

**FOR TAX YEAR 2017**

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC

H A Ruckle CPA  
3803 Swallowtail Drive  
Morgantown, WV 26508  
(304)594-9199

Return of Organization Exempt From Income Tax

2017

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC. D Employer identification no. 27-5249383. E Telephone number (304) 296-3433. G Gross receipts \$ 1,840,875. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. J Website: YCFWV.ORG. K Form of organization: Corporation. L Year of formation: 2011. M State of legal domicile: WV.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Patricia S Ryan, Signature of officer, Date. Patricia S Ryan, President, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name Homer A Ruckle, Preparer's signature, Date 07-23-2018, Check self-employed if PTIN P00679845, Firm's name H A Ruckle CPA, Firm's address 3803 Swallowtail Drive Morgantown WV 26508, Firm's EIN, Phone no. 304-594-9199.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

4a (Code: ) (Expenses \$ 1,335,919 including grants of \$ ) (Revenue \$ )  
YCF PARTNERED IN PHILANTHROPY, AND CONNECTED WITH INDIVIDUALS, ORGANIZATIONS, AND BUSINESSES IN DEVELOPING THEIR CHARITABLE WISHES BY FACILITATING AND MANAGING FUNDS TO HELP MEET CURRENT COMMUNITY NEEDS AND FUTURE CHALLENGES. THIS COLLABORATION WITH FUNDING AND CIVIC PARTNERS HELPED CUT COSTS, BUILD PROGRAMS, AND INCREASED THE SCOPE AND EFFICIENCY OF CHARITABLE GIVING IN NORTH CENTRAL WEST VIRGINIA.

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

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

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

4e Total program service expenses ▶ 1,335,919

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	X	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .		X
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		X
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

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

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include questions 10a-16b regarding local chapters, conflict of interest, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed West Virginia
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Patricia S Ryan (304)296-3433, PO BOX 409, MORGANTOWN, WV 26507

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Patricia S Ryan President	40.00			X				91,435	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								91,435	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								91,435	0	0

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	15,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	992,102				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,007,102				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> FUND ADMIN FEES	525920	156,022	156,022			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		156,022					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		225,510			225,510	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents . . . . .	(i) Real	23,152				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .		23,152				
	<b>d</b> Net rental income or (loss) . . . . . ▶		23,152	23,152			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	429,089				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
	<b>c</b> Gain or (loss) . . . . .		429,089				
	<b>d</b> Net gain or (loss) . . . . . ▶		429,089	429,089			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12 Total revenue.</b> See instructions . . . . . ▶		1,840,875	608,263	0	225,510		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	765,050	765,050		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	279,447	279,447		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	91,435	54,861	27,431	9,143
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	44,933	30,959	13,974	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	11,368	7,150	3,456	762
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	6,325		6,325	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .	173,991	173,991		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	6,949	1,665	5,107	177
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	14,502	9,122	4,408	972
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	15,280	6,950	7,590	740
<b>17</b> Travel . . . . .	153	96	47	10
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	2,226	1,400	677	149
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,867		26,867	
<b>23</b> Insurance . . . . .	4,478		4,478	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINTING & PUBLIC AWARENESS	2,470	1,554	751	165
<b>b</b> STAFF DEV & TRAINING	1,204		1,204	
<b>c</b> MEMBERSHIPS & DUES	2,625		2,625	
<b>d</b> BANK & MERCHANT SERVICE FEES	23	13	7	3
<b>e</b> All other expenses _____	3,661	3,661		
<b>25</b> Total functional expenses. Add lines 1 through 24e .	1,452,987	1,335,919	104,947	12,121
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	24,255	<b>1</b>	47,519
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	25,500	<b>3</b>	
	<b>4</b> Accounts receivable, net	234,006	<b>4</b>	253,199
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,082,755		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 290,738	817,608	<b>10c</b> 792,017
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11	13,452,188	<b>13</b>	15,368,689
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	14,553,557	<b>16</b>	16,461,424	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,659	<b>17</b>	5,162
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	247,001	<b>24</b>	116,390
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	975,153	<b>25</b>	1,138,197
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,225,813	<b>26</b>	1,259,749
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	745,928	<b>27</b>	914,096
	<b>28</b> Temporarily restricted net assets	12,581,816	<b>28</b>	14,287,579
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	13,327,744	<b>33</b>	15,201,675
	<b>34</b> Total liabilities and net assets/fund balances	14,553,557	<b>34</b>	16,461,424

