990 Form

(Rev. January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

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

Department of the Treasury

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

Open to Public

		tue Service		www.irs.gov/Form990 to	or instructions	and the latest in	nformat	ion.		Inspection	
A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20								, 20			
В	Check if	applicable:	C Name of organizationYOUR COMMUNITY FOUNDATION						D Employer identification number		
_	Address	change	Doing business as							43-1923000	
Ц	Name ch	ange	Number and street (or F	O, box if mail is not delivered to	o street address)		Room/suit	е	E Tele	phone number	
Initial return PO BOX 44										(620)380-6154	
ַ עֲ	Final retu	ırn/terminated	City or town, state or pro	ovince, country, and ZIP or foreig	gn postal code				G Gro	ss receipts	
\sqsubseteq	Amended	l return	IOLA, KS 66749	<u> </u>					\$	307,538	
\Box	Application	on pending	F Name and address of pr	incipal officer: JOB SPRII	NGER			H(a) is this a g	group return	n for subordinates? Yes X No	
			Same as C abov	<u>e</u>				H(b) Are all s	subordina	ates included? Yes No	
! 7	ax-exem	npt status: X 501	(c)(3) 501(c) () ◀ (insert no.)	947(a)(1) or	527		If "No,"	attach a l	list. (see instructions)	
	Vebsite:		IVINGMAKESADIF	FERENCE . ORG				H(c) Group	exemption	on number	
		rganization: X Corp	poration Trust Ass	sociation Other		L Year of formation	: 200	0 M s	State of le	egal domicile: KS	
Pa	rt I	Summary						•			
	1	Briefly describe to	he organization's miss	ion or most significant ac	tivities: TO	ENGAGE IN,	ENC	URAGE	AND	PROMOTE CHARITABL	
ė	Ī	AND PUBLIC	PROGRAMS, ACT	IVITIES, ORGANIZ							
Governance				NTS AND COMMUNIT							
Ë			, ,			"					
Š	2	Check this box ▶	If the organization	discontinued its operation	ons or disposed	of more than 25	% of its	net assets	 5.		
ა ა	3			rning body (Part VI, line					1	6	
Activities &	4	Number of indepe	endent voting member	s of the governing body ((Part VI, line 1b)				4	6	
Ϋ́	5			calendar year 2019 (Pa					5	0	
Ę	6		olunteers (estimate if						6		
⋖	7a			Part VIII, column (C), line	12				7a	0	
	b			from Form 990-T, line 39		<i></i> .			7b	0	
				<u>, , , , , , , , , , , , , , , , , , , </u>		***		Prior Year		Current Year	
	8	Contributions and	grants (Part VIII, line	1h)					,114	82,142	
e	9			•					<u>,</u>	27,580	
Revenue	10		vice revenue (Part VIII, line 2g)						,967		
Re				nes 5, 6d, 8c, 9c, 10c, an					, 967 , 840	30,926	
				must equal Part VIII, colu			ļ		,921	166,890	
				X, column (A), lines 1-3)						307,538	
								62	,538	25,500	
			nefits paid to or for members (Part IX, column (A), line 4)							49,330	
Expenses			raising fees (Part IX, c							0	
ë			expenses (Part IX, col							0	
X	1		Part IX, column (A), lir			0	-				
_	1			equal Part IX, column (A	\ lino 25\		 		,728	32,941	
	1			18 from line 12					,266	107,771	
- s		110101100 1000 0Xp	oniocs. Cubit dot line	TO HOM AIRC 12	<u> </u>		 		,655	199,767	
ance	20	Total assets (Part	X line 16)				Reginn	ing of Curre		End of Year	
SSE	21	Total liabilities (Pa	•				<u> </u>	1,675	,252	1,875,019	
Net Assets or Fund Balances	22	,	d balances. Subtract I	ing 21 from ling 20				1 685	0.50	0	
Par		Signature E		ine 21 hom tine 20 11			<u> </u>	1,675	, 252	1,875,019	
				rn, including accompanying sch	nedules and statemen	nts and to the hest of	f my know	ledge and be	lief it is		
true, c	correct, a	nd complete. Declaration	on of preparer (other than of	icer) is based on all information	of which preparer ha	as any knowledge.		icage and be	nei, it is		
		JOB SPR	TNCED								
Sigr	1	Signature of of		 -					 Ds	ate	
Here	.	JOB SPRINGER, BOARD PRESIDENT						De	мо		
		Type or print n		RESIDENT							
		Print/Type preparer		Preparer's signature	<u>.</u>	Date			<u> </u>	DTIN	
Paid			_	-			_		X if	PTIN	
	arer	IVY KEPLEY		IVY KEPLEY		01-28-202	1	self-emp	loyed	P01880433	
	Only	Firm's name		COUNTING, LLC		-	1	m's EIN 🕨			
	∪y	Firm's address	610 BRID				Pho	one no.			
Marri	HUMBOLDT KS 66748 620-473-2831 By the IRS discuss this return with the preparer shown above? (see instructions)										
viay li	16 142	uiscuss mis retur	n with the preparer she	own above? (see instruct	uons) · · · ·					· · · · IXI Yes No	

