

## J & J ACCOUNTING, LLC

610 BRIDGE HUMBOLDT, KS 66748 RUSTYPICKLE@HOTMAIL.COM Phone: (620)473-2831 | Fax: (620)473-2701

September 21, 2021

Your Community Foundation PO Box 44 Iola, KS 66749

Your Community Foundation:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for Your Community Foundation from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (620)473-2831.

Sincerely,

IVY KEPLEY J & J ACCOUNTING, LLC

# J & J ACCOUNTING, LLC

610 BRIDGE HUMBOLDT, KS 66748 RUSTYPICKLE@HOTMAIL.COM Phone: (620)473-2831 | Fax: (620)473-2701

September 21, 2021

Your Community Foundation PO Box 44 lola, KS 66749

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (620)473-2831.

Sincerely,

IVY KEPLEY J & J ACCOUNTING, LLC

#### 990 Form

**Return of Organization Exempt From Income Tax** 

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For th	ne 2020 calendar v	ear, or tax year beg	) www.irs.gov/Form:	990 for instruction	707.0			Inspection
В		f applicable:				, 2020, an	d ending		, 20
П		change	WARE 200 CO. 100	Your Community	Foundation			D Empl	oyer identification number
Ħ	Name ch	- <del>7</del>	Doing business as	<del> </del>	· · · · · · · · · · · · · · · · · · ·				43-1923000
Ħ		· ·	100 (000 to 100	P.O. box if mail is not delive	ered to street address)	R	loom/suite	E Telep	hone number
H	Initial re		PO Box 44						(620) 380-6154
H		turn/terminated	City or town, state or p	rovince, country, and ZIP or	foreign postal code		ſ	G Gros	s receipts
$\overline{\Box}$	Amende	3	Iola, KS 6674				Ī	\$	240,668
Ц	Applicati	ion pending		principal officer: JOB SI	PRINGER		H(a) is this a gr	roup return	for subordinates? Yes X No
	_		Same as C abo	ve	<u> </u>		H(b) Are all s		
		mpt status: X 501(		) 🖪 (insert no.)	4947(a)(1) or	527			st. See instructions
<u>J</u>	Website		VINGMAKESADI	FERENCE . ORG	_		H(c) Group ex		
		organization: X Corp	oration Trust A	ssociation Other	<del>1</del>	L. Year of formation:	and the second s	550	al domicile: KS
Pa	ırt I	Summary						1000	as definitions. TED
	1	Briefly describe th	ne organization's mis	sion or most significal	nt activities: TO	ENGAGE IN.	ENCOURAGE A	ND PI	ROMOTE CHARITABLE
e		AND PUBLIC	PROGRAMS, ACT	IVITIES, ORGAI	NIZATIONS, A	ND INSTITUTT	ONS FOR THE	BENE	ELL YAL
Activities & Governance		BETTERMENT	OF THE RESIDE	NTS AND COMMU	NITY IN AND	SURROUNDING	ALLEN COUNT	V KO	ETT AND
ern									<u> </u>
ò	2	Check this box 🕨	if the organization	n discontinued its ope	erations or dispose	d of more than 25%	6 of its net assets		
∞ ∞	3	Number of voting	members of the gove	erning body (Part VI, I				3	_
S	4			rs of the governing be		)		4	
Ę	5	Total number of in	idividuals employed i	n calendar year 2020	(Part V. line 2a)			5	6
Ct	6	Total number of vo	plunteers (estimate if					-	0
⋖	7a			Part VIII, column (C)				6	<del> </del>
	b	Net unrelated bus	iness taxable income	from Form 990-T, Pa	art I line 11		(A) • (A) • (A) • (A) •	7a	0_
		<del></del>		1,12	2017, 1110 11	<u> </u>		7b	0
ene	8	Contributions and	grants (Part VIII, line	1h)		-	Prior Year		Current Year
	9		evenue (Part VIII, line			L	96,	090	132,232
/en	10			A), lines 3, 4, and 7d)					
Revenue	11	Other revenue (Pa	of VIII. column (A) iii	nes 5, 6d, 8c, 9c, 10c				926	<u>28,567</u>
	12	Total revenue - ad	d lines 8 through 11	must equal Part VIII,	, and tre)	. · · · · · · · · · · · · · · · · · · ·	168,	and the second of	<u>79,869</u>
0.00	13	Grants and similar	amounts paid (Part	Must equal Fait VIII,	column (A), line 12		295,	653	240,668
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							<u>26,</u> 960
							49,	330	25,345
Ses	16a	Professional funds	nicina foos (Dort IV)	e benefits (Part IX, co column (A), line 11e)		-		- 03	0
ens	b	Total fundraising o	arsing lees (Part IX, (	xolumn (A), line 11e) umn (D), line 25)     ▶					0
Expenses	17	Other expenses (E	Part IX column (A)	nes 11a-11d, 11f-24e)					
							33,	190	19,412
	19	Revenue less oves	ad lines 13-17 (must	equal Part IX, column	1 (A), line 25) .		108,	020	71,717
_ 5	- 10	Novembe less expe	silses. Subtract line	18 from line 12	<u> </u>	· · · · · · · · ·	187,	633	168,951
Net Assets or Fund Balances	20	Total accets (Doct )	V line 1C)			_	Beginning of Current	Year	End of Year
Sse	21	Total assets (Part ) Total liabilities (Par					<u>1,630,</u>	933	1,799,884
vet /	22								0
Par		Signature B	balances. Subtract	ine 21 from line 20	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1,630,	933	1,799,884
Under	penaltie:	s of periury. I declare that	t I have examined this return	n, including accompanying					
true, c	orrect, ar	nd complete. Declaration	of preparer (other than offi	cer) is based on all informat	schedules and statement tion of which preparer has	s, and to the best of my . s any knowledge.	knowledge and belief, it	is	
	- 1	En annual contract				1000		·   -	
Sign	1	Alan Web Signature of office		<del></del>					
lere	, I			/m				Date	
50,000	600	Alan Web Type or print nam		/TREASURER					<del>-</del>
_		Print/Type preparer's r	010 M 201 M	Preparer's signature					
aid				T. 075 (c)		Date	Check X	if P	TIN
	arer	IVY KEPLEY		IVY KEPLEY	310 JAn	09-21-2021	self-employ	red	P01880433
0.70	Only	Firm's name		COUNTING, LLC		<u> </u>	Firm's EIN		**************************************
. <del></del>	Unity	Firm's address	610 BRID				Phone no.		10 27 to
- 14 M	o IDO	diaguas this		KS 66748					73-2831
ay If	ie IK2	uiscuss this return	with the preparer sho	own above? (see instr	uctions)	<u> </u>			X Yes No

