## FOR TAX YEAR 2019

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC

H A Ruckle CPA 4207 Persimmon Woods Drive Morgantown, WV 26508

(304)594-9199

_	00	00	Determ	of Ormoni-otion Even		<b>T</b>		OMB No. 1545-0047		
Form	<b>9</b>	90	Return of Organization Exempt From Income Tax							
(Rev.	Januar	ry 2020)		), 527, or 4947(a)(1) of the Internal R		-	ndation			
Depar	tment of	the Treasury		ter social security numbers on this	•	•		Open to Public		
		ue Service		www.irs.gov/Form990 for instruction				Inspection		
			year, or tax year begin		, 2019, and er		)	, 20		
		applicable:		UR COMMUNITY FOUNDATION	OF NORTH CENTE	RAL WV IN	OD Emp			
	Address o	-	Doing business as		2			27-5249383		
=	Name cha	•		O. box if mail is not delivered to street address)	Room	/suite	E l'elep	phone number		
Ξ	nitial retu		PO BOX 409	vises country and ZID or foreign postal code			<b>6</b> 0 m	(304)296-3433		
Ξ	Amended	Irn/terminated	MORGANTOWN, State of pro-	vince, country, and ZIP or foreign postal code			<b>G</b> Gros	ss receipts		
Ξ		on pending		ncipal officer: Patricia S Ryan				1,946,255		
	opplicatio	on pending	Same as C above	· · · · · · · · · · · · · · · · · · ·				tes included?		
. 1	Tax-exem	npt status: X 50	01(c)(3) 501(c) (	) ◀ (insert no.)	527			ist. (see instructions)		
	Nebsite:		V.ORG		_ 02.			on number		
				ociation Other ►	L Year of formation: 2			gal domicile: <b>WV</b>		
Pa		Summary								
	1		e the organization's miss	ion or most significant activities: YO	UR COMMUNITTY	FOUNDATI	ON OF	NORTH CENTRAL		
		•	-	F) MISSION IS TO PROMOTE						
ЭСe			JR COMMUNITIES.	• • • • • •						
naı										
Governance	2	Check this box	▶ ☐ if the organization	n discontinued its operations or dispose	ed of more than 25% (	of its net asse	ets			
õ	3		_ •				1	11		
	4			s of the governing body (Part VI, line 1				11		
ties	5			n calendar year 2019 (Part V, line 2a)			_	5		
Activities &	-									
Ā	6		of volunteers (estimate if	necessary)				175		
	7a							0		
	U D	Net unrelateu i						0		
		Contributions	and aroute (Dert )/III line	<b>1</b> b)		Prior Year		Current Year		
Ð	8		-	1h)			7,209	1,545,771		
nue	9	-		e 2g)			4,626	150.00		
Revenue	10			A), lines 3, 4, and 7d)			8,388	170,605		
Ľ.	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			0,542	26,184		
	12			must equal Part VIII, column (A), line 1 IX, column (A), lines 1-3)			0,765	1,742,560		
	13 14					99.	3,481	750,194		
	14			X, column (A), line 4)		1 5		170.001		
es		-		e benefits (Part IX, column (A), lines 5-	· –	15	0,300	172,001		
Expenses				column (A), line 11e) Iumn (D), line 25) ►				(		
Т. Д	17			nes 11a-11d, 11f-24e)		20	5,474	140.263		
	18	•		equal Part IX, column (A), line 25)			-	149,263		
	19			18 from line 12			9,255	1,071,458		
Š	-	176461106 1692 6	SAPERISES. SUBILACI IIIE				1,510	671,102 End of Year		
Net Assets or Fund Balances	20	Total assots (D	Part X line 16)			eginning of Curr 15,09		18,498,579		
Asse Bala	20	•	, ,			1,88		2,157,711		
Net /	22			line 21 from line 20		13,21		16,340,868		
	rt II	Signature			• • • • • • • • •	13,210	5,270	10,340,808		
		-		rn, including accompanying schedules and stateme	ents, and to the best of my k	nowledge and be	elief, it is			
				icer) is based on all information of which preparer h		-				
		Patric	cia Ryan							
Sig	n	Signature of	-				Da	ate		
Her		Patric	cia Ryan, Presid	ent						
	-		nt name and title							
		Print/Type prepa		Preparer's signature	Date	Check	X if	PTIN		
Paie	d	Homer A			10-26-2020		nployed	P00679845		
	a parer		► HARuck	le CPA	<u> </u>	Firm's EIN		100079019		
	Only			simmon Woods Drive		Phone no.				
				wn WV 26508		T HONO HU.	304-	594-9199		
		1	norganicu			1				

May the IRS discuss this return with the preparer shown above? (see instructions)	 
For Paperwork Reduction Act Notice, see the separate instructions.	Form

No

Form	n 990 (2019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	27-5249383	B Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	YOUR COMMUNITTY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC.'S (YCF) MISS	ION IS TO P	ROMOTE
	PHILANTHROPY AND BUILD ENDOWMENT FUNDS TO BENEFIT OUR COMMUNITIES.		
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 measur	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	the total expenses, and revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 945,267 including grants of \$) (Revenue	\$	
та	YCF PARTNERED IN PHILANTHROPY, AND CONNECTED WITH INDIVIDUALS, ORGANIZATIONS		/
	DEVELOPING THEIR CHARITABLE WISHES BY FACILITATING AND MANAGING FUNDS TO HEI		
	COMMUNITY NEEDS AND FUTURE CHALLENGES. THIS COLLABORATION WITH FUNDING AND C		
	CUT COSTS, BUILD PROGRAMS, AND INCREASED THE SCOPE AND EFFICIENCY OF CHARITA	BLE GIVING	IN NORTH
	CENTRAL WEST VIRGINIA.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4.1	Other program convision (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	`	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     945,267		
EEA		For	m <b>990</b> (2019)

_	m 990 (2019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC 27-5249	383	F	Page 3
Pa	art IV Checklist of Required Schedules		N	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	• –		
Ũ	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	x	
I	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		х
0	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c	х	
0	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		х
•	<b>b</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	. <u>11e</u>	x	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. <u>11f</u>	x	
12a				
	Schedule D, Parts XI and XII	. <u>12a</u>	x	
k				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	-		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a		. <u>14a</u>		x
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41-		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. <u>14b</u>		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
16		. 15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	. 16		x
"		17		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	. 17		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	. 18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. 10		x
13	If "Yes," complete Schedule G, Part III	. 19		x
20 a				x
	<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?			-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	x	

