

**Federal
Tax Return**

YOUR COMMUNITY FOUNDATION, INC.

2013

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Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **YOUR COMMUNITY FOUNDATION, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 409 _____
 City or town State ZIP code
MORGANTOWN WV 26507
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
27-5249383

E Telephone number
(304) 296-3433

G Gross receipts \$ **2,291,166**

F Name and address of principal officer:
NICHOLAS AUSTIN, PRESIDENT 111 HIGH ST, MORGANTOWN, WV

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **YCFWW.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2011** **M** State of legal domicile: **WV**

H(c) Group exemption number **▶**

| Part I Summary | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: YOUR COMMUNITY FOUNDATION, INC. (YCF) PROMOTES, DEVELOPS, AND COORDINATES CHARITABLE GIVING FOR THE GOOD OF NORTH CENTRAL WEST VIRGINIA, AND THE GREATER MORGANTOWN COMMUNITY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 3 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 25 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,772,178 | 1,645,193 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 60,924 | 72,613 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 167,668 | 537,933 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,029,732 | 2,291,166 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 664,673 | 768,613 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 68,836 | 73,261 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,604 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 165,596 | 183,235 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 899,105 | 1,025,109 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,130,627 | 1,266,057 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 9,023,414 | 10,992,136 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 937,557 | 965,990 |
| | | 8,085,857 | 10,026,146 |

Part II Signature Block

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

Sign Here

Signature of officer: **NICHOLAS AUSTIN** Date: **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **HOMER A. RUCKLE** Preparer's signature: **HOMER A. RUCKLE** Date: **8/28/2014** Check if self-employed PTIN: **P00679845**
 Firm's name **▶ H.A. RUCKLE, CPA** Firm's EIN **▶ 20-8546566**
 Firm's address **▶ 3803 SWALLOWTAIL DRIVE, MORGANTOWN, WV 26508** Phone no. **(304) 594-9199**

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

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE TRUST WAS ESTABLISHED AS A COMMUNITY FOUNDATION TO ADMINISTER AND INVEST DONOR FUNDS, AND TO ASSIST IN MATCHING COMMUNITY RESOURCES WITH COMMUNITY NEEDS. THE TRUST AIMS TO ASSIST DONORS IN ACHIEVING THEIR CHARITABLE INTENTIONS THROUGH THE ESTABLISHMENT OF FUNDS AND ENDOWMENTS THAT PROVIDE RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THOSE SERVED.

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

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

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

4a (Code:) (Expenses \$ 937,762 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 THE COMMUNITIES MEET THEIR CURRENT 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 \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 937,762

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 | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 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 | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| 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 | | X |
| 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 | X | |
| 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 | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | X | |
| 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 | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | X | |
| 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 | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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 | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 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 | | X |
| 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) | | X |
| 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 | | X |
| 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 | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | X |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NICHOLAS AUSTIN, PRESIDENT (304) 296-3433 111 HIGH STREET, MORGANTOWN, WV 26505

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) BARBARA ALEXANDER MCKINNEY CHAIRMAN | 2.00 0.00 | X | | | | | | | | |
| (2) ROBERT GREER V. CHAIRMAN | 2.00 0.00 | X | | | | | | | | |
| (3) MIKE DEPROSPERO TREASURER | 2.00 0.00 | X | | | | | | | | |
| (4) GERRY SCHMIDT SECRETARY | 2.00 0.00 | X | | | | | | | | |
| (5) BILLY COFFINDAFFER BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (6) BILLY ADKINS BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (7) STEPHEN DECKER BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (8) JIM GRIFFIN BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (9) RANJIT MAJUMDER BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (10) MARCEL MALFREGEOT BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (11) M. L. QUINN BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (12) GINNA ROYCE BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (13) TARA STEVENS BOARD MEMBER | 2.00 0.00 | X | | | | | | | | |
| (14) BETH FULLER EXECUTIVE DIRECTOR | 40.00 0.00 | | | X | | | 43,000 | 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) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Sub-total | | | | | | | 43,000 | 0 | 0 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0 | 0 | 0 | |
| d Total (add lines 1b and 1c) | | | | | | | 43,000 | 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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> | | 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 |
|----------------------------------|--------------------------------|---------------------|
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |