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ROUNDI
No
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No
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YOUR COMMUNITY FOUNDATION 43-1923000 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 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 Х 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D. Part V Х 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 11a Х 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 11b Х 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 Х 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 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 12b Х 13 13 х 14a 14a Х 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 14b Х 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 15 Х 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 16 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) 17 Х 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 18 Х 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 19 Х 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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20a

20b

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Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 Х 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I х 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? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х 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. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 0 b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) YOUR COMMUNITY FOUNDATION 43-1923000 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Νo 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7е Х f 7f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Х 9 Sponsoring organizations maintaining donor advised funds. Х b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Х 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources b 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? а 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

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If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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	m 990 (2019) YOUR COMMUNITY FOUNDATION 43-192	3000	ı	Page
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	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
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	ŀ		
b	Enter the number of voting members included in line 1a, above, who are independent	6	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		х
6	Did the organization have members or stockholders?	. 6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-	<u></u>
	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			 -
	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>		 ^
	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 05	 ^-	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>· </u>	.1	X
	The state of the s	-	Yes	Na
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	res	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	' 10a	 	X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· 11a	X	
		120		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	- 12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	· 12b	Х	
·		1.0		
13		<u> </u>	X	
14		``	X	_
15	· •	· 14	Х	ļ
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?			
a	The organization's CEO, Executive Director, or top management official	100	X	
þ	Other officers or key employees of the organization	- 15b	X	ļ
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	· 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C ~ ~ ·	organization's exempt status with respect to such arrangements?	. 16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	J J ACCOUNTING (620)473-2831, 610 BRIDGE, Humboldt, KS 66748			
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YOUR COMMUNITY FOUNDATION

43-1923000

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII 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.

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

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

(C) Position (A) (D) (E) (F) (do not check more than one Name and title Average box, unless person is both an Reportable Reportable Estimated amount hours compensation compensation officer and a director/trustee) of other per week from the from related compensation organization organizations from the (list any Individual trustee (W-2/1099-MISC) (W-2/1099-MISC) organization and Key employee Highest compensated nstitutional trustee hours for related organizations related organizations below dotted line) (1) JOB SPRINGER L _ 5.00 PRESIDENT X 0 0 0 (2) DON COPLEY DIRECTOR 0 0 0 (3) LORI STONE DIRECTOR 0 0 0 (4) CARLA NEMECEK DIRECTOR X 0 0 0 (5) TIM STAUFFER DIRECTOR х 0 0 0 (6) ALAN WEBER SECRETARY/TREASURER Х 0 0 (9) (10)(11) (12) (13)_ <u>(14)</u>_