Form	990 (2019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC 27-52493	83	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
~~	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
-	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		77
h	"Yes," complete Schedule L, Part IV	28a 28b		X
b c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
C	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		<u>_</u>
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			· · · Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

Form 990 (2019)         YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC         27-5249383         F           Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         F								
Fai			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		163	NO				
24	Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•						
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	00						
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
ь 10	Section 501(c)(7) organizations. Enter:	30						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders.							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
-	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

Form	990 (2019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC 27-52493	83	Р	age <b>6</b>
Par	rt 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 instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		- 21
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tita	A	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	x	
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	Δ	
U	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	14	~	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2		150	v	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	х	v
b		150		x
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
<b>h</b>	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  West Virginia Section 6104 requires an exemptation to make its Forms 4022 (4024 or 4024 A if applicable) 000 and 000 T (Section 504(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X     Own website     X     Another's website     X     Upon request     Other (explain on Schedule O)			
19	Describe on 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			

Form 990 (20 <sup>2</sup>	019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	27-5249383	Page 7							
Part VII	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	e this table for all persons required to be listed. Report compensation for the calendar year ending with or w	vithin the								
organization's	's tax year.									
<ul> <li>List all c</li> </ul>	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.

See instructions for the order in which to list the persons above.

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

			проп		C)	iy oun	on			
					sition					
(A)	(B)			ck m	ore th	an one		(D)	(E)	(F)
Name and title	Average hours					both ar (trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	omot	or and	u un	001017	1100100)		from the	from related	compensation
	(list any	우 고	n	Q	K	en Hi	Ч	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	Individual trustee or director	Institutional trus	Officer	Key employee	ghes	Former	(00-2/1099-0015C)	(11 2) 1000 11100)	related organizations
	related organizations	ual ti	iona		nploy	/ee				
	below	ruste	ftrus		/ee	nper				
	dotted line)	õ	tee			Highest compensated employee				
						-				
(1) James Griffin	3.00									
Chair		х		х				0	0	0
(2) Thomas Aman	3.00									
Treasurer		х		х				0	0	0
(3) Jonathan Mann	3.00									
Vice Chair		х		х				0	0	0
(4) Robert Greer	3.00									
Secretary		х		х				0	0	0
(5) Dr. Ranjit Majumder	1.00									
Board Member		х						0	0	0
(6) Michael Malfregeot	1.00									
Board Member		х						0	0	0
(7) Virginia Royce	1.00									
Board Member		х						0	0	0
(8) Gerard Schmidt	1.00									
Board Member		х						0	0	0
(9) Billy Atkins	1.00									
Board Member		х						0	0	0
(10)Neshia Bridges	1.00									
Board Member		х						0	0	0
(11)Jean_Clark	1.00									
Immediate Past Chair		х						0	0	0
(12)Patricia S Ryan	40.00									
President				х				95,041	0	0
<u>(13)</u>										
<u>(14)</u>										

	90 (2019) YOUR COMMUNITY FO	UNDATION	I OF	NOR	тн	CE	NTRA	LI	WV INC	2'	7-52493	383	P	9age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar	nd H	ighe	est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	(F) Estimated amou of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		orgar	rom the nization d organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		· · · · · ·	•••	•••	•••	 	· •						
d 2	Total (add lines 1b and 1c)									of	0			0
	reportable compensation from the organization		iisieu a	DOVE	e) wi		eceive			01				c
3	Did the organization list any former officer, direc		-				-						Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> . For any individual listed on line 1a, is the sum of re										• • • •	3		x
•	organization and related organizations greater th	an \$150,000	)? If "Y	'es,"	con	nplet	te Sch	edu	le J for such					
5	individual										• • • •	4		x
	for services rendered to the organization? If "Yes			-			-					5		x
-	on B. Independent Contractors	4				41				00 af				
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ax year.			
	(A)								(B)			(C)		
	Name and business addres	S							Description of service	es		Compens	ation	
2	Total number of independent contractors (includin	g but not lim	ited to	thos	e lis	ted a	above)	) wh	10					
	received more than \$100,000 of compensation fro	-					,							

Form 99	<u> </u>	19) <b>YOUR</b>	COMMUNITY	FOUN	DATION OF NO	RTH CENTRAL N	WV INC	27-52493	83 Page 9
Part	VIII	Statement of Rev	/enue						
		Check if Schedule O co	ontains a respor	se or n	ote to any line in th	is Part VIII			<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
<b>(</b> )	b	Membership dues		1b					
ants	c	Fundraising events		1c					
อัฐ	d	Related organizations .		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е			1e	20,000				
s, G Mila	f	· · · · · · · · · · · · · · · · · · ·							
tion r Si		and similar amounts not i	ncluded above	1f	1,525,771				
ibu	g	Noncash contributions inc	cluded in			1			
ontr od C		lines 1a-1f		1g	\$				
9 O	h	Total. Add lines 1a-1f				1,545,771			
					Business Code				
	2a								
/ice	b								
Program Service Revenue	c								
n se	d								
gra Re	е								
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f .							
		Investment income (includ							
		other similar amounts) .				374,300			374,300
	4	Income from investment of							
	5	Royalties							
			(i) Re		(ii) Personal				
	6a	Gross rents	6a 26	5,184		1			
		Less: rental expenses							
		Rental income or (loss)		,184					
		Net rental income or (loss)				26,184	26,184		
			(i) Secur		(ii) Other				
	/a	Gross amount from sales of assets							
	L .	other than inventory	7a						
e	a	Less: cost or other basis and sales expenses		,695					
/eni	c	Gain or (loss)		-					
Re		Net gain or (loss)				(203,695)	(203,695)	X	
Other Revenue		Gross income from fundra					· · · · ·		
Ę		events (not including \$_	-						
		of contributions reported of							
		1c). See Part IV, line 18		. 8a					
	b	Less: direct expenses .			)				
		Net income or (loss) from			· · · · · · •				
		Gross income from gamin	-						
		activities, See Part IV, line	-	. 9a					
	b	Less: direct expenses .			)	1			
		Net income or (loss) from			• • • • • • •				
		Gross sales of inventory, I							
	100	returns and allowances .		. 10a					
	b	Less: cost of goods sold			)				
		Net income or (loss) from							
	1				Business Code				
sn	11a								
nou	b								
ella ver	c								
Miscellanous Revenue		All other revenue							
Σ		Total. Add lines 11a-11d							
		Total revenue. See instru				1,742,560	(177,511)	0	374,300

е

25

26

EEA

c MEMBERSHIPS & DUES

All other expenses

d BANK & MERCHANT SERVICE FEES

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Total functional expenses. Add lines 1 through 24e. .

