

**FOR TAX YEAR 2015**

YOUR COMMUNITY FOUNDATION INC

H A Ruckle CPA

3803 Swallowtail Drive

Morgantown, WV 26508

(304) 594-9199

Return of Organization Exempt From Income Tax

2015

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (YOUR COMMUNITY FOUNDATION INC), EIN (27-5249383), Principal Officer (PATTY SHOWERS RYAN), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Rows include mission statement, governance metrics, revenue (Total: 3,473,195), expenses (Total: 1,654,534), and net assets (End of Year: 11,885,341).

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.

Signature block for Patty Showers Ryan, President, including signature and date fields.

Paid Preparer Use Only section for Homer A Ruckle, CPA, including name, address, and contact information.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

4a (Code: ) (Expenses \$ 1,551,169 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 1,551,169

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		<input checked="" type="checkbox"/>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		<input checked="" type="checkbox"/>
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<input checked="" type="checkbox"/>	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input checked="" type="checkbox"/>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		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? If "Yes," complete Schedule I, Parts I and II . . . . .	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? If "Yes," complete Schedule I, Parts I and III . . . . .	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? If "Yes," complete Schedule J . . . . .		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II . . . . .		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? If "Yes," complete Schedule L, Part III . . . . .		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? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		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? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		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? If "Yes," complete Schedule R, Part I . . . . .		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		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? If "Yes," complete Schedule R, Part VI . . . . .		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 numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, 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, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 5 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - WV
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.
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:
PATTY SHOWERS RYAN (304)296-3433, PO BOX 406, 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						0	0	0
(2) SARAH MINEAR VICE CHAIRMAN	3.00	X						0	0	0
(3) MICHAEL DEPROSPERO TREASURER	3.00	X						0	0	0
(4) JAMES GRIFFIN SECRETARY	3.00	X						0	0	0
(5) ROBERT GREER IMM PAST PRESIDENT	1.00	X						0	0	0
(6) MARCEL MALFREGEOT BOARD MEMBER	1.00	X						0	0	0
(7) M L QUINN BOARD MEMBER	1.00	X						0	0	0
(8) NICHOLAS FANTASIA BOARD MEMBER	1.00	X						0	0	0
(9) GERARD SCHMIDT BOARD MEMBER	1.00	X						0	0	0
(10) BILLY ATKINS BOARD MEMBER	1.00	X						0	0	0
(11) RANJIT MAJUMDER BOARD MEMBER	1.00	X						0	0	0
(12) VIRGINIA ROYCES BOARD MEMBER	1.00	X						0	0	0
(13) JAMES MAIER BOARD MEMBER	1.00	X						0	0	0
(14) JONATHAN MANN BOARD MEMBER	1.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ORAL HENDERSON III BOARD MEMBER	1.00	X						0	0	0
(16) NICHOLAS AUSTIN PRESIDENT	40.00			X				53,538	0	0
(17) PATTY SHOWERS RYAN	40.00			X				0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								53,538	0	0