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,840,875
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,452,987
3	Revenue less expenses. Subtract line 2 from line 1	3	387,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,327,744
5	Net unrealized gains (losses) on investments	5	1,486,043
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,201,675

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? . . . . .		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 in Schedule O and describe any steps taken to undergo such audits . . . . .		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

Employer identification number

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

**27-5249383**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,645,619	943,083	2,914,550	2,541,677	1,017,102	9,062,031
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 <b>Total.</b> Add lines 1 through 3 . . . . .	1,645,619	943,083	2,914,550	2,541,677	1,017,102	9,062,031
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) . . . . .						2,366,759
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						6,695,272

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .	1,645,619	943,083	2,914,550	2,541,677	1,017,102	9,062,031
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	135,165	154,295	163,406	167,163	225,510	845,539
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	108,041	117,448	131,185	128,751	169,175	654,600
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						10,562,170
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	63.39 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	68.19 %
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2017; 16 Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2017; 18 Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . .			
<b>b</b> Excess from 2014 . . . .			
<b>c</b> Excess from 2015 . . . .			
<b>d</b> Excess from 2016 . . . .			
<b>e</b> Excess from 2017 . . . .			

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

- ▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b> YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	<b>Employer identification number</b> 27-5249383
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	<b>Employer identification number</b> 27-5249383
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 27,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 56,128	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 87,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 20,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

<b>Name of organization</b> YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC	<b>Employer identification number</b> 27-5249383
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color:black; width:250px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:80px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	<div style="background-color:black; width:270px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:150px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	<div style="background-color:black; width:170px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:90px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:210px; height:15px;"></div>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WV INC Employer identification number 27-5249383

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,852,668	6,690,489	6,754,424	6,452,773	5,042,709
b Contributions	350,565	1,312,673	402,870	187,058	780,888
c Net investment earnings, gains, and losses	1,405,845	371,403	(21,118)	430,440	857,186
d Grants or scholarships	380,453	412,295	380,978	263,802	176,489
e Other expenditures for facilities and programs		40,914			
f Administrative expenses	36,011	68,688	64,709	62,045	51,521
g End of year balance	9,192,614	7,852,668	6,690,489	6,744,424	6,452,773

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  100.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,000		98,000
b Buildings		972,079	281,452	690,627
c Leasehold improvements				
d Equipment		12,676	9,286	3,390
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>792,017</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH & EQUIVALENTS	504,709	FMV
(2) BONDS	48,579	FMV
(3) POOLED - CASH & EQUIVALENTS	464,872	FMV
(4) POOLED - BONDS & BOND FUNDS	3,657,629	FMV
(5) POOLED - MUTUAL FUNDS	3,865,670	FMV
(6) POOLED - EQUITY SECURITIES	6,827,230	FMV
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	15,368,689	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY ENDOWMENTS	1,138,197	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,138,197	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,326,918
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 1,486,043		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,486,043
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,840,875
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,840,875

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,452,987
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,452,987
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,452,987

**Part XIII Supplemental Information.**

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

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

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

The Organization follows FASB Codification Section 740 Accounting for Uncertainty in Income Taxes (ASC 740). This guidance provides a recognition threshold and measurement process for uncertain tax positions. For the year ended December 31, 2017, there were no uncertain tax positions requiring accrual.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**YOUR COMMUNITY FOUNDATION OF NORTH CENTR**

Employer identification number

**27-5249383**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>SEE ATTACHED SCHEDULE YCF MORGANTOWN, WV 26505</b>							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

**01. Monitoring procedures (Part I, line 2)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

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

**27-5249383**

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

FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT AND BOARD OF DIRECTORS PRIOR TO FILING;  
FURTHERMORE, THE BOARD EVALUATES THE COMPETENCY OF THE PERSON(S) OR FIRM HIRED TO PREPARE  
THE RETURN AND CONFIRMS THAT THE RETURN IS FILED TIMELY. THE BOARD CONSIDERS THIS AN  
APPROPRIATE FIDUCIARY DUTY, AND ACCORDINGLY, HAS TAKEN THESE STEPS.