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 | |
|---|---|---|--|--|---|--|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 0 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 28,500 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 1,616,693 | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 0 | | | | |
| | h | Total. Add lines 1a-1f ▶ | 1,645,193 | | | | |
| | Program Service Revenue | 2a | FUND ADMIN FEES | Business Code 525920 | 72,613 | 72,613 | 0 |
| b | | ----- | | 0 | | 0 | |
| c | | ----- | | 0 | | | |
| d | | ----- | | 0 | | | |
| e | | ----- | | 0 | | | |
| f | | All other program service revenue | | 0 | | | |
| g | | Total. Add lines 2a-2f ▶ | | 72,613 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 135,165 | 0 | 0 | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | | 135,165 | |
| | 5 | Royalties ▶ | | 0 | | | |
| | 6a | Gross rents | (i) Real | 35,427 | | | |
| | | | (ii) Personal | | | | |
| | | | c Rental income or (loss) | 35,427 | 0 | | |
| | d | Net rental income or (loss) ▶ | | 35,427 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 0 | 402,768 | | |
| | | | (ii) Other | | 0 | | |
| | | | b Less: cost or other basis and sales expenses | 0 | 0 | | |
| | c | Gain or (loss) | 0 | 402,768 | | | |
| | d | Net gain or (loss) ▶ | | 402,768 | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ 0 of contributions reported on line 1c). See Part IV, line 18 | a | 0 | | | |
| | | | b Less: direct expenses | 0 | | | |
| | | | c Net income or (loss) from fundraising events ▶ | | 0 | | |
| 9a | Gross income from gaming activities. See Part IV, line 19. | a | 0 | | | | |
| | | b Less: direct expenses | 0 | | | | |
| | | c Net income or (loss) from gaming activities ▶ | | 0 | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | 0 | | | | |
| | | b Less: cost of goods sold | 0 | | | | |
| | | c Net income or (loss) from sales of inventory ▶ | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | ----- | | 0 | | | | |
| b | ----- | | 0 | | | | |
| c | ----- | | 0 | | | | |
| d | All other revenue | | 0 | | | | |
| e | Total. Add lines 11a-11d ▶ | | 0 | | | | |
| 12 | Total revenue. See instructions. ▶ | | 2,291,166 | 72,613 | 0 | 135,165 | |

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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 647,157 | 647,157 | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 121,456 | 121,456 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 43,000 | 30,100 | 10,750 | 2,150 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 24,637 | 12,072 | 11,579 | 986 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 0 | | | |
| 10 Payroll taxes | 5,624 | 3,487 | 1,856 | 281 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 0 | | | |
| c Accounting | 4,000 | 0 | 4,000 | 0 |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 84,110 | 84,110 | 0 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 11,561 | 7,168 | 3,815 | 578 |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 20,560 | 7,550 | 12,402 | 608 |
| 17 Travel | 198 | 123 | 65 | 10 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 13,004 | 12,256 | 748 | 0 |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 24,374 | 0 | 24,374 | 0 |
| 23 Insurance | 4,013 | 0 | 4,013 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PRINTING & PUBLIC AWARENESS | 18,552 | 11,502 | 6,122 | 928 |
| b STAFF DEVELOPMENT & TRAINING | 70 | 0 | 70 | 0 |
| c MEMBERSHIPS & DUES | 1,533 | 0 | 1,533 | 0 |
| d BANK & CREDIT CARD PROCESSING FEES | 1,260 | 781 | 416 | 63 |
| e All other expenses | 0 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,025,109 | 937,762 | 81,743 | 5,604 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 34,764 | 1 | 41,100 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 12,975 | 3 | 12,875 |
| | 4 Accounts receivable, net | 16,455 | 4 | 19,408 |
| | 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 | 0 | 7 | 0 |
| | 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 | 10a 1,067,594 | | |
| | b Less: accumulated depreciation | 10b 184,816 | 844,779 | 10c 882,778 |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 8,114,441 | 13 | 10,035,975 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 9,023,414 | 16 | 10,992,136 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,368 | 17 | 1,367 |
| | 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 | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 434,153 | 24 | 353,087 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 502,036 | 25 | 611,536 |
| | 26 Total liabilities. Add lines 17 through 25 | 937,557 | 26 | 965,990 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 528,063 | 27 | 657,373 |
| | 28 Temporarily restricted net assets | 7,557,794 | 28 | 9,368,773 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 8,085,857 | 33 | 10,026,146 | |
| 34 Total liabilities and net assets/fund balances | 9,023,414 | 34 | 10,992,136 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,291,166 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,025,109 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,266,057 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,085,857 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | 674,232 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 10,026,146 |

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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

YOUR COMMUNITY FOUNDATION, INC.