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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>	31,500				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,883,050				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,914,550				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> FUND ADMIN FEES	525920	92,227	92,227			
	<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 . . . . . ▶		92,227					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		163,406			163,406	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
			38,958				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .		38,958			
	<b>d</b> Net rental income or (loss) . . . . . ▶		38,958	38,958			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		264,054					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .		264,054			
	<b>d</b> Net gain or (loss) . . . . . ▶		264,054	264,054			
	<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 . . . . . ▶			3,473,195	395,239	0	163,406	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	1,021,985	1,021,985		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	334,499	334,499		
<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 . . . . .	52,235	36,564	13,059	2,612
<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 . . . . .	27,818	13,631	13,074	1,113
<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 . . . . .	6,631	4,151	2,175	305
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	5,500		5,500	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .	107,903	107,903		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	5,871	3,675	1,926	270
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	8,231	5,152	2,700	379
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	28,439	9,284	18,473	682
<b>17</b> Travel . . . . .	929	581	305	43
<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 . . . . .	6,262	4,367	1,895	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,363		26,363	
<b>23</b> Insurance . . . . .	4,826		4,826	
<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	13,771	8,621	4,517	633
<b>b</b> STAFF DEV & TRAINING	1,280		1,280	
<b>c</b> MEMBERSHIPS & DUES	785		785	
<b>d</b> BANK & MERCHANT SERVICE FEES	1,206	756	395	55
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e .	1,654,534	1,551,169	97,273	6,092
<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	
Assets	1	Cash - non-interest-bearing	42,945	1	55,230
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	22,675	3	
	4	Accounts receivable, net	20,198	4	27,560
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,071,001		
	b	Less: accumulated depreciation	237,018	10c	833,983
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	10,501,172	13	11,972,372
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,443,929	16	12,889,145	
Liabilities	17	Accounts payable and accrued expenses	1,499	17	3,314
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	297,688	24	242,469
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	641,549	25	758,021	
26	<b>Total liabilities.</b> Add lines 17 through 25	940,736	26	1,003,804	
Net Assets or Fund Balances	<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>				
	27	Unrestricted net assets	702,538	27	764,025
	28	Temporarily restricted net assets	9,800,655	28	11,121,316
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	10,503,193	33	11,885,341	
34	<b>Total liabilities and net assets/fund balances</b>	11,443,929	34	12,889,145	

**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	3,473,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,654,534
3	Revenue less expenses. Subtract line 2 from line 1	3	1,818,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,503,193
5	Net unrealized gains (losses) on investments	5	(424,838)
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	(11,675)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,885,341

**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
2b	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	
2c	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
3b	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)**

**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.

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

**YOUR COMMUNITY FOUNDATION 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 11, 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 77.64%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 87.50%; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [checked]; 16b 33 1/3% support test - 2014. 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 stop here. The organization qualifies as a publicly supported organization [unchecked]; 17a 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization [unchecked]; 17b 10%-facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization [unchecked]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [unchecked].

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

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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 2015; 16 Public support percentage from 2014 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 2015; 18 Investment income percentage from 2014 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2015. 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
19b 33 1/3% support tests - 2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<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 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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>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? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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. **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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 . . . . .			
<b>e</b> From 2014 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 . . . .			
<b>d</b> Excess from 2014 . . . .			
<b>e</b> Excess from 2015 . . . .			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2015**

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

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

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

<b>Name of organization</b> YOUR COMMUNITY FOUNDATION 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:150px; 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>	\$ 1,168,670	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:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:170px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:170px; height:15px;"></div>	\$ 365,966	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:220px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:100px; height:15px; margin-bottom:5px;"></div> <div style="background-color:black; width:180px; height:15px;"></div>	\$ 76,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
—	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
—	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
—	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

YOUR COMMUNITY FOUNDATION INC

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: 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: Revenue, Assets. 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., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015



**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	6,754,424	6,452,773	5,042,709	3,647,749	
b Contributions	402,870	187,058	780,888	1,221,429	
c Net investment earnings, gains, and losses	(21,118)	430,440	857,186	349,553	
d Grants or scholarships	380,978	263,802	176,489	136,687	
e Other expenditures for facilities and programs					
f Administrative expenses	64,709	62,045	51,521	39,335	
g End of year balance	6,690,489	6,744,424	6,452,773	5,042,709	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  100.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | 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		962,969	230,793	732,176
c Leasehold improvements				
d Equipment		10,032	6,225	3,807
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>833,983</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	1,272,471	FMV
(2) EQUITY SECURITIES	197,800	FMV
(3) POOLED - CASH & EQUIVALENTS	564,444	FMV
(4) POOLED - BONDS & BOND FUNDS	2,928,320	FMV
(5) POOLED - MUTUAL FUNDS	2,378,505	FMV
(6) POOLED - EQUITY SECURITIES	4,550,875	FMV
(7) BONDS	79,957	FMV
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	11,972,372	

**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	758,021
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	758,021