▶ 🗌 if

2,028

112,981

269

198

55

41

13,210

596

440

945,267

#### 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 . . . . (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 473,641 473,641 . . . Grants and other assistance to domestic 2 276,553 276,553 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members . . . . . . . . . . 5 Compensation of current officers, directors, 95,041 57,025 28,512 9,504 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . . . 64,245 46,128 18,117 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 8,239 12,715 3,713 763 11 Fees for services (nonemployees): а b Legal..... . . . 5,950 5,950 С d Professional fundraising services. See Part IV, line 17 . е f 51,902 51,902 Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 6,097 3,951 1,780 366 12 13 14,701 9,526 4,293 882 14 15 16 7,190 18,336 10,480 666 17 4,213 2,730 1,230 253 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 20 1,816 1,177 530 109 21 22 Depreciation, depletion, and amortization . . . . . 25,942 25,942 23 5,087 5,087 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) a PRINTING & PUBLIC AWARENESS 571 9,520 6,169 2,780 b STAFF DEV & TRAINING 2,072 2,072

2,028

1,071,458

920

679

27-5249383

Page 10

Part	90 (20	19) YOUR COMMUNITY FOUNDATION OF NORTH CENTRA Balance Sheet	<b>_</b>		19383 Page 1
		Check if Schedule O contains a response or note to any line in this Part X $\hfill \hfill \h$		•••	[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	55,579
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	10,000
	4	Accounts receivable, net	247,677	4	967,656
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
	•	controlled entity or family member of any of these persons	••	5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges	••	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,082,7		40-	<b>P O O O O O O O O O O</b>
	b	Less: accumulated depreciation		10c	739,611
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	16,725,733
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	10 400 550
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)		16	18,498,579
	17	Accounts payable and accrued expenses		17 18	8,969
	10	Deferred revenue		10	
	20			20	
	20 21	Tax-exempt bond liabilities          Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,	••	21	
ities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Li	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	47,989
	25	Other liabilities (including federal income tax, payables to related third		24	17,909
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,811,901	25	2,100,753
	26	Total liabilities. Add lines 17 through 25		26	2,157,711
		Organizations that follow FASB ASC 958, check here <b>x</b>	1,000,101		2,20,7,22
6		and complete lines 27, 28, 32, and 33.			
Ce	27	Net assets without donor restrictions	981,732	27	1,104,746
alar	28	Net assets with donor restrictions	-	28	15,236,122
d B		Organizations that do not follow FASB ASC 958, check here			· · ·
-un		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	13,218,278	32	16,340,868
~	33	Total liabilities and net assets/fund balances	15,098,729	33	18,498,579

EEA

Form **990** (2019)

Form	990 (2019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	27-524938	3	Pa	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	742,	560
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	071,	458
3	Revenue less expenses. Subtract line 2 from line 1	. 3		671 <b>,</b>	,102
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	13,	218,	278
5	Net unrealized gains (losses) on investments	. 5	2,	425,	353
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		26,	,135
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	16,	340,	868
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	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?		3a		x
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	<b>990</b> (2	2019)

			F	Public Chari	itv Status and F	Public 3	Suppo	rt l	OMB No. 1545-0047
SCHEDULE A			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.					<b>2019</b>	
(Form 990 or 990-EZ)				► Attach to Form 990 or Form 990-EZ.					Open to Public
Department of the Treasury Internal Revenue Service			►		ov/Form990 for instruct		the latest	information.	Inspection
		organization						Employer identificati	on number
YOU	RC	OMMUNITY F	OUNDATION OF N	ORTH CENTRAL	WV INC			27-5249383	3
Pa	_				ganizations must co	omplete	this part		
The	orgai				s 1 through 12, check onl			/	
1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desci	ibed in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	arch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or u	university owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b	)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).		
7		An organizatio	n that normally receive	s a substantial part	t of its support from a gov	/ernmental	unit or fror	m the general public	
		described in s	ection 170(b)(1)(A)(vi	). (Complete Part I	II.)				
8	х	A community t	rust described in <b>secti</b>	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural	research organization	described in <b>sect</b>	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	e
		or university or	a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
		university:							
10		An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from a	ctivities related to its e	exempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	
		of one or more	publicly supported or	ganizations descrit	oed in section 509(a)(1)	or section	n 509(a)(2)	). See <b>section 509(a)(</b> 3	s).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd complet	te lines 12e, 12f, and 12	2g.
	а	<b>Type I.</b> A s	supporting organization	n operated, superv	rised, or controlled by its	supported	organizat	ion(s), typically by givin	g
			•		v appoint or elect a major	rity of the c	lirectors or	trustees of the	
		_ ·· °	0	•	IV, Sections A and B.				
	b				ontrolled in connection w		-	.,	
					on vested in the same pe	rsons that	control or n	nanage the supported	
			on(s). You must comp						
	С				anization operated in cor				'n,
					u must complete Part I				
	d	_ ,.	, ,		g organization operated i			11 0	n(S)
			, ,		generally must satisfy a d		•	it and an attentiveness	
	_			-	e Part IV, Sections A a			T	
	е		-		determination from the IF		sa Type I,	туре II, туре III	
	4			-	ntegrated supporting orga				
	f				· · · · · · · · · · · · · · · · · · ·				••••
	g		owing information abo			(b) la the	raonizeti	(u) Amount of manatar	(1) Amount - 1
	(1	Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
						165	No		
(A)									
<b>(B)</b>									
(C)									

(D)

(E)

Sche	dule A (Form 990 or 990-EZ) 2019 YOUR COMM	UNITY FOUND	ATION OF NO	ORTH CENTRA	L WV INC	27-5249383	3 Page <b>2</b>
Pa	ITT II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th						y under
	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complet	e Part III.)	
	ction A. Public Support	1	1	1			
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,914,550	2,541,677	1,017,102	715,409	1,820,800	9,009,538
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	2,914,550	2,541,677	1,017,102	715,409	1,820,800	9,009,538
5	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)						649,069
	Public support. Subtract line 5 from line 4						8,360,469
_	ction B. Total Support						
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
	Amounts from line 4	2,914,550	2,541,677	1,017,102	715,409	1,820,800	9,009,538
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	163,406	167,163	248,662	327,533	400,485	1,307,249
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	131,185	128,751	146,022	211,474		617,432
11	Total support. Add lines 7 through 10						10,934,219
12	Gross receipts from related activities, etc. (see	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)	3)
	organization, check this box and stop here						<u></u> ► 🗌
	ction C. Computation of Public Suppor	rt Percentage	•				
14	Public support percentage for 2019 (line 6, c					14	76.46 %
15						15	81.91 %
16a	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organization						
	this box and <b>stop here.</b> The organization qu			-			
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts			-	-		_
	organization						
k	10%-facts-and-circumstances test - 2018.	-					ie
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet	ts the "facts-and	d-circumstance	es" test. The or	ganization qua	alifies as a public	ly
	supported organization						🕨 🗌
18	Private foundation. If the organization did n						
	instructions						<u></u> ► 🗌

