Church	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Jessica Church 2016	2,500.00	SCHOLARSHIPS:Delynn
US Department of Education Direct Loans	Joedan Robinson	300.00	SCHOLARSHIPS:Miss West Virginia
Norwich University	John Davis 2016	500.00	SCHOLARSHIPS:Spotte Memorial Scholarship
Concord University	Jonathon Berry	2,500.00	SCHOLARSHIPS:Delynn
Concord University	Jonathon Berry 2016	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Justin Anselene 2016	500.00	SCHOLARSHIPS:Jacob Bower Memorial
West Liberty College	Kaitlynn Cole 2016	500.00	SCHOLARSHIPS:Wills
Sallie Mae	Katie Rose	1,200.00	SCHOLARSHIPS:Miss West Virginia
George Mason University	Katie Rose 2015	1,600.00	SCHOLARSHIPS:Miss West Virginia
WVU Foundation	Kayla Thomas	4,000.00	SCHOLARSHIPS:Meltzer
WVU Foundation	Kayla Thomas 2016	4,000.00	SCHOLARSHIPS:Meltzer
Clemson University	Kimberely Hotzelt	1,000.00	SCHOLARSHIPS:Argabrite
WVU Foundation	Kirk Moore	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Kirk Moore	2,500.00	SCHOLARSHIPS:Delynn
Alderson Broaddus College	Kitara Goff	1,000.00	SCHOLARSHIPS:Ayersman
Alderson Broaddus College	Kitara Goff	500.00	SCHOLARSHIPS:Ayersman
Alderson Broaddus College	Laramine Linn	2,500.00	SCHOLARSHIPS:Delynn
Alderson Broaddus College	Laramine Linn 2016	2,500.00	SCHOLARSHIPS:Delynn
University of Charleston	Lauren Ball 2016	1,000.00	SCHOLARSHIPS:Dunn
US Department of Education Direct Loans	Lauren Harvey	300.00	SCHOLARSHIPS:Miss West Virginia
WVU Foundation	Lauren Linton	1,000.00	SCHOLARSHIPS:Seamon
Wheeling Jesuit University	Lindsay Scheffel	250.00	SCHOLARSHIPS:Kotchek
Wheeling Jesuit University	Lindsay Scheffel	250.00	SCHOLARSHIPS:Kotchek
WVU Foundation	Lucas Mocniak	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Lucas Mocniak 2016	2,500.00	SCHOLARSHIPS:Delynn
Alderson Broaddus College	Lydia Ann Wade	1,000.00	SCHOLARSHIPS:Hopeworks
Alderson Broaddus College	Lydia Ann Wade 2016	1,000.00	SCHOLARSHIPS:Hopeworks
Penn State Fayette	Madison Mullenburg 2016	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Makayla Wilkins	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Makayla Wilkins 2016	2,500.00	SCHOLARSHIPS:Delynn
Davis and Elkins College	Mary Jane Braham	2,500.00	SCHOLARSHIPS:Delynn
Davis and Elkins College	Mary Jane Braham 2016	2,500.00	SCHOLARSHIPS:Delynn
Alderson Broaddus College	Matthew Dillon 2016	500.00	SCHOLARSHIPS:Harper Memorial
WVU Foundation	Matthew Summers	1,000.00	SCHOLARSHIPS:Hopeworks
WVU Foundation	Matthew Summers2016	1,000.00	SCHOLARSHIPS:Hopeworks
WVU Foundation	Megan DeBastiani	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Megan DeBastiani 2016	2,500.00	SCHOLARSHIPS:Delynn
Fairmont State	Melissa Layfield 2016	2,000.00	SCHOLARSHIPS:Morrison Memorial
WVU Foundation	Mia Rae Gresak	500.00	SCHOLARSHIPS:Valentine Fund
Navient	Miranda Harrison	3,560.86	SCHOLARSHIPS:Miss West Virginia
WVU Foundation	Morgan Cain 2016	2,000.00	SCHOLARSHIPS:Morrison Memorial
WVU Foundation	Olivia Moroose	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Olivia Moroose 2016	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Olivia Moroose 2016	500.00	SCHOLARSHIPS:Jacob Bower Memorial
WVU Foundation	Peydan McVicker 2016	500.00	SCHOLARSHIPS:Jacob Bower Memorial
WVU Foundation	Phillip Vincent	2,500.00	SCHOLARSHIPS:Delynn
WVU Foundation	Phillip Vincent 2016	2,500.00	SCHOLARSHIPS:Delynn
Coker College	Quadarius Grate	1,000.00	SCHOLARSHIPS:Argabrite
WVU Foundation	Rachel Sargent 2016	1,000.00	SCHOLARSHIPS:Keener