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>	3,048,357
<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>	(424,838)	
<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>	(424,838)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,473,195
<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>	3,473,195

**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>	1,666,209
<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>	11,675	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	11,675
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,654,534
<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>	1,654,534

**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. Other expenses not included on Form 990 (Part XII, line 2d)**

THE ORGANIZATION CONSIDERED INDIVIDUAL PLEDGES RECEIVABLE AND DETERMINED AN AMOUNT DEEMED UNCOLLECTIBLE.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**YOUR COMMUNITY FOUNDATION INC**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE ATTACHED SCHEDULE YCF MORGANTOWN, WV 26505							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

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

3 Enter total number of other organizations listed in the line 1 table

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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 INC (YCF) PROVIDES GRANTEEES WITH A WRITTEN STATEMENT OF GRANT TERMS AND CONDITIONS WHICH MUST BE SIGNED BY THE GRANTEE ORGANIZATION. YCF MONITORS THE USE OF GRANT FUNDS THROUGH A REVIEW OF THE FINAL GRANTEE REPORT, OR THROUGH REVIEW OF INVOICES SUBMITTED FOR REIMBURSEMENT. FINAL REPORTS MUST BE FILED BEFORE FUTURE GRANT APPLICATIONS ARE CONSIDERED.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**YOUR COMMUNITY FOUNDATION INC**

Employer identification number

**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. Explanation of other changes in net assets or fund balances (Part XI, line 9)**

THE ORGANIZATION REVIEWED INDIVIDUAL PLEDGES RECEIVABLE INDIVIDUALLY AND DETERMINED THEY  
WERE UNCOLLECTIBLE.

**06. General explanation attachment**

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

Name of the organization

Employer identification number

**YOUR COMMUNITY FOUNDATION INC**

**27-5249383**

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

**SCHEDULE I  
(Form 990)**

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

**2015**

**Open to Public  
Inspection**

**Part II**

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

**YOUR COMMUNITY FOUNDATION, INC.**

**27-5249383**

Name	Address	City	State	Amount	Purpose
WVU Children's Hospital	1 Medical Center Dr.	Morgantown	WV	20,000	HEALTH & SOCIAL SERVICES:Mountain Loggers
WVU Gala	P.O. Box 8200	Morgantown	WV	50,000	HEALTH & SOCIAL SERVICES:Mountain Loggers
Union Mission of Fairmont	107 Jefferson St.	Fairmont	WV	24,789	OTHER:Union Mission
Buckeye School District	6899 State Rte 150	Dillonvale	OH	37,000	SCHOLARSHIPS:Bill Mazerowski Baseball Sch
Arts Monongahela	201 High St.	Morgantown	WV	11,250	ARTS & CULTURAL:Arts Fund
Bartlett House, Inc.	1110 University Ave	Morgantown	WV	5,500	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
M.T. Pckets Theatre Company	203 Parsons St.	Morgantown	WV	5,750	ARTS & CULTURAL:Arts Fund
Monongalia Arts Center	107 High St.	Morgantown	WV	11,250	ARTS & CULTURAL:Arts Fund
Morgantown Theatre Company	369 High St.	Morgantown	WV	11,750	ARTS & CULTURAL:Arts Fund
United Way of Harrison County	P.O. Box 2452	Clarksburg	WV	13,000	HEALTH & SOCIAL SERVICES
Bi County Nutrition Program	416 Ohio Ave	Clarksburg	WV	10,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Christian Help, Inc.	219 Walnut St.	Morgantown	WV	7,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Clay Battelle Family Services	6061 Mason-Dixon Hwy	Blacksville	WV	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Covenant CME	802 Greenbag Rd.	Morgantown	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
First Presbyterian Church	456 Spruce St.	Morgantown	WV	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Meals on Wheels	3373 University Ave.	Morgantown	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Rock Forge Presbyterian Church	P.O. Box 127	Morgantown	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Scott's Run Settlement House, Inc.	41 Lady Bug Dr.	Osage	WV	17,400	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
St. Ursula	P.O. Box 18	Morgantown	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
The Salvation Army	1224 University Ave.	Morgantown	WV	5,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
Wadestown Food Pantry	1902 Range Rd.	Wadestown	WV	6,000	HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia
WVU Rifle Club	3450 Jerry West Blvd.	Morgantown	WV	15,000	SPORTS & RECREATION:WVU Rifle Team Endowment
Young Life	1116 University Ave.	Morgantown	WV	30,000	SPORTS & RECREATION:WVU Rifle Team Endowment
Stepping Stones	400 Mylan Park	Morgantown	WV	7,000	SCHOLARSHIPS:Jim Dunn Memorial Scholarship
				321,689	