Sche	dule A (Form 990 or 990-EZ) 2019 YOUR COMM	UNITY FOUNI	DATION OF N	ORTH CENTRA	AL WV INC	27-	5249383	Page 3
Pa	rt III Support Schedule for Organiz							
	(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 te	ests listed bel	ow, please co	omplete Part I	l.)		
	ction A. Public Support		1	T	1			
Cal	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2	019	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
_	unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
-	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
~	organization without charge							
6	<b>Total.</b> Add lines 1 through 5							
1 a	Amounts included on lines 1, 2, and 3							
h	received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Ŭ	line 6.)							
Sec	ction B. Total Support							
_	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2	019	(f) Total
9	Amounts from line 6	(.,	(,	(0) = 0 = 1		(-) -		(7
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the or							_
_	organization, check this box and stop here						• • • • • •	🕨 📋
	ction C. Computation of Public Suppor							
15	Public support percentage for 2019 (line 8, c					15		%
<u>16</u>	Public support percentage from 2018 Sched					16		%
	ction D. Computation of Investment Inc				(1)			~ ~ ~
17	Investment income percentage for 2019 (line		•••••••			17		%
18	Investment income percentage from <b>2018</b> So					18 th an 21	0.4/00/	<u>%</u>
19a	33 1/3% support tests - 2019. If the organiz							
ь.	17 is not more than 33 $1/3\%$ , check this box	-	-	-		-	-	
a	<b>33 1/3% support tests - 2018.</b> If the organiz							
20	line 18 is not more than 33 1/3%, check this <b>Private foundation</b> If the exception did n	-	-				-	
<u>20</u>	Private foundation. If the organization did n	IOL CHECK & DO		a, ur isu, che	OL THE DOX 910	266 1112	silucii0/15	<u> ► []</u>

Part	e A (Form 990 or 990-EZ) 2019 YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC 27-52493	0.5	E.	age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P			
ect	ion A. All Supporting Organizations	/		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	46		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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)	10		
Ea	purposes.	4c		
Jd	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
N	designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	00		
Ŭ	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Scheo	Hule A (Form 990 or 990-EZ) 2019 YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC 27-524938	3	P	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		·	
			Yes	No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
	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).	1		

### Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 YOUR COMMUNITY FOUNDATION OF NORTH CEN			9383 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			,
instructions. All other Type III non-functionally integrated supporting organi	zation	is must complete Section	
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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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		
emergency temporary reduction (see instructions).	6		
	integ	rated Type III supporting	organization (see
	5		
<ul> <li>5 Income tax imposed in prior year</li> <li>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</li> </ul>	5 6	rated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

	Ile A (Form 990 or 990-EZ) 2019 YOUR COMMUNITY FOUNDATIO			9383 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organiz</li></ol>	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017 Excess from 2018			
	Evenes from 2010			
_	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> 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.

## Schedule of Contributors

OMB No. 1545-0047

2019

or 990-PF)		
Department of	f the Treasu	ıry

Attach to Form 990, Form 990-EZ, or Form 990-PF. 000 for the latest info

Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	
Name of the organization	Employer identification number	
YOUR COMMUNITY F	OUNDATION OF NORTH CENTRAL WV INC	27-5249383

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

- х 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

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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

YOUR COMM	UNITY FOUNDATION OF NORTH CENTRAL WV INC		27-5249383
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1		\$90,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2		\$867,753	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_		\$126,257	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

SCH	IEDULE D	Supplemen	tal Financial Statements		OMB No. 1545-0047
(For	rm 990)	<ul> <li>Complete if the org</li> </ul>	anization answered "Yes" on Form 990,		2019
			0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.	•	Open to Public
•	ment of the Treasury I Revenue Service		90 for instructions and the latest information	ation	Inspection
	of the organization			Employer identific	•
	-	OUNDATION OF NORTH CENTRAL W		27-5249	
Pa		tions Maintaining Donor Advised Fu			
		if the organization answered "Yes" on			
			(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at er	nd of year	55	(1) 1	90
2		f contributions to (during year)	476,399		407,690
3		f grants from (during year)	457,729		347,714
4		t end of year	3,503,998		11,120,982
5		on inform all donors and donor advisors in wr			
	-	nization's property, subject to the organization	-		🛛 Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor adv	risors in writing that grant funds can be used	ł	
	only for charitable	purposes and not for the benefit of the donor	or donor advisor, or for any other purpose		
	conferring impermi	issible private benefit?			🛛 Yes 🗌 No
Pai	rt II Conser	vation Easements.			
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organization	n (check all that apply).		
	Preservation of	of land for public use (e.g., recreation or edue			portant land area
	Protection of r		Preservation o	f a certified histo	ric structure
	Preservation of				
2	Complete lines 2a t	hrough 2d if the organization held a qualified	conservation contribution in the form of a co	onservation	
	easement on the la	ast day of the tax year.		Hel	d at the End of the Tax Year
а		onservation easements		2a	
b	-	•		2b	
C		vation easements on a certified historic struc		2c	
d		vation easements included in (c) acquired af			
_		sted in the National Register		2d	
3		vation easements modified, transferred, relea	ased, extinguished, or terminated by the org	janization during	the
	tax year ►		we at the law end of the		
4		where property subject to conservation ease			
5	-	tion have a written policy regarding the perio			🗌 Yes 🗌 No
6		orcement of the conservation easements it h			
6		hours devoted to monitoring, inspecting, har	idling of violations, and enforcing conservat	ion easements d	uring the year
7		 es incurred in monitoring, inspecting, handlin	a of violations, and enforcing concernation a	acomonto durin	n the year
7	► \$	es incurred in monitoring, inspecting, naridin	g of violations, and enforcing conservation e		y the year
8		vation easement reported on line 2(d) above	satisfy the requirements of section 170(b)/	4)(B)(i)	
U	and section 170(h)				🗌 Yes 🗌 No
9		be how the organization reports conservation			
5		l include, if applicable, the text of the footnote			
		ounting for conservation easements.			
Pa		zations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar	Assets.
		te if the organization answered "Yes" of			
1a		elected, as permitted under FASB ASC 958		alance sheet wo	rks
	•	asures, or other similar assets held for public	-		
		Part XIII the text of the footnote to its finance			
b		elected, as permitted under FASB ASC 958		nce sheet works	of
-	•	ures, or other similar assets held for public e	•		
		ng amounts relating to these items:	, , <b></b>		
	•	ded on Form 990, Part VIII, line 1			\$
					\$
2	()	received or held works of art, historical treas			

b	Assets included in Form 990, Part X																			
For	Paperwork Reduction Act Notice, see	e th	e	lr	st	ru	ct	ioi	ns	fo	or	Fo	ori	n	99	90				

following amounts required to be reported under FASB ASC 958 relating to these items:

Revenue included on Form 990, Part VIII, line 1 ......