**Part III**

**Grants and Other Assistance to Individuals**

**YOUR COMMUNITY FOUNDATION OF NORTH  
CENTRAL WEST VIRGINIA, INC.**

**27-5249383**

Name	Amount	Purpose
Oral Roberts University	Rebecca Bennett	2,500.00 SCHOLARSHIPS:Delynn
Oral Roberts University	Rebecca Bennett 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Rebecca Leonard 2016	750.00 SCHOLARSHIPS: Mt. Loggers
WVU Foundation	Roark Sizemore	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Roark Sizemore 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Samantha Flowers 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Samatha Flowers	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Samatha Thomas2016	400.00 SCHOLARSHIPS:Valentine Fund
Oral Roberts University	Sara Bennett 2016	2,500.00 SCHOLARSHIPS:Delynn
Pierpont Community & Technical College	Sarah Haller	2,500.00 SCHOLARSHIPS:Delynn
Pierpont Community & Technical College	Sarah Haller 2016	2,500.00 SCHOLARSHIPS:Delynn
Alderson Broaddus College	Sarah Reed 2016	2,000.00 SCHOLARSHIPS:Morrison Memorial
WVU Foundation	Sarah Savage	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Sarah Savage 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Sarah Savage 2016	500.00 SCHOLARSHIPS:KHS '59
WVU Foundation	Savannah Dervis	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Savannah Dervis	2,500.00 SCHOLARSHIPS:Delynn
Colorado State	Seth Edwards2016	1,000.00 SCHOLARSHIPS:Dunn
WVU Foundation	Shayla McGhee	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Shayla McGhee 2016	2,500.00 SCHOLARSHIPS:Delynn
Wheeling Jesuit University	Shelby wade	1,000.00 SCHOLARSHIPS:Seamon
M.I.T.	Skylar Brooks	2,500.00 SCHOLARSHIPS:Delynn
M.I.T.	Skylar Brooks 2016	2,500.00 SCHOLARSHIPS:Delynn
Waynesburg University	Sydknee Carpenter	2,500.00 SCHOLARSHIPS:Delynn
Waynesburg University	Sydknee Carpenter 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Office of Student Accounts	Tarianne Graal	550.00 SCHOLARSHIPS:Miss West Virginia
Alderson Broaddus College	Taylor England	2,500.00 SCHOLARSHIPS:Delynn
Alderson Broaddus College	Taylor England 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Taylor Scudiere	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Taylor Scudiere 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Todd Funkhouser	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Todd Funkhouser 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Tressa Bonasso	1,000.00 SCHOLARSHIPS:Burton
Department of Education	Tressa Bonasso	400.00 SCHOLARSHIPS:Miss West Virginia
Fairmont State University	Tyler McGee	2,500.00 SCHOLARSHIPS:Delynn
Fairmont State	Tyler McGee 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Wesley Roberts	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Wesley Roberts	1,000.00 SCHOLARSHIPS:Hopeworks
WVU Foundation	Wesley Roberts 2016	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Wesley Roberts 2016	1,000.00 SCHOLARSHIPS:Hopeworks
WVU Foundation	Yamini Anantula	2,500.00 SCHOLARSHIPS:Delynn
WVU Foundation	Yamini Anantula	2,500.00 SCHOLARSHIPS:Delynn

## AMENDED AND RESTATED ARTICLES OF INCORPORATION DEC 28 2016

OF

IN THE OFFICE OF  
SECRETARY OF STATE

## YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC.

Pursuant to Section 31E-10-1006 of the Code of West Virginia, Your Community Foundation of North Central West Virginia, Inc. amends and restates its Articles of Incorporation as follows:

I. The name of the West Virginia corporation (hereinafter, the "Corporation") shall be:

Your Community Foundation of North Central West Virginia, Inc.