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

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

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

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

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

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

**05. General explanation attachment**

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

YOUR COMMUNITY FOUNDATION OF NORTH CENTRAL WEST VIRGINIA, INC's (YCF) MISSION IS TO  
PROMOTE PHILANTHROPY AND BUILD ENDOWMENT FUNDS TO BENEFIT OUR COMMUNITIES.

Name of the organization

Employer identification number

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

**27-5249383**

YCF PROMOTES, DEVELOPS, AND COORDINATES CHARITABLE GIVING FOR THE GOOD OF NORTH CENTRAL WEST VIRGINIA. YCF WAS ESTABLISHED TO INVEST AND ADMINISTER DONATIONS, AND TO ASSIST IN MATCHING COMMUNITY RESOURCES WITH COMMUNITY NEEDS. YCF AIMS TO ASSIST DONORS IN ACHIEVING THEIR CHARITABLE INTENTIONS THROUGH THE ESTABLISHMENT OF FUNDS AND ENDOWMENTS THAT PROVIDE RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THOSE SERVED.



## 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.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No. 1545-1709

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

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

• The books are in the care of ▶ **Patricia S Ryan, PO BOX 409, MORGANTOWN, WV 26507**

Telephone No. ▶ **304-296-3433** FAX No. ▶ \_\_\_\_\_

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

1 I request an automatic 6-month extension of time until 11-15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2017 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2017)

**Part II**

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

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

**27-5249383**

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Amount</u>	<u>Purpose</u>
Arts Monongahela	201 High St.	Morgantown	WV	23,000	ARTS & CULTURAL
BOPARC	PO Box 590	Morgantown	WV	6,638	COMMUNITY DEVELOPMENT
Clarksburg Mission, Inc.	PO Box 1123	Clarksburg	WV	5,050	HEALTH & SOCIAL SERVICES
Empty Bowls Monongalia	7 Rousch Dr.	Westover	WV	9,804	HEALTH & SOCIAL SERVICES
Fairmont State University Foundation	1300 Locust Dr.	Fairmont	WV	6,000	EDUCATION & SCHOLARSHIPS
Friends of Deckers Creek	PO Box 877	Dellslow	WV	7,000	COMMUNITY DEVELOPMENT
Glenville State College	200 High St.	Glenville	WV	5,000	EDUCATION & SCHOLARSHIPS
Gold Star Mothers	2128 Leroy Place, NW	Washington	DC	10,000	SOCIAL SERVICES
Health Access	489 Washington Ave.	Clarksburg	WV	10,000	HEALTH & SOCIAL SERVICES
M.T. Pckets Theatre Company	203 Parsons St.	Morgantown	WV	17,250	ARTS & CULTURAL
Milan Puskar Health Right, Inc.	341 Spruce St	Morgantown	WV	15,000	HEALTH & SOCIAL SERVICES
Mon Cty Child Advocacy Center, Inc.	909 Greenbag Rd	Morgantown	WV	25,539	HEALTH & SOCIAL SERVICES
Monongalia Arts Center	107 High St.	Morgantown	WV	12,500	ARTS & CULTURAL
Morgantown Public Library	373 Spruce St.	Morgantown	WV	14,077	COMMUNITY DEVELOPMENT
Morgantown Museum	175 Kirk Street	Morgantown	WV	7,500	ARTS & CULTURAL
Morgantown Theatre Company	369 High St.	Morgantown	WV	12,605	ARTS & CULTURAL
Mountaineer Area Robotics, Inc.	WV University	Morgantown	WV	24,359	EDUCATION & SCHOLARSHIPS
Mylan Park Elementary	Mylan Park	Morgantown	WV	5,000	EDUCATION & SCHOLARSHIPS
National Guard Foundation	1679 Coonskin Dr.	Charleston	WV	10,550	COMMUNITY DEVELOPMENT
Pantry Plus More	9 Rousch Dr.	Morgantown	WV	7,500	HEALTH & SOCIAL SERVICES
Skyview Elementary	668 River Rd.	Morgantown	WV	5,000	EDUCATION & SCHOLARSHIPS
Spark Imagination and Science Center	5000 Greenbag Rd.	Morgantown	WV	6,115	EDUCATION & SCHOLARSHIPS
The Clarksburg-Harrison Cultural	PO 2252	Clarksburg	WV	5,347	ARTS & CULTURAL
Union Mission of Fairmont	107 Jefferson St.	Fairmont	WV	10,000	HEALTH & SOCIAL SERVICES
United Way of Harrison County	P.O. Box 2452	Clarksburg	WV	18,290	HEALTH & SOCIAL SERVICES
United Way of Monongalia & Preston Co.	278-C Spruce St.	Morgantown	WV	13,015	HEALTH & SOCIAL SERVICES
West Virginia Rescue Ministries	107 Jefferson St.	Fairmont	WV	23,979	HEALTH & SOCIAL SERVICES
WVU Children's Hospital	1 Medical Center Dr.	Morgantown	WV	81,000	HEALTH & SOCIAL SERVICES
WVU Foundation	2 Waterfront Pl.	Morgantown	WV	91,803	EDUCATION & SCHOLARSHIPS
Young Life Mountaineer Area	PO Box 533	Morgantown	WV	60,000	SOCIAL SERVICES

Part III

Grants and Other Assistance to Individuals

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

27-5249383

Name	Amount	Purpose	
WVU Foundation	Aaron Flowers	500.00	Harper Memorial Fund
WVU Foundation	Aaron Flowers	500.00	Harper Memorial Fund
WVU Foundation	Abby Charles	1,500.00	Bowen Scholarship Fund
Winthrop University	Alexus Alston	1,000.00	Argabrite Foundation Fund
Fairmont State	Allison Hall	2,500.00	DeLynn Scholarship Fund
Fairmont State University	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
Fairmont State	Amber Howdershelt	1,000.00	HopeWorks Scholarship
Fairmont State	Amber Howdershelt	1,000.00	HopeWorks Scholarship
WVU Foundation	Amber Rodeheaver	500.00	Davis Educational Scholarship
Fairmont State	Andrew Harker	2,500.00	DeLynn Scholarship Fund
Fairmont State University	Andrew Harker	2,500.00	DeLynn Scholarship Fund
Pierpont Community & Technical College	Andrew Lewis	2,000.00	Koen Scholarship
Pierpont Community & Technical College	Andrew Lewis	2,000.00	Koen Scholarship
Ball State University	Andrew Slusser	1,000.00	Bower Power Memorial Fund
WVU Foundation	Anthony Tate	1,800.00	Woods Scholarship Fund
WVU Foundation	Anthony Tate	1,800.00	Woods Scholarship Fund
WVU Foundation	Autumn Baker	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Autumn Baker	2,500.00	DeLynn Scholarship Fund
Potomac State College	Bailey Gregg	250.00	Kotchek Memorial Scholarship
Potomac State College	Baily Gregg	250.00	Kotchek Memorial Scholarship
WVU Foundation	Brennen Mcminn	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Brennen McMinn	2,500.00	DeLynn Scholarship Fund
WV Wesleyan College	Casey Stallman	1,800.00	Woods Scholarship Fund
West Virginia Wesleyan	Casey Stallman	1,800.00	Woods Scholarship Fund
Wellesley College	Catherine Gooding	1,000.00	HopeWorks Scholarship
Wellesley College	Catherine Gooding	1,000.00	HopeWorks Scholarship
WVU Foundation School of Law	ChandlerStrogen ---School of law	2,600.00	Jarvis Memorial Scholarship
WVU Foundation	Charles Davisson	500.00	Mazzie Memorial Scholarship
WVU Foundation	Charles Davisson	1,800.00	Woods Scholarship Fund
WVU Foundation	Charles Davisson	1,800.00	Woods Scholarship Fund
Department of Education Fedloan Servicing	Chelsea Malone	5,500.00	Miss WV Scholarship Fund
WVU Foundation	Cheyenne Woods	1,800.00	Woods Scholarship Fund
WVU Foundation	Cheyenne Woods	1,800.00	Woods Scholarship Fund
Fairmont State	Clay Stuart	2,500.00	DeLynn Scholarship Fund
Faimont State University	Clay Stuart	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Dalton Bolyard	1,000.00	Shahan Memorial Scholarship
Fairmont State	Dominique Kelley	2,500.00	DeLynn Scholarship Fund
Faimont State University	Dominique Kelley	2,500.00	DeLynn Scholarship Fund
West Liberty College	Eliana Henriquez	1,800.00	Woods Scholarship Fund
West Liberty College	Eliana Henriquez	1,800.00	Woods Scholarship Fund
Fairmont State	Emily Arbogast	2,500.00	DeLynn Scholarship Fund
Fairmont State University	Emily Arbogast	2,500.00	DeLynn Scholarship Fund
WV Wesleyan College	Erin Murphy	500.00	Devison Educ Trust Fund
WVU Foundation	Eviana Barnes	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Eviana Barnes	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Gabriella Mazza	1,800.00	Woods Scholarship Fund
WVU Foundation	Haleigh Bell	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Haleigh Bell	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Haleigh Posey	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Haleigh Posey	2,500.00	DeLynn Scholarship Fund
Saint Vincent College	Haley Martin	2,500.00	DeLynn Scholarship Fund
St. Vincent College	Haley Martin	2,500.00	DeLynn Scholarship Fund
University of Charleston	Haley Snodgrass	1,000.00	Dunn Memorial Scholarship Fund
Clemson University	Hannah Cooper	1,000.00	Argabrite Foundation Fund
WVU Institute of Technology	Hannah Pride	1,000.00	Burton Memorial Fund Scholar
WVU Foundation	Hannah Savage	500.00	KHS Class of '59 Scholarship
WVU Foundation	Heidi Dunn	3,000.00	Meltzer Fund
Fairmont State	Holli Huffman	500.00	Valentine Family Scholarship
Marshall University	Jack Ray	1,800.00	Woods Scholarship Fund
Marshall University	Jack Ray	1,800.00	Woods Scholarship Fund
WVU Foundation	Jacob Morris	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Jacob Morris	2,500.00	DeLynn Scholarship Fund
Marietta College	Jacob Smith	2,500.00	DeLynn Scholarship Fund
Marietta College	Jacob Smith	2,500.00	DeLynn Scholarship Fund