▶ \$

▶ \$

. . . . . . . .

<u>. . . .</u> .

а

	ule D (Form 990) 2019 YOUR COMMUNITY					27-524			age <b>2</b>
Pa	rt III Organizations Maintaining						ssets (c	contin	ued)
3	Using the organization's acquisition, accession	h, and other records,	check any of the follo	owing that ma	ake signi	ificant use of its			
	collection items (check all that apply):		_						
а	Public exhibition		_	or exchange	program	าร			
b	Scholarly research		e 🗌 Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain h	now they further the c	organization's	sexemp	t purpose in Part			
	XIII.								
5	During the year, did the organization solicit or i						_	_	
_	assets to be sold to raise funds rather than to		rt of the organization	's collection?			🗌 Ye	es 🗌	No
Pa	rt IV Escrow and Custodial Arrar		E 000 B	6 N 7 P	~			_	
	Complete if the organization a	inswered "Yes" of	on Form 990, Pa	art IV, line	9, or re	eported an am	nount on	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian								
				••••		•••••	∐ Ye	es 📋	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table:						
							mount		
C	Beginning balance								
d	8,	•••••							
е	8,	••••••							
f					·				
2a	Did the organization include an amount on For								No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been pro	ovided on Pa	art XIII		••••	•	
Pa	rt V Endowment Funds.			wt IV / line	10				
	Complete if the organization a								
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bac		ur years b	
1a	Beginning of year balance	7,678,992	9,192,614	7,852		6,690,48		754,4	
b	Contributions	159,310	82,889	350	,565	1,312,67	3	402,8	870
С	Net investment earnings, gains, and								
-1		1,635,550	(405,542)	1,405		371,40		(21,	
a	Grants or scholarships	430,267	216,066	380	,453	412,29	5	380,9	978
е	Other expenditures for facilities and								
		10 - 50 -	798,637			40,91			
f	Administrative expenses	48,502	176,266		,011	68,68		64,	
g	End of year balance	8,995,083	7,678,992	9,192	,614	7,852,66	8 6,	690,4	189
2	Provide the estimated percentage of the curren		line rg, column (a)) r	ielu as.					
a ⊾	Board designated or quasi-endowment	%							
b	Permanent endowment ► % Term endowment ► 100.00 %	0							
С		d a gual 1000/							
20	The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the posses		on that are hold and	administarad	for the				
3a		sion of the organizati	on that are new and	auministered	for the			Vee	Na
	organization by:						20(1)	Yes	No
	., .						3a(i)		X
h	(ii) Related organizations						· _ · _ · _ · _ · _ · _ · _ · _ ·		x
b 4	Describe in Part XIII the intended uses of the						3b		
	rt VI Land, Buildings, and Equip	0	ment runus.						
га	Complete if the organization a		on Form 900 Pa	art IV/ line	112 9	ee Form 990	Part X	ina 1(	h
	· · · · ·								).
	Description of property	(a) Cost or othe (investme		r other basis other)	.,	Accumulated epreciation	<b>(a)</b> B0	ok value	
1a	Land		, (	98,000	4			98,	000
ia b	Buildings	-		98,000		331,662		98,0 640,4	
c	Leasehold improvements					331,002		0-10,	IT /
d				12,676		11 400		1 .	194
u e				14,0/0		11,482		±,.	- 74
	I. Add lines 1a through 1e. (Column (d) must e		t X column (R) line	10c)		<b></b>		739,	511
1010		-yaan onn 330, 1 an						1001	~

EEA

Schedule D (Form 990) 2019

Part VII	Complete if the organization answered "Yes" or						line 17
	(a) Description of security or category		Book value			) Method of valuation:	
	(including name of security)				Cost or	end-of-year market va	lue
•		••					
-	eld equity interests	••					
Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G) (H)							
. ,	n (b) must equal Form 990, Part X, col. (B) line 12.).	<b></b>					
art VIII	Investments - Program Related.	. •					
	Complete if the organization answered "Yes" or	n Form 990,	Part IV, lin	e 11c. Se	ee Form	990, Part X, I	line 13
	(a) Description of investment	(b)	Book value		•	) Method of valuation: end-of-year market va	
1)CASH &	EQUIVALENTS		,053,630	FMV			
	E DEBT INSTRUMENTS		,033,799	FMV			
(3)MUTUAL			,661,182	FMV			
(4)EQUITII	S	3	,977,122	FMV			
(5)							
(6)							
(7)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.).	. ► 16	,725,733				
(9) otal. (Colum	Other Assets.	·					
(9) otal. (Colum	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. Se	ee Form		
(9) otal. (Colum Part IX	Other Assets.	·		e 11d. Se	ee Form	990, Part X, ( (b) Boo	
(9) otal. (Colum Part IX (1)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. Se	ee Form		
(9) Detal. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. Se	ee Form		
(9) part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. So	ee Form		
(9) part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. So	ee Form		
(9) part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. Se	ee Form		
(9) part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. So	ee Form		
9) tal. (Colum 'art IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. Se	ee Form		
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" or	·		e 11d. So	ee Form		
(9) tal. (Colum part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" or (a) Description	n Form 990,	Part IV, lin	e 11d. Se			
(9) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" or (a) Description	n Form 990,	Part IV, lin	e 11d. Se	ee Form		
(9) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" or (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" or line 25.	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) part X	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) part X (1) Federal i	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal i (2) GENCY	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal i (2) GENCY (3)	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) part X (1) Federal i (2)AGENCY (3) (4)	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) part X (1) Federal i (2) (2) (3) (4) (3) (4) (5)	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) part IX Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) part X (1) Federal i (2) AGENCY (3) (4) (5) (6)	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column Part X (1) Federal in (2) (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (6) (7) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column Part X (1) Federal in (2)AGENCY (3) (4) (5) (6) (7) (8)	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).	n Form 990,	Part IV, lin		►	(b) Boo	k value
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column Part X (1) Federal i (2) (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) (8) (9)	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (b) line 15.).         (c) Description of liability         (c) Description of liability	a Form 990,	Part IV, lin		►	(b) Boo	k value
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (1) Federal i (2) (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) Datal. (Column	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).         (c) Description of liability         (b) must equal Form 990, Part X, col. (B) line 25.).	a Form 990, 	Part IV, lin		► 11f. See	(b) Boo	k value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal i (2)AGENCY (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (9) Dtal. (Column Liability for	Other Assets.         Complete if the organization answered "Yes" or         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (a) Description of liability         (b) must equal Form 990, Part X, col. (B) line 15.).         Other Liabilities.         Complete if the organization answered "Yes" or line 25.         (a) Description of liability         (b) must equal Form 990, Part X, col. (b) line 15.).         (c) Description of liability         (c) Description of liability	<ul> <li>Form 990,</li> <li>Form 990,</li> <li>Book value</li> <li>2,100,75</li> <li>2,100,75</li> </ul>	Part IV, lin	e 11e or	11f. See	(b) Boo	k value