II. The Corporation is nonprofit and may not have or issue shares of stock or make distributions.

III. The mailing address of the Corporation's principal office is:

Your Community Foundation, Inc.  
Attn: Patricia S. Ryan  
111 High Street  
P.O. Box 409  
Morgantown, WV 26507

IV. The mailing address of the Corporation's registered office and the name of the Corporation's initial registered agent at that office is:

Your Community Foundation, Inc.  
Attn: Patricia S. Ryan  
P.O. Box 409  
Morgantown, WV 26507

V. The Corporation shall have no members.

VI. The email address where business correspondence may be received is  
info@ycfwv.org

VII. The purpose or purposes for which this Corporation is formed are as follows:

1. To operate exclusively for charitable, religious, literary, educational and/or scientific purposes as set forth in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, including the making of distributions for such purposes.

2. To primarily serve the educational and charitable needs of the entire north central West Virginia region, including, without limitation, the counties of Harrison, Marion, Monongalia, Preston and Taylor, by providing a means by which the public may establish funds or make gifts of various amounts to established funds (component or agency funds), which (i) are received and maintained in the form of separate funds, (ii) are subject to varying degrees of control by the Board of Directors of Your Community Foundation of North Central West Virginia, Inc., and (iii) provide for distribution of income and principal for the education and charitable needs of the community.
4. To engage in any lawful act or activity which corporations organized under the laws of the State of West Virginia as a non-profit corporation may be engaged, to the extent that, and only to such extent, such act or activity is solely in furtherance of the exclusive purpose of the Corporation stated herein.
5. To solicit, collect, and otherwise raise money and to expend, disburse, and dispose of the same all for the purpose of accomplishing the aforementioned exclusive purpose.
6. To do any and all things necessary or incident to the aforementioned exclusive purpose.
7. In addition to the powers granted it under the laws of the State of West Virginia, the Corporation shall have the power:
  - a. To modify any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations, if in the sole judgment of the governing body (without the necessity of the approval of any participating trustee, custodian, or agent), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community or area served.
  - b. To replace any participating trustee, custodian, or agent for breach of fiduciary duty under the laws of the State of West Virginia; and
  - c. To replace any participating trustee, custodian, or agent for failure to produce a reasonable (as determined by the governing body) return of net income over a reasonable period of time (as determined by the governing body).

VIII. The Corporation shall exercise only such powers as are in furtherance of the exempt purposes of organizations set forth in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

IX. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) a political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation to the contrary, the Corporation shall not conduct or carry on any activity not permitted to be conducted or carried on (a) by an organization exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and its regulations as they now exist or as they may hereafter be amended, (b) by an organization to which contributions are deductible under Section 170(c)(2) of said Code and its regulations as they now exist or as they may hereafter be amended, or (c) by a nonprofit organization under the laws of the State of West Virginia.

X. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any director, officer or agent of the Corporation, or any private individual, except that the Corporation may pay reasonable compensation for services rendered and may make payments in furtherance of the purposes set forth in Article VII hereof.

This Corporation is not organized for a pecuniary profit. The balance, if any, of all money received by the Corporation from its operations, after the payment in full of all debts and obligations of the Corporation of whatever kind or nature, shall be used and distributed exclusively in furtherance of the purposes set forth in Article VII hereof.