	Part III Statement of Program Service Accomplishments	43-1923000 Page
_	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · ·
1	Briefly describe the organization's mission:	
	TO ENGAGE IN, ENCOURAGE AND PROMOTE CHARITABLE AND PUBLIC PROGRAMS, ACTIV	VITIES, ORGANIZATIONS,
	AND INSTITUTIONS FOR THE BENEFIT AND BETTERMENT OF THE RESIDENTS AND COMM	MUNITY IN AND SURROUNDIN
	ALLEN COUNTY, KS	
2	Pid the organization undertake any similar t	
5.6	or year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	····· Yes 🕱 No
3		
	services?	
	If "Yes," describe these changes on Schedule O.	Yes 🗓 Yo
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	asured by
	the total expenses, and revenue, if any, for each program service reported.	to others,
4a	a (Code:) (Expenses \$52,305 including grants of \$52,305 ) (Rever	nue \$
	THE FOUNDATION PROVIDED GRANTS TO CHARITABLE ORGANIZATIONS IN THE ALLEN CO	OUNTRY ADEA COMMINITIES
	ITS MISSION TO CONNECT DONORS TO THE CHARITABLE CAUSES THEY CARE ABOUT	CONTI AREA CONTINUING
		-
41-		
4b	b (Code:) (Expenses \$including grants of \$) (Reven	nue \$)
		220 - 2
		<del></del>
4c	(Code:) (Expenses \$including grants of \$ ) (Revenue	ue \$ )
		φ <u></u> )
		<del>-</del>
		<del> </del>
4d	programmes restricted (Bossings on Concoding C.)	- B L
	(Expenses \$ including grants of \$ ) (Revenue S	)
4e	Total program service expenses ► 52,305	

Part IV

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 2 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 3 Х 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 donor-restricted endowments 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 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 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 11c 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a X 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 14h 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 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 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 X 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 X 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 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ............

			50000	D
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_22	-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ	1	
	employees? If "Yes," complete Schedule J	23	Ì	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	2.5	- 20	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			J
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25-	and the state of the control of issuer for bonds outstanding at any time during the year?	24d		***
25a	organization engage in an excess benefit	_		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	and the characteristic and the chigaged 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?	3		
26	If "Yes," complete Schedule L, Part I	25b	100	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 persones. If "Yes " secretate Date It is to Be to It.			
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	_ 26		X
	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	ŀ	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		Х
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	8	х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	77	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	700		
00	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		Х
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>x</u> _
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1	34		
35a	Did the organization have a controlled optify within the magning of anti-controlled NAON	35a	_	<u>x</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	-	Х
	controlled entity within the meaning of section 513/h)/43/3 // "Your "	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-	1	
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Dari	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
_	Check if Schedule O contains a response or note to any line in this Part V	• • •		
1a	Enter the number reported in Box 3 of Form 1096. Fotor 0, if not on-Visible		Yes	No_
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	ia		
eserción de la companya de la compan		c		

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O X b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . 4a Х b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b 5b X C 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? 6a X 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 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7e X f 7f х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . g 7g X h 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X Sponsoring organizations maintaining donor advised funds. 9 а 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b х 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . Section 501(c)(12) organizations. Enter: 11 а Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 142 Did the organization receive any payments for indoor tanning services during the tax year? 14a X b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Х If "Yes," complete Form 4720, Schedule O.

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 Section A. Governing Body and Management Yes No 1a 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. 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 X 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? \* 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a 8b X Is there any officer, director, trustee, or key employee fisted in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo Did the organization have local chapters, branches, or affiliates? 10a 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 106 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . b 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a x Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a X 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 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 Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records J J ACCOUNTING (620)473-2831, 610 BRIDGE, Humboldt, KS 66748

Form 990 (20)	_ / TOUT COMMUNITED FORMORETON	43-1923000	Page
	Compensation of Officers, Directors, Trustees, Key Emp Independent Contractors	oyees, Highest Compensated Employees	s, and
	Check if Schedule O contains a response or note to any line in this Part VII		. П

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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable box, unless person is both an Reportable Estimated amount hours officer and a director/trustee) compensation compensation of other per week from the from related compensation (list any organizations organization from the Institutional trustee Highest componsated employee Individual trustee Key employee (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and related organizations related organizations below dotted line) (1) CARLA NEMECEK DIRECTOR X 0 (2) TIM STAUFFER DIRECTOR X 0 0 (3) LORI STONE DIRECTOR 0 0 (4) DON COPLEY DIRECTOR X 0 0 (5) JOB SPRINGER PRESIDENT X 0 0 (6) ALAN WEBER SECRETARY/TREASURER X 0 0 (8) (9) (10)(11)(12)(13)(14)

	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	High	nest	Comp	oens	sated Employees	(continued)			
					(	C)							
	(A)	(B)				ition			(D)	(E)		(F)	
	Name and title	Average					nan one s both an	,	Reportable	Reportable	l e	timated	
		hours					/trustee)		compensation	compensation		of ot	
		per week							from the	from related	1	compens	
		(list any hours for	악파	'n	9	\$	9 ፲	77	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	[ _	from th rganizati	
		related	Individual or director	šitut	Officer	Key employee	ghes	Former	(** 4 / 24 2 / 11100 /	(** 27 1055-11100)			on and inizations
		organizations	otor t	iona		oldu	yee yee	7					
		below	Individual trustee or director	Institutional trustee	Ī	yee	mpe.	ĺ	8		1		
		dotted line)	, iš	tee	i		Highest compensated employee	1					
				Ï	-	8	Ed		1				
(15)				-1		-1	-	$\dashv$	*	<del>-</del>		_	
											l.		
(16)							-	$\dashv$	-		-		
						1			3		1		
(17)		<u> </u>				+		-			<del></del>		
						ļ							
(18)		<u> </u>					-				<u> </u>		
· _'_					l						ļ.		
(19)		-	- +			_							
7.27									i				
(20)		0.0	_		_	-		- 1-		2002		_	
(20)_					10	0.00							
/24)				_		L							
<u>(21)</u>					- 1				1000				
(00)					7.5								
(22)					- 1					_		-	
											1		
(23)_													
-	10000 100000 100000 100000 100000 100000 100000 100000	900990 W CHANK WAS KI			[								
(24)		44404 44401 000							-		_		
-			80	5015									
(25)_		The second second								*		<del></del>	
					-								
1b										<u>-</u> 8			·*
c	Total from continuation sheets to Part VII, Section	on A							-			*	
d	Total (add lines 1b and 1c)								0	<u>_</u>		• •	
2	Total number of individuals (including but not limited	to those liste	ed abo	ve) v	who r	ece	ived m	ore	than \$100,000 of				0_
	reportable compensation from the organization		3.53	/ -					0 100,000 01				^
		200	12-				-					Yes	No
3	Did the organization list any former officer, director,	trustee, kev	employ	ree. r	or hic	ihes	st comr	nens	sated			163	NO