Employer identification number

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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

h 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 or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | 0 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | 1,839,051 | 1,773,578 | 1,645,193 | 5,257,822 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 0 | 0 | 1,839,051 | 1,773,578 | 1,645,193 | 5,257,822 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 5,257,822 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-------------------------------------|
| 7 Amounts from line 4 | 0 | 0 | 1,839,051 | 1,773,578 | 1,645,193 | 5,257,822 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 89,681 | 110,776 | 135,165 | 335,622 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | 81,281 | 88,486 | 108,041 | 277,808 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 5,871,252 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 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 | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 0.00% |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 0.00% |
| 16a 33 1/3% support test—2013. 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 | | <input type="checkbox"/> |
| b 33 1/3% support test—2012. 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 | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | 0 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 0 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 0.00% |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This section contains 20 horizontal dashed lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

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

Name of the organization

YOUR COMMUNITY FOUNDATION, INC.

Employer identification number

27-5249383

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

| | |
|--|---|
| Name of organization YOUR COMMUNITY FOUNDATION, INC. | Employer identification number 27-5249383 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | REDACTED ----- REDACTED ----- REDACTED WV 26501 Foreign State or Province: ----- Foreign Country: ----- | \$ 485,311 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | REDACTED ----- REDACTED ----- REDACTED WV 26501 Foreign State or Province: ----- Foreign Country: ----- | \$ 36,666 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | REDACTED ----- REDACTED ----- REDACTED WV 26501 Foreign State or Province: ----- Foreign Country: ----- | \$ 100,125 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | REDACTED ----- REDACTED ----- REDACTED WV 28801 Foreign State or Province: ----- Foreign Country: ----- | \$ 35,366 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | REDACTED ----- REDACTED ----- REDACTED WV 26501 Foreign State or Province: ----- Foreign Country: ----- | \$ 148,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization YOUR COMMUNITY FOUNDATION, INC. | Employer identification number 27-5249383 |
|--|---|

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |

| | |
|--|--|
| Name of organization YOUR COMMUNITY FOUNDATION, INC. | Employer identification number 27-5249383 |
|--|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| For. Prov. _____ Country _____ | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" to 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, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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" to 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 | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to 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 | 5,042,709 | 3,647,749 | | | |
| b Contributions | 780,888 | 1,221,429 | | | |
| c Net investment earnings, gains, and losses | 857,186 | 349,553 | | | |
| d Grants or scholarships | 176,489 | 136,687 | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 51,521 | 39,335 | | | |
| g End of year balance | 6,452,773 | 5,042,709 | 0 | 0 | 0 |

- 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%
- 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 | | X |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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 | 0 | 98,000 | 0 | 98,000 |
| b Buildings | 0 | 962,969 | 179,684 | 783,285 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 6,625 | 5,132 | 1,493 |
| e Other | 0 | 0 | 0 | 0 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 882,778

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | 0 | |
| (2) Closely-held equity interests | 0 | |
| (3) Other ----- | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 0 | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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) INDIVIDUAL ACCOUNT - CASH & EQUIVALENTS | 772,149 | F |
| (2) INDIVIDUAL ACCOUNT - EQUITY SECURITIES | 28,051 | F |
| (3) INDIVIDUAL ACCOUNT - LIMITED PARTNERSHIP | 20,500 | F |
| (4) POOLED ACCOUNT - CASH & EQUIVALENTS | 55,604 | F |
| (5) POOLED ACCOUNT - BONDS & BOND FUNDS | 3,184,977 | F |
| (6) POOLED ACCOUNT - MUTUAL FUNDS | 1,864,658 | F |
| (7) CORPORATE SECURITIES | 4,110,036 | F |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 10,035,975 | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 0 |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| (2) AGENCY ENDOWMENTS | 611,536 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 611,536 |

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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) ----- | | | | | | | |
| (11) ----- | | | | | | | |
| (12) ----- | | | | | | | |

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

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

Part III Grants and Other Assistance to Individuals in the United States. 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SEE ATTACHED SCHEDULE | | | | | |
| 1 | | | | | |
| 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.

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 FUDNS THROUGH A REVIEW OF THE GRANTEE FINAL 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

YOUR COMMUNITY FOUNDATION, INC.