Part III

Grants and Other Assistance to Individuals

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

27-5249383

Name	Amount	Purpose	
WVU Foundation	Jake Abbott	1,000.00	Bower Power Memorial Fund
WVU Foundation	Jamie Desantis	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Jamie DeSantis	2,500.00	DeLynn Scholarship Fund
Faimont State University	Jarret Hockenberry	2,500.00	DeLynn Scholarship Fund
Marshall University	Jarrett Hockenberry	2,500.00	DeLynn Scholarship Fund
Clemson University	Kimberly Hotzelt	1,000.00	Argabrite Foundation Fund
WVU Foundation	Kirk Moore	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Kirk Moore Jr.	2,500.00	DeLynn Scholarship Fund
Alderson Broaddus College	Laramie Linn	2,500.00	DeLynn Scholarship Fund
Alderson Broaddus College	Laramie Linn	2,500.00	DeLynn Scholarship Fund
Pierpont Community & Technical College	Laura Gomolak	480.00	Bridges Fund
Wheeling Jesuit University	Lindsay Scheffel	250.00	Kotchek Memorial Scholarship
Wheeling Jesuit University	Lindsay Scheffel	250.00	Kotchek Memorial Scholarship
WVU Foundation	Lucas Mocniak	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Lucas Mocniak	2,500.00	DeLynn Scholarship Fund
West Liberty College	MacCall Brummage	500.00	HopeWorks Scholarship
West Liberty College	MaCall Brummage	500.00	HopeWorks Scholarship
Fairmont State	Madison Bender	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Madison Bender	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Madison Riley	1,800.00	Woods Scholarship Fund
WVU Foundation	Madison Riley	1,800.00	Woods Scholarship Fund
WVU Foundation	Maria Martino	1,800.00	Woods Scholarship Fund
WVU Foundation	Maria Martino School of nursing	900.00	Keener Nursing Scholarship Fund
WVU Foundation	Maria Martino School of Nursing	1,800.00	Woods Scholarship Fund
WVU Foundation	Maria Martino School of Nursing	1,800.00	Woods Scholarship Fund
WVU Foundation	Matthew Summer	1,000.00	HopeWorks Scholarship
WVU Foundation	Matthew Summers	1,000.00	HopeWorks Scholarship
WVU Foundation	Meagan Loughry	500.00	Ayersman Memorial Scholarship
Fairmont State	Melissa Layfield	2,000.00	Flynn Morrison Memorial Scholar
WVU Foundation	Morgan Cain	2,000.00	Flynn Morrison Memorial Scholar
Fairmont State	Morgan Dewitt	500.00	Harper Memorial Fund
Fairmont State	Morgan Dewitt	1,800.00	Woods Scholarship Fund
Fairmont State University	Morgan Dewitt	500.00	Harper Memorial Fund
Fairmont State University	Morgan Dewitt	1,800.00	Woods Scholarship Fund
WVU Foundation	Myya Helm	3,000.00	Meltzer Fund
WVU Foundation	Myya Helm	3,000.00	Meltzer Fund
WVU Foundation	Olivia Moroose	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Olivia Moroose	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Phillip Bailey	1,800.00	Woods Scholarship Fund
WVU Foundation	Phillip Bailey	1,800.00	Woods Scholarship Fund
WVU Foundation	Phillip Vincent	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Phillip Vincent	2,500.00	DeLynn Scholarship Fund
Coker College	Quadarius Grate	1,000.00	Argabrite Foundation Fund
Oral Roberts University	Rebecca Bennett	2,500.00	DeLynn Scholarship Fund
Oral Roberts University	Rebecca Bennett	2,500.00	DeLynn Scholarship Fund
Liberty University	Richard Menear	2,500.00	DeLynn Scholarship Fund
Liberty University	Richard Menear	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Roak Sizemore	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Roark Sizemore	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Samantha Flowers	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Samantha Flowers	2,500.00	DeLynn Scholarship Fund
WV Wesleyan College	Samuel Dotson	1,000.00	Dunn Memorial Scholarship Fund
Pierpont Community & Technical College	Sarah Haller	2,500.00	DeLynn Scholarship Fund
Pierpont Community & Technical College	Sarah Haller	2,500.00	DeLynn Scholarship Fund
Alderson Broaddus College	Sarah Reed	2,000.00	Flynn Morrison Memorial Scholar
WVU Foundation	Sarah Savage	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Sarah Savage	2,500.00	DeLynn Scholarship Fund
Fairmont State	Savanah Ferguson	1,500.00	Bowen Scholarship Fund
WVU Foundation	Savannah Dervis	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Savannah Dervis	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Shayla McGhee	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Shayla McGhee	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Shruthi Sreekumar	1,500.00	Baker Memorial Scholarship
WVU Foundation	Shruthi Sreekumar	1,500.00	Baker Memorial Scholarship
M.I.T.	Skylar Brooks	2,500.00	DeLynn Scholarship Fund
Massachusetts Institute of Technology	Skylar Brooks	2,500.00	DeLynn Scholarship Fund

Part III

Grants and Other Assistance to Individuals

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

**27-5249383**

	Name	Amount	Purpose
Waynesburg University	Sydknee Carpenter	2,500.00	DeLynn Scholarship Fund
Waynesburg University	Sydknee Carpenter	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Tallan Embrey	500.00	Dalton Memorial Scholarship
WVU Foundation	Tallan Embrey	500.00	Poling Brookhaven Elem Schol
Department of Education/MOHELA	Tamia Hardy	2,216.76	Miss WV Scholarship Fund
Alderson Broaddus College	Taylor England	2,500.00	DeLynn Scholarship Fund
Alderson Broaddus College	Taylor England	2,500.00	DeLynn Scholarship Fund
Shepherd University	Tess Hyre	1,150.00	Miss WV Scholarship Fund
Davis and Elkins College	Timothy Kinney	1,000.00	Dunn Memorial Scholarship Fund
Fairmont State	Tyler McGee	2,500.00	DeLynn Scholarship Fund
Faimont State University	Tyler McGee	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Wesley Roberts	1,000.00	HopeWorks Scholarship
WVU Foundation	Wesley Roberts	2,500.00	DeLynn Scholarship Fund
WVU Foundation	Wesley Roberts	1,000.00	HopeWorks Scholarship
WVU Foundation	Wesley Roberts	2,500.00	DeLynn Scholarship Fund