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC 27-5249383

Page 3

Schedule D (Form 990) 2019

			49383 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		I
1	Total revenue, gains, and other support per audited financial statements	1	4,167,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines <b>2a</b> through <b>2d</b>	2e	2,425,353
3	Subtract line 2e from line 1	3	1,742,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	_	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ).	5	1,742,560
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,071,458
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,071,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,071,458
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; I	Part X,	line
2; Pa	art 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)		
	Federal tax purposes the Organization is an exempt organization under Sect ernal Revenue Code, and was determined not to be a private foundation by th		
Ser	vice; however, the Organization remains subject to tax on any business inco	me ur	nrelated to its
tax	-exempt purpose.		
The	Organization follows FASB Codification Section 740 Accounting for Uncertain	nty i	n Income Taxes
(AS	C 740). This guidance provides a recognition threshold and measurement proc	ess f	for uncertain tax
pos	itions. For the year ended December 31, 2019, there were no uncertain tax p	ositi	lons requiring
acc	rual.		

SCHEDULE I	I	Gra	nts and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)		Gover	nments, and	Individuals in	the United Sta	tes		2019
Department of the Treasury		Complete		nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Internal Revenue Service			► Go to www.irs.	gov/Form990 for the	latest information.			Inspection
Name of the organization							Employer identification	number
YOUR COMMUNITY F							27-5249383	
		Grants and Assist						
		o substantiate the amoun						
							• • • • • • • • • • •	. 🗶 Yes 🗌 No
		ocedures for monitoring the contract of the co			te Complete if the	organization answered	"Ves" on Form 990	<u>ר</u>
		ient that received mor				0	163 011 0111 990	<i>σ</i> ,
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or gover	•		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)SEE ATTACHED	SCHEDULE					outery		
YCF								
MORGANTOWN, WV 2	6505							
(2)								
(3)								
(4)								
(5)								
(5)								
(6)								
(0)								
(7)								
( )								
(8)								
(9)								
(10)								
(10)								
2 Entor total surely a	r of a sting EQ4(s)(2) =	nd government organizat	iona liatad in the line -				L	
		listed in the line 1 table					· · · · · · · · · · · · · · · · · · ·	

# Schedule I (Form 990) (2019) YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WY INC 27-5249383 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Dart 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
SEE ATTACHED SCHEDULE					
2					
i de la constante de					
,					
art IV Supplemental Information. Provi	de the information r	equired in Part I, lin	he 2; Part III, colum	n (b); and any other addi	itional information.
. Monitoring procedures (P	art I, line	2)			
JR COMMUNITY FOUNDATION OF NORTH CE			PROVIDES GRANTE	ES WITH A WRITTEN SI	ATEMENT OF GRANT TERMS
O CONDITIONS WHICH MUST BE SIGNED B	Y THE GRANTEE OR	GANIZATION. YCF	MONITORS THE U	SE OF GRANT FUNDS TH	ROUGH A REVIEW OF THE
NAL GRANTEE REPORT, OR THROUGH REVI	EW OF INVOICES S	UBMITTED FOR RE	IMBURSEMENT. FI	NAL REPORTS MUST BE	FILED BEFORE FUTURE

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

### YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC

27-5249383

Employer identification number

#### 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.

Form	8868	
(Rev. Jar	uary 2020)	

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

#### ► Go to www.irs.gov/Form8868 for the latest information.

**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/e-file-providers/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.

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

Application	Return	Application	Return
Is For	Code	Is For	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

Te	elephone 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	
	e whole group, check this box $\ldots$ $\ldots$ $\blacktriangleright$ . If it is for part of the group, check this box $\blacktriangleright$ and attac	h	
a list	with the names and TINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until11-16, 20 _20, to file the exempt organization returns the organization named above. The extension is for the organization's return for:       >		
3a	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.	3a	\$
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.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and F	orm 88	379-EO for payment
instru	ictions.		
For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2020)