No director or officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the Corporation's assets or their proceeds, upon dissolution of the Corporation. Upon the dissolution or other termination of the Corporation in accordance with applicable state law, all corporate assets and proceeds shall be distributed as directed by the Board of Directors of the Corporation among one or more corporations, community chests, funds or foundations, organized and operated exclusively for religious, charitable, scientific, educational, or other purposes which would qualify under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or to the federal government, or to a state or local government, for a public purpose. Any assets not so disposed of shall be disposed of by the Court in the County in which the principal office of the Corporation is located, exclusively for such purposes or to such organizations as said Court shall determine.

No director of the Corporation shall receive any compensation, gain or profit from the Corporation.

XI. The powers, rights and privileges provided in these Articles of Incorporation are not to be deemed to be in limitation of similar, other, or additional powers, rights and privileges granted or permitted to this Corporation by the Code of West Virginia, as now existing or hereafter amended, under which the corporation by virtue hereof becomes deemed to be incorporated. It being intended that this Corporation shall be authorized to have,

and shall have, all the powers, rights and privileges granted or permitted to a corporation of this nature by statute.

XII. The Corporation is intended to be a public charity. However, if at any time the Corporation should be determined to be a private foundation for federal tax purposes, the following provisions shall apply:

The Corporation will distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income as imposed by Section 4942 of the Internal Revenue Code, or corresponding section of any future federal tax code.

The Corporation will not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The Corporation will not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The Corporation will not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding section of any future federal tax code.

The Corporation will not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, or corresponding section of any future federal tax code.

XIII. The board of directors of the Corporation shall consist of nine (9) or more individuals, the number thereof to be determined from time to time pursuant to the by-laws of the Corporation.

XIV. The Corporation will be managed and regulated by the board of directors in accordance with the by-laws of the Corporation.

XV. A member of the Board of Directors shall not be personally liable to the Corporation for monetary damages for any action taken, as director, except liability for (1) The amount of a financial benefit received by a director to which he or she is not entitled; (2) an intentional infliction of harm on the corporation; (3) a violations of section eight hundred thirty-three, article eight of Chapter 31E of the West Virginia Code regarding unlawful distributions; or (4) an intentional violation of criminal law.

XVI. A member of the Board of Directors shall be indemnified from "liability," as such term is defined in section eight hundred fifty, article eight of Chapter 31E of the West Virginia Code, with respect to any action taken, or failure to take any action, as a director, except for liability for: (1) The amount of a financial benefit received by a director to which he or she is



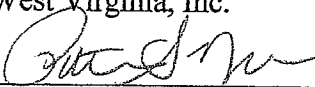
not entitled; (2) an intentional infliction of harm on the Corporation; (3) a violations of section eight hundred thirty-three, article eight of Chapter 31E of the West Virginia Code regarding unlawful distributions; or (4) an intentional violation of criminal law.

XVII. The effective date of the Amended and Restated Article of Incorporation shall be the date of filing hereof.

In Witness Wherefore, Your Community Foundation of North Central West Virginia, Inc., has caused these Amended and Restated Articles of Incorporation and the accompanying Application to be executed in its name and on its behalf as therein duly authorized.

Dated: December 19, 2016

Your Community Foundation of North Central  
West Virginia, Inc.



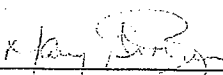
By Patricia S. Ryan  
Its President

STATE OF WEST VIRGINIA,

COUNTY OF MONONGALIA, to-wit:

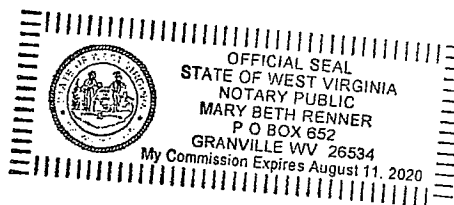
I, Mary Beth Renner, a notary public in and for the State of West Virginia, do hereby certify that Patricia S. Ryan, as President of YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC., has acknowledged the foregoing instrument for the purposes therein contained.

Given under my hand this 19 day of December 2016.