(A) Name and title		(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				han one	e an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from th anizatio ed orga	
<u>(15)</u>			-								-		
<u>(16)</u> _			ļ							<u> </u>			
<u>(17)</u> _		_		i	_						-		
<u>(18)</u> _													
<u>(19)</u>					:					<u> </u>			
<u>(20)</u> _									-			_	
<u>(21)</u>						_							
(22)_					_								
<u>(23)</u>												_	
(24)_													
(25)					-	-		_		.			
1b	Subtotal							. •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)							- ▶					
2	Total number of individuals (including but not limite								0 e than \$100,000 of	0			0
	reportable compensation from the organization	<u> </u>					_					Yes	No
3	Did the organization list any former officer, director				or h	nighe							"
4	employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of re				and	othe			sation from the		3		X
	organization and related organizations greater than	\$150,000? /	f "Yes,	" con	nple	te S	chedu						
5	individual							 Iniza	tion or individual	* * * * * * * * *	4	_	X
	for services rendered to the organization? If "Yes,"										5		x
Secti	on B. Independent Contractors Complete this table for your five highest compensa	tod indonon	dont on	ntro									
	compensation from the organization. Report compensation												
	(A) Name and business address	5							(B) Description of service	00	(C) Compens	eation	
											Compens	0.011	
2	Total number of independent contractors (including			nose	liste	ed ab	oove) v	who	-				
-	received more than \$100,000 of compensation from	n the organiz	zation	•									

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1a 1a 1b Contributions, Giffs, Grants and Other Similar Amounts Fundraising events 1c Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 82,142 Noncash contributions included in 1g | \$ Total. Add lines 1a-1f 82,142 **Business Code** 2a OTHER INCOME Program Service Revenue 561000 27,580 27,580 f All other program service revenue Total. Add lines 2a-2f 27,580 Investment income (including dividends, interest, and 30,926 30,926 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses . . 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7a Gross amount from (ii) Other sales of assets other than inventory b Less: cost or other basis 7a Other Revenue 7b and sales expenses . . c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8ь c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Miscellanous Revenue 11a UNREALIZED GAINS & LOSS 561000 166,890 166,890 C e Total. Add lines 11a-11d 166,890 307,538 225,396 0 0

Form 990 (2019) YOUR COMMUNITY FOUNDATION Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all colu				
	Check if Schedule O contains a response or note to a				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and the second of the second o	05 500			
2	Grants and other assistance to domestic	25,500	25,500		·
_	individuals. See Part IV, line 22	İ			
3	Grants and other assistance to foreign				
·	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	40.220	40.000		
5	Compensation of current officers, directors,	49,330	49,330		
·	trustees, and key employees	}			
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-		 -	
11	Fees for services (nonemployees):		· · ·		.
а	Management				
þ	Legal	-			 -
C	Accounting	2,200		2,200	
d	Lobbying	2,200		2,200	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,424		13,424	
g	Other. (If line 11g amount exceeds 10% of line 25, column	13/121		10,424	
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	340		340	
13	Office expenses	3,597		3,597	
14	Information technology	0,001		3,391	
15	Royalties		-		
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel				 .
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	282		282	 -
23	Insurance	1,357		1,357	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROJECT EXPESES	11,741		11,741	
b		, , ,		,	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e · ·	107,771	74,830	32,941	0
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 if				

Form 990 (2019) YOUR COMMUNITY FOUNDATION
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	209,823	1	182,673
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	ĺ _	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŧ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	<u> </u>
	10a	Land, buildings, and equipment: cost or other			
	١.	basis Complete Part VI of Schedule D 10a 3,525			
	b	Less: accumulated depreciation	1,766	10c	1,484
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,463,663	15	1,690,862
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,675,252	16	1,875,019
	17	Accounts payable and accrued expenses		17	
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20	
' A		Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u> </u>
Liabilities	22	Loans and other payables to any current or former officer, director,			
iig		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ë	22	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties	···	23	
	25	Unsecured notes and loans payable to unrelated third parties	· ·	24	
	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			
	26			25	
	20	Total liabilities. Add lines 17 through 25	0	26	0
ဖွ		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ŭ	27	Net assets without donor restrictions	4 404 054		
3ala	28	Net assets with donor restrictions	1,421,054	27	1,484
Ē.		Organizations that do not follow FASB ASC 958, check here	254,198	28	1,873,535
<u>.</u> 5		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		20	
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
SSE	31	Retained earnings, endowment, accumulated income, or other funds	-	30	
ίΑ	32	Total net assets or fund balances	1 675 050	32	1 000 000
ž	33	Total liabilities and net assets/fund balances	1,675,252	33	1,875,019
		The manner and not depote that buildings	1 ,675,252	JJ	1,875,019