Part III

Grants and Other Assistance to Individuals

**YOUR COMMUNITY FOUNDATION, INC.**

**27-5249383**

Name	Amount	Purpose
WVU Foundation	Adrianna Barbato	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Aimee Zorik	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Aimee Zorik	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Aimee Zorik	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Alexandra Brennan	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Alexandra Brennan	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Alexandrea Miller	(500.00) SCHOLARSHIPS:Harper Memorial
WVU Foundation	Amanda Ackerman	(500.00) SCHOLARSHIPS:Harper Memorial
Fairmont State University	Amber Howdershelt	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Amber Howdershelt	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Amber Howdershelt	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Andrew Harker	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Andrew Harker	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Angela Bohon	(1,000.00) SCHOLARSHIPS:Seamon
Seton Hill University	Anna Reitsma	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Seton Hill University	Anna Reitsma	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Seton Hill University	Anna Reitsma	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Ashley Schifano	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Bailey Haller	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Bailey Haller	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Bailey Haller	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Baylee Abbott	(2,500.00) SCHOLARSHIPS:Baker Memorial Scholarship
WVU Foundation	Benjamin Robinson	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Bethany Lojewski	(100.00) SCHOLARSHIPS:Miss WV Scholarshp Fund
WVU Foundation	Bethany Lojewski	(900.00) SCHOLARSHIPS:Miss WV Scholarshp Fund
WVU Foundation	Brandon Armstrong	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Brandon Armstrong	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Brandon Thomas	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Brandon Thomas	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Brandon Thomas	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Brennen McMinn	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Brennenn McMinn	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WV Wesleyan College	Caitlin May	(500.00) SCHOLARSHIPS:KHS Class of '59
WV Wesleyan College	Caitlin May	(1,000.00) SCHOLARSHIPS:Spotte
Marshall University	Cassie Polan	(1,000.00) SCHOLARSHIPS:Brandi K Bowen
Wellesley College	Catherine Gooding	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
Wellesley College	Catherine Gooding	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
WVU Foundation	Clay Chipps	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Clay Chipps	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Clay Chipps	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Colin Winkie	(2,000.00) SCHOLARSHIPS:Jarvis
Fairmont State University	Denzil Graham	(500.00) SCHOLARSHIPS:KHS Class of '59
Fairmont State University	Dominique Kelley	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Dominique Kelley	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Dominique Kelley	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Eli Aberegg	(1,000.00) SCHOLARSHIPS:Bower Power
Ava Maria University	Emily Harper	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Ava Maria University	Emily Harper	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Eric Finch	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
WVU Foundation	Eric Finch	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
North Greenville University	Ethan Griggs	(1,000.00) SCHOLARSHIPS:Scott Argabrite Scholarship
Kent State University	Gabrielle Payne	(500.00) SCHOLARSHIPS:Miss WV Scholarshp Fund
WVU Foundation	Haleigh Posey	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Haleigh Posey	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Saint Vincent College	Haley Martin	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Saint Vincent College	Haley Martin	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Saint Vincent College	Haley Martin	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Haley Posey	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
College of Charleston	Hannah Cooper	(1,000.00) SCHOLARSHIPS:Scott Argabrite Scholarship
WVU Foundation	Heidi Dunn	(750.00) SCHOLARSHIPS:HopeWorks Scholarship
WVU Foundation	Heidi Dunn	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
WVU Foundation	Heidi Dunn	(750.00) SCHOLARSHIPS:HopeWorks Scholarship
WVU Foundation	Heidi Dunn	(750.00) SCHOLARSHIPS:HopeWorks Scholarship
West Virginia University	Hilary Kinney	(169.00) SCHOLARSHIPS:Miss WV Scholarshp Fund
WVU Foundation	Howard James Jeffers	(3,000.00) SCHOLARSHIPS:Lee H. & Doris Meltzer Fund
WVU Foundation	Howard James Jeffers	(3,000.00) SCHOLARSHIPS:Lee H. & Doris Meltzer Fund