Employer identification number

27-5249383

Form 990, Part VI, Section B, Line 15a: FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE
DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING; FURTHERMORE, THE BOARD EVALUATES THE
COMPETENCY OF THE PERSON(S) OR FIRM HIRED TO PREPARE THE RETURN AND CONFIRMS THAT THE RETURN
IS FILED TIMELY. THE BOARD CONSIDERS THIS AN APPROPRIATE FIDUCIARY PROCESS, AND ACCORDINLGY,
HAS TAKEN THESE STEPS.

Form 990, Part VI, Section B, Line 15: ANNUALLY, THE BOARD OF DIRECTORS EVALUATES THE
PERFORMANCE OF THE EXECUTIVE DIRECTOR. AFTER THE EVALUATION PROCESS, THE BOARD APPROVES THE
COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR EVALUATES THE PERFORMANCE OF
THE ADMINISTRATIVE ASSISTANT. AFTER THE EVALUATION PROCESS, THE BOARD APPROVES THE
COMPENSATION OF THE ADMINISTRATIVE ASSISTANT. THE COMPENSATION RATES ARE COMPARED TO THOSE OF
OTHER SIMILAR LOCAL AND STATEWIDE ORGANIZATIONS. SALARY INCREASES ARE DOCUMENTED IN THE BOARD
OF DIRECTOR'S MINUTES.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, OTHER STATE AND
NOT-FOR-PROFIT WEBSITES, AND UPON REQUEST.

Name of the organization

Employer identification number

YOUR COMMUNITY FOUNDATION, INC.

27-5249383

Area with horizontal dashed lines for supplemental information.

SCHEDULE I
(Form 990)

2013

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

**Open to Public
Inspection**

Part II Grants and Other Assistance to Governments and Organizations

27-5249383

YOUR COMMUNITY FOUNDATION, INC.

| Name | Address | City | State | Amount | Purpose |
|---------------------------------|----------------------|------------|-------|----------------|--|
| Arts Monongahela | 201 High St. | Morgantown | WV | 23,875 | ARTS & CULTURAL:Arts Fund |
| Betty Puskar Breast Care Center | P.O. Box 9300 | Morgantown | WV | 10,000 | OTHER:Pink Party |
| Monongalia Arts Center | 107 High St. | Morgantown | WV | 12,000 | ARTS & CULTURAL:Arts Fund |
| Morgantown Area Meals on Wheels | 3373 University Ave | Morgantown | WV | 5,000 | HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia |
| Morgantown Theatre Company | 369 High St. | Morgantown | WV | 12,000 | ARTS & CULTURAL:Arts Fund |
| Rock Forge Presbyterian Church | P.O. Box 127 | Morgantown | WV | 5,000 | HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia |
| Scotts Run Settlement House | 41 Lady Bug Dr. | Morgantown | WV | 5,000 | HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia |
| St. Ursula | P.O. Box 18 | Morgantown | WV | 5,000 | HEALTH & SOCIAL SERVICES:Empty Bowls, Monongalia |
| Stepping Stones | 400 Mylan Park | Morgantown | WV | 5,000 | SCHOLARSHIPS:Jim Dunn Memorial Scholarship |
| Union Mission of Fairmont | 107 Jefferson St. | Fairmont | WV | 20,233 | OTHER:Union Mission |
| WVU Children's Hospital | 1 Medical Center Dr. | Morgantown | WV | 45,000 | HEALTH & SOCIAL SERVICES:Mountain Loggers Kids |
| WVU Foundation | One Waterfront Place | Morgantown | WV | 50,000 | UNRESTRICTED:Dreamswork Fund |
| | | | | <u>198,108</u> | |

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

Open to Public
Inspection

Part III

Grants and Other Assistance to Individuals

YOUR COMMUNITY FOUNDATION, INC.

27-5249383

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

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

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

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

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

- The books are in the care of ▶ NICHOLAS AUSTIN, PRESIDENT

Telephone No. ▶ (304) 296-3433 Fax No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2013 or
▶ tax year beginning _____, and ending _____

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

| | | | |
|---|-----------|----|---|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **NICHOLAS AUSTIN, PRESIDENT**
Telephone No. **(304) 296-3433** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2014
- For calendar year 2013, or other tax year beginning _____, and ending _____
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return.

| | | | |
|---|-----------|----|---|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0 |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0 |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT** Date