  
\_\_\_\_\_  
Notary Public

My commission expires:

11 Aug 2020



# State of West Virginia



## Certificate

*I, Natalie E. Tennant, Secretary of State of the  
State of West Virginia, hereby certify that*

Restated Articles of Incorporation of

**YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC.**

are filed in my office as required by the provisions of the West Virginia Code and are found to conform to law. Therefore, I issue this

### RESTATED CERTIFICATE OF INCORPORATION

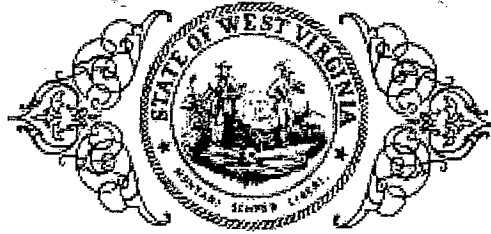


*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
December 28, 2016*

*Natalie E. Tennant*

Secretary of State

# State of West Virginia



## Certificate

*I, Natalie E. Tennant, Secretary of State of the  
State of West Virginia, hereby certify that*

Articles of Amendment to the Articles of Incorporation of

**YOUR COMMUNITY FOUNDATION, INC.**

Are filed in my office as required by the provisions of the West Virginia Code and are found to conform to law. Therefore, I issue this.

### **CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION**

changing the name of the corporation to

**YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC.**



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
December 28, 2016*

*Natalie E. Tennant*

Secretary of State

Natalie E. Tennant  
Secretary of State  
1900 Kanawha Blvd E  
Bldg 1, Suite 157-K  
Charleston, WV 25305



FILED  
DEC 28 2016  
IN THE OFFICE OF  
SECRETARY OF STATE

Penney Barker, Manager  
Corporations Division  
Tel: (304)558-8000  
Fax: (304)558-8381  
Website: [www.wvsos.com](http://www.wvsos.com)  
E-mail: [business@wvsos.com](mailto:business@wvsos.com)  
Office Hours: Monday – Friday  
8:30 a.m. – 5:00 p.m. ET

**FILE ONE ORIGINAL**

(Two if you want a filed  
stamped copy returned to you)

**FEE: \$25.00**

**WEST VIRGINIA  
ARTICLES OF INCORPORATION  
NON-PROFIT AMENDMENT**

1. The name of the corporation is: Your Community Foundation, Inc.
2. The date of the adoption of the amendment(s): 12/19/2016
3. In the manner prescribed by the WV Code §31E-10-1005, the members/board of directors have adopted the following amendment(s) to the Articles of Incorporation:

- ☐ Statement required by the IRS to be included in Articles of Incorporation, Restatement or Amendment for 501(c)(3) status approval (attached)
- ☒ Change of name to: Your Community Foundation of North Central West Virginia, Inc.
- ☐ Other (attach amendments to this application)

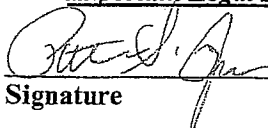
4. Check and complete the applicable statement:

- ☐ At a meeting held on \_\_\_\_\_ a quorum of the members entitled to vote on the amendment were present and the amendment was adopted by a majority of members present.
- ☐ The amendment was adopted by consent in writing signed by all members entitled to vote on the amendment.
- ☒ No members were entitled to vote on the amendment. At a meeting held on 12/19/2016 amendment was adopted by a majority of the directors in office.
5. Contact name and number of person to reach in case of problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document.)

Name: Patricia S. Ryan Phone: (304) 296-3433

Business e-mail address, if any: info@ycfwv.org

6. Signature of one of the officers or chairman of the board of directors of the corporation (See below ***\*Important Legal Notice Regarding Signature:***):

 President 12/19/2016  
Signature Title (ex: President, Chairman, etc.) Date

***\*Important Legal Notice Regarding Signature:*** Per West Virginia Code §31D-1-129. Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

**Important Note:** This form is a public document. Please do **NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

**Statement Required by IRS to be Included in Articles of Incorporation, Restatement or Amendment for 501(c)(3) Status Approval**

Said corporation is organized exclusively for charitable, religious, educational, and/or scientific purposes, included, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. No part of the net earnings of the corporations shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future purpose. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.