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

**Grants and Other Assistance to Organizations,  
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**Part III**

**Grants and Other Assistance to Individuals**

**YOUR COMMUNITY FOUNDATION, INC.**

**27-5249383**

Name	Amount	Purpose
WVU Foundation	Howard James Jeffers	(4,000.00) SCHOLARSHIPS:Lee H. & Doris Meltzer Fund
WVU Foundation	Jacob Delaney	(1,000.00) SCHOLARSHIPS:Bower Power
Marietta College	Jacob Smith	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Marietta College	Jacob Smith	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Marietta College	Jacob Smith	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Mount Vernon Nazarene University	James Moore	(1,800.00) SCHOLARSHIPS:Koen
Mount Vernon Nazarene University	James Moore	(1,800.00) SCHOLARSHIPS:Koen
WVU Foundation	Jamie DeSantis	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Jamie DeSantis	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Pierpont Community & Technical College	Jared Field	(2,000.00) SCHOLARSHIPS:Wolfe Culinary
Winthrop University	Jenna Anne Lilly	(1,000.00) SCHOLARSHIPS:Scott Argabrite Scholarship
WVU Foundation	Jessica Church	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Jessica Church	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Jessica Church	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Concord University	Johnathon Berry	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Concord University	Johnathon Berry	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Concord University	Johnathon Berry	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Jordan Alexandra Miller	(250.00) SCHOLARSHIPS:Micah Wilson
WVU Foundation	Jordan Alexandra Miller	(250.00) SCHOLARSHIPS:Micah Wilson
WVU Foundation	Joseph D'Amico	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
University of Charleston	Joshua McLung	(1,000.00) SCHOLARSHIPS:Jim Dunn Memorial Scholarship
WVU Foundation	Justin Sharpe	(500.00) SCHOLARSHIPS:Poling Brookhaven Sch Fund
Wheeling Jesuit University	Kailee Latocha	(1,800.00) SCHOLARSHIPS:Koen
University of Notre Dame	Kathleen Shaffer	(500.00) SCHOLARSHIPS:Rusty Mazzie
WVU Foundation	Kelsey Browning	(1,000.00) SCHOLARSHIPS:Seamon
WVU Foundation	Landon Owens	(400.00) SCHOLARSHIPS:Valentine Fund
Alderson Broaddus College	Laramine Linn	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Alderson Broaddus College	Laramine Linn	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Lucas Mocniak	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Lucas Mocniak	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Lucas Mocniak	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Alderson Broaddus College	Lydia Ann Wade	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
Alderson Broaddus College	Lydia Ann Wade	(1,000.00) SCHOLARSHIPS:HopeWorks Scholarship
Penn State Fayette	Madison Muilenburg	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Penn State Fayette	Madison Muilenburg	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Penn State Fayette	Madison Muilenburg	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Makayla Wilins	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Makayla Wilkins	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Makayla Wilkins	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Pierpont Community & Technical College	Mariah May	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Marilyn DeSantis	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Marilyn DeSantis	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Marilyn DeSantis	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Glenville State University	Mark Moran	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Davis and Elkins College	Mary jane Braham	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Davis and Elkins College	Mary jane Braham	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Davis and Elkins College	Mary jane Braham	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Megan DeBastiani	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Megan DeBastiani	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Megan DeBastiani	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Fedloan Servicing	Melissa Lamp	(350.00) SCHOLARSHIPS:Miss WV Scholarship Fund
Fairmont State	Melissa Layfield	(2,000.00) SCHOLARSHIPS:Catherine Flynn Morrison
WVU Foundation	Mia Manzo	(400.00) SCHOLARSHIPS:KEENER
WV Wesleyan College	Michael Duez	(1,000.00) SCHOLARSHIPS:Jim Dunn Memorial Scholarship
Office of the Bursar	Miranda Harrison	(1,630.25) SCHOLARSHIPS:Miss WV Scholarship Fund
WVU Foundation	Morgan Cain	(2,000.00) SCHOLARSHIPS:Catherine Flynn Morrison
Fairmont State University	Olivia Wilson	(500.00) SCHOLARSHIPS:BRIDGES
Fairmont State University	Olivia Wilson	(1,000.00) SCHOLARSHIPS:Seth Burton Memorial
Frostburg State University	Patrick Sines	(500.00) SCHOLARSHIPS:Mt. Loggers
WVU Foundation	Phillip Brennon Vicent	(500.00) SCHOLARSHIPS:Bower Power
WVU Foundation	Phillip Vincent	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Phillip Vincent	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Coker College	Quadarius Grate	(1,000.00) SCHOLARSHIPS:Scott Argabrite Scholarship
Oral Roberts University	Rebecca Bennett	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Oral Roberts University	Rebecca Bennett	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund
Oral Roberts University	Rebecca Bennett	(2,500.00) SCHOLARSHIPS:DeLynn Scholarship Fund