EEA

#### SCHEDULE I (Form 990)

Part II

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

Open to Public Inspection

27-5249383

Grants and Other Assistance to Governments and Organizations

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

Name	Address	City	State	Amount	Purpose
American Cancer Society	3508 Staunton Avenue, 3rd Floor	Charleston	WV	10,500	HEALTH & SOCIAL SERVICES
Arts Monongahela	201 High St.	Morgantown	WV	19,000	ARTS & CULTURAL
Casa for Kids of Mon and Preston Counties	48 Donley Street, Suite 103	Morgantown	WV	12,000	HEALTH & SOCIAL SERVICES
Chestnut Mountain Ranch Foundation	244 Ponderosa Ponds Road	Morgantown	WV	7,066	HEALTH & SOCIAL SERVICES
Clarksburg Mission, Inc.	PO Box 1123	Clarksburg	WV	5,000	HEALTH & SOCIAL SERVICES
Friends of Deckers Creek	P.O. Box 877	Dellslow	WV	6,000	COMMUNITY DEVELOPMENT
Glenville State College	200 High St.	Glenville	WV	10,000	EDUCATION & SCHOLARSHIPS
Health Access	489 Washington Ave.	Clarksburg	WV	10,000	HEALTH & SOCIAL SERVICES
M.T. Pockets Theatre Company	203 Parsons St.	Morgantown	WV	15,028	ARTS & CULTURAL
Milan Puskar Health Right, Inc.	341 Spruce St	Morgantown	WV	11,500	HEALTH & SOCIAL SERVICES
Mon Cty Child Advocacy Center, Inc.	909 Greenbag Rd	Morgantown	WV	21,000	HEALTH & SOCIAL SERVICES
Monongalia Arts Center	107 High St.	Morgantown	WV	15,580	ARTS & CULTURAL
Morgantown Area Meals on Wheels	3375 University Avenue	Morgantown	WV	14,000	HEALTH & SOCIAL SERVICES
Morgantown Art Association	5000 Greenbag Road	Morgantown	WV	5,000	ARTS & CULTURAL
Morgantown Dance Studio	5000 Greenbag Road	Morgantown	WV	5,000	ARTS & CULTURAL
Morgantown Public Library	373 Spruce Street	Morgantown	WV	18,050	COMMUNITY DEVELOPMENT
Morgantown Theatre Company	369 High St.	Morgantown	WV	12,000	ARTS & CULTURAL
Pierpont Community & Technical College	Financial Aid 1201 Locust Avenue	Fairmont	WV	6,000	EDUCATION & SCHOLARSHIPS
PopShop WV, Inc.	918 Fortney Street	Morgantown	WV	5,000	EDUCATION & SCHOLARSHIPS
Preston County Health Department	106 West Main Street, #203	Kingwood	WV	7,500	HEALTH & SOCIAL SERVICES
Shepherd's Corner	739 Brightridge Drive	Bridgeport	WV	10,000	HEALTH & SOCIAL SERVICES
Spark Imagination and Science Center	5000 Greenbag Rd.	Morgantown	WV	9,200	EDUCATION & SCHOLARSHIPS
The Shack Neighborhood House, Inc.	P.O. Box 600	Pursglove	WV	15,500	HEALTH & SOCIAL SERVICES
UHS Foundation	131 Bakers Ridge Rd.	Morgantown	WV	5,187	EDUCATION & SCHOLARSHIPS
Union Mission of Fairmont	107 Jefferson St.	Fairmont	WV	25,195	HEALTH & SOCIAL SERVICES
West Virginia Public Theatre	1346 Evansdale Dr.	Morgantown	WV	15,000	ARTS & CULTURAL
WVU Foundation	2 Waterfront PI.	Morgantown	WV	41,157	EDUCATION & SCHOLARSHIPS

Part III

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

Grants and Other Assistance to Individuals

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

Open to Public Inspection

### 27-5249383

Name		Amount	Purpose
2019 Award	Olivia C. Henry	500.00	Beta lota Fund
2019 Award	Peyton Collias	500.00	Beta lota Fund
Fairmont State University	Abbie Denham	1,000.00	Bower Power Memorial Fund
Fairmont State University	Abby Latocha	1,000.00	Koen Scholarship
Fairmont State University	Abby Latocha	1,000.00	Koen Scholarship
West Virginia Wesleyan	Abby Wetzel	1,000.00	Flynn Morrison Memorial Scholar
Fairmont State University	Abigail Boggs	500.00	Davis Educational Scholarship
WVU Foundation	Abigail Warnick	500.00	KHS Class of '59 Scholarship
WVU Foundation	Alexander Royce	800.00	Shahan Memorial Scholarship
Winthrop University	Alexus Alston	1,000.00	Argabrite Foundation Fund
MTEC	Allison Hall	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Amanda Wolfe	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Amanda Wolfe	2,500.00	DeLynn Scholarship Fund
Virginia Tech	Amelia Angotti	500.00	Mazzie Memorial Scholarship
Fairmont State University	Andrew Harker	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Anna Cava	1,500.00	Woods Scholarship Fund
WVU Foundation	Anna Cava	1,500.00	Woods Scholarship Fund
WVU Foundation	Anthony Lowery	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Anthony Lowery	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Aryanna Mercer	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Ashley McCullough	500.00	Harper Memorial Fund
WVU Foundation	Aubrey Keller	1,000.00	HopeWorks Scholarship
WVU Foundation	Autumn Baker	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Autumn Baker	2,500.00	
		,	DeLynn Scholarship Fund
WVU Foundation	Avery Tomes	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Avery Tomes	2,500.00	DeLynn Scholarship Fund
Fairmont State University	Avery Williams	1,000.00	Secret Memorial Scholarship Fun
WVU Foundation	Azimbek Turakhnonov	1,000.00	HopeWorks Scholarship
WVU Foundation	Bailey Gregg - Potomac State	250.00	Kotchek Memorial Scholarship
WVU Foundation	Bailey Gregg - Potomac State	250.00	Kotchek Memorial Scholarship
Marshall University	Brianna Priestley	500.00	Valentine Family Scholarship
Marshall University	Brooke Burns	1,000.00	Dunn Memorial Scholarship Fund
Fairmont State University	Brooklyn Hinzman	1,000.00	Bowen Scholarship Fund
Fairmont State University	Brooklyn Hinzman	1,000.00	Bowen Scholarship Fund
WVU Foundation	Caitlyn Gatian	500.00	Poling Brookhaven Elem Schol
Pierpont Community & Technical College	Cameron Smith	1,000.00	Bowen Scholarship Fund
Pierpont Community & Technical College	Cameron Smith	1,000.00	Bowen Scholarship Fund
WVU Foundation	Candice Knepper	1,500.00	Woods Scholarship Fund
WVU Foundation	Candice Knepper	1,500.00	Woods Scholarship Fund
West Virginia Wesleyan	Casey Stallman	1,500.00	Woods Scholarship Fund
West Virginia Wesleyan	Casey Stallman	1,500.00	Woods Scholarship Fund
Fairmont State University	Charles Hairston	500.00	Poling Brookhaven Elem Schol
Pierpont Community & Technical College	Charles Metzgar	1,500.00	Woods Scholarship Fund
Pierpont Community & Technical College	Charles Metzgar	1,500.00	Woods Scholarship Fund
Davis and Elkins College	Charlotte Layman	1,000.00	Flynn Morrison Memorial Scholar
Fairmont State University	Clay Stuart	2,500.00	DeLynn Scholarship Fund
Fairmont State University	Clay Stuart	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Daniel Plume	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Daniel Plume	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Elijah Davis	500.00	Ayersman Memorial Scholarship
WVU Foundation	Elijah Williams	1,500.00	Woods Scholarship Fund
WVU Foundation	Elijah Williams	1,500.00	Woods Scholarship Fund
Fairmont State University	Emily Arbogast	2,500.00	DeLynn Scholarship Fund
Fairmont State University	Emily Arbogast	2,500.00	DeLynn Scholarship Fund
Mount Vernon Nazarene University	Emma Harvey	500.00	Wills Music Educ Scholarship

Part III

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

Grants and Other Assistance to Individuals

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

Open to Public Inspection

## 27-5249383

Name		Amount	Purpose
WVU Foundation	Eviana Barnes	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Eviana Barnes	2,500.00	DeLynn Scholarship Fund
Emory University	Eythen Anthony	2,500.00	DeLynn Scholarship Fund
Pierpont Community & Technical College	Gabriel Howe	1,500.00	Woods Scholarship Fund
Pierpont Community & Technical College	Gabriel Howe	1,500.00	Woods Scholarship Fund
UNC - Asheville	Gary Edwards	1,000.00	Dunn Memorial Scholarship Fund
WVU Foundation	Haleigh Bell	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Haleigh Bell	2,500.00	DeLynn Scholarship Fund
Mount Vernon Nazarene University	Haley Livengood	250.00	Kotchek Memorial Scholarship
Mount Vernon Nazarene University	Haley Livengood	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Jack Barnett	2,490.67	Trinity Scholarship Fund
Marshall University	Jack Ray	1,500.00	Woods Scholarship Fund
Marshall University	Jack Ray	1,500.00	Woods Scholarship Fund
WVU Foundation	Jalen Wimer	1,000.00	HopeWorks Scholarship
WVU Foundation	Jamie DeSantis	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Jeremy Hardman	1,500.00	Woods Scholarship Fund
WVU Foundation	Jeremy Hardman	1,500.00	Woods Scholarship Fund
	-	1,500.00	Woods Scholarship Fund
Morgantown Beauty College	Jessalyn Cook		
Morgantown Beauty College	Jessalyn Cook	1,500.00	Woods Scholarship Fund
WVU Foundation	Joel Morris	2,500.00 2,500.00	DeLynn Scholarship Fund
WVU Foundation	John Hargis	,	DeLynn Scholarship Fund
WVU Foundation	John Hargis	2,500.00	DeLynn Scholarship Fund
Fairmont State University	John Sandy	2,500.00	DeLynn Scholarship Fund
Fairmont State University	John Sandy	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Jordan Burnette	1,000.00	HopeWorks Scholarship
Coker College	Jordan White	1,000.00	Argabrite Foundation Fund
WVU Foundation	Joseph Titchnell	1,000.00	Wolfe Memorial Scholarship
WVU Foundation	Joseph Titchnell	1,000.00	Wolfe Memorial Scholarship
WVU Foundation	Julia Adkins	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Julia Adkins	2,500.00	DeLynn Scholarship Fund
Sallie Mae	Katie Rose	1,600.00	Miss WV Scholarship Fund
George Mason University	Katie Rose	1,600.00	Miss WV Scholarship Fund
University of Charleston	Kellen Tropek	1,000.00	Dunn Memorial Scholarship Fund
WVU Foundation	Kelsey Harper	900.00	Mt Loggers Scholarship Fund
Clemson Uiversity	Kimberlee Hotzelt	1,000.00	Argabrite Foundation Fund
WVU Foundation	Kirk Moore Jr.	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Kirsten Brown	250.00	Kotchek Memorial Scholarship
WVU Foundation	Kirsten Brown	250.00	Kotchek Memorial Scholarship
WVU Foundation	Kobe Turlington	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Kobe Turlington	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Kyle Shaw	500.00	North Elem Scholarship Fund
Department of Education	Kylie Robbins	300.00	Miss WV Scholarship Fund
WVU Foundation	Laiken Cook	1,500.00	Woods Scholarship Fund
WVU Foundation	Laiken Cook	1,500.00	Woods Scholarship Fund
Alderson Broaddus College	Laramie Linn	2,500.00	DeLynn Scholarship Fund
Wheeling Jesuit University	Lindsay Scheffel	250.00	Kotchek Memorial Scholarship
Wheeling Jesuit University	Lindsay Scheffel	250.00	Kotchek Memorial Scholarship
Fairmont State University	Lydia Runyan	500.00	Bridges Fund
West Liberty University	MaCall Brummage	1,000.00	HopeWorks Scholarship
WVU Foundation	Mackenzie Steele	1,500.00	Woods Scholarship Fund
			-
WVU Foundation	Mackenzie Steele	1,500.00	Woods Scholarship Fund
Columbia School of Social Work	Madeline Collins	5,375.00	Miss WV Scholarship Fund
WVU Foundation	Madeline Graham	1,500.00	Terra Alta Pres Church Schol
WVU Foundation	Madeline Graham	1,000.00	Terra Alta Pres Church Schol
WVU Foundation	Madeline Graham	1,000.00	Terra Alta Pres Church Schol

Part III

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

Grants and Other Assistance to Individuals

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

Inspection

**Open to Public** 

### 27-5249383

	Name	Amount	Purpose
	Madalina Oriffish	1 000 00	Cooverelli Tuley Cohelevekin
WVU Foundation	Madeline Griffith	1,000.00	Scarcelli Tyler Scholarship
WVU Foundation	Madeline Griffith	1,500.00	Woods Scholarship Fund
WVU Foundation	Madeline Griffith	1,500.00	Woods Scholarship Fund
WVU Foundation	Madison Bender	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Madison Bender	2,500.00	DeLynn Scholarship Fund
Fairmont State University	Madison Boyles	1,000.00	Bower Power Memorial Fund
California University of PA	Madison Groover	2,500.00	DeLynn Scholarship Fund
California University of PA	Madison Groover	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Marissa Bailey	500.00	Devison Educ Trust Fund
WVU Foundation	Marissa Bailey	2,500.00	Jarvis Memorial Scholarship
WVU Foundation	Marissa Bailey	2,500.00	Jarvis Memorial Scholarship
WVU Foundation	Megan Scarano	400.00	Miss WV Scholarship Fund
West Virginia Wesleyan	Myndi Tran	1,500.00	Woods Scholarship Fund
West Virginia Wesleyan	Myndi Tran	1,500.00	Woods Scholarship Fund
WVU Foundation	Myya Helm	3,000.00	Meltzer Fund
WVU Foundation	Myya Helm	3,000.00	Meltzer Fund
Fairmont State University	Nicholas Moroose	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Nicholas Moroose	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Nicole Lawrence	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Noah Sampson	500.00	Harper Memorial Fund
WVU Foundation	Noell Shreve	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Noell Shreve	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Olivia Moroose	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Olivia Moroose	2,500.00	DeLynn Scholarship Fund