Part III

Grants and Other Assistance to Individuals

**YOUR COMMUNITY FOUNDATION, INC.**

**27-5249383**

Name	Amount	Purpose	
WVU Foundation	Samantha Flowers	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Samantha Flowers	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Samatha Thomas	(400.00)	SCHOLARSHIPS:Valentine Fund
Oral Roberts University	Sara Bennett	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Oral Roberts University	Sara Bennett	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Oral Roberts University	Sara ennett	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Sara Guidi	(750.00)	SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Sara Guidi	(750.00)	SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State	Sara Guidi	(750.00)	SCHOLARSHIPS:HopeWorks Scholarship
Pierpont Community & Technical College	Sarah Haller	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Pierpont Community & Technical College	Sarah Haller	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Shane Christopher	(1,000.00)	SCHOLARSHIPS:Angela Shahan Scholarship
WVU Foundation	Shayka McGhee	(250.00)	SCHOLARSHIPS:Micah Wilson
WVU Foundation	Shayla McGhee	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Shayla McGhee	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Shayla McGhee	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Shirley Seamon	St. Vincent DePaul School	(1,000.00)	SCHOLARSHIPS:Seamon
Waynesburg University	Sydknee Carpenter	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Waynesburg University	Sydknee Carpenter	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Waynesburg University	Sydknee Carpenter	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State	Taya Bolyard	(500.00)	SCHOLARSHIPS:Joycelyn Ayersman Memorial Sch.
Alderson Broaddus College	Taylor England	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Alderson Broaddus College	Taylor England	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Taylor Scudiere	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Taylor Scudiere	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Taylor Scudiere	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Shepherd University	Tess Hyre	(1,250.00)	SCHOLARSHIPS:Miss WV Scholarship Fund
WVU Foundation	Todd Funkhouser	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Todd Funkhouser	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Todd Funkhouser	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Travis Howard	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Travis Howard	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Travis Howard	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Travis Howard	(750.00)	SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Travis Howard	(750.00)	SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Travis Howard	(750.00)	SCHOLARSHIPS:HopeWorks Scholarship
Fairmont State University	Tyler McGee	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Tyler McGee	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
Fairmont State University	Tyler McGee	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Yamini Anaatula	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Yamini Anantula	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund
WVU Foundation	Yamini Anantula	(2,500.00)	SCHOLARSHIPS:DeLynn Scholarship Fund

(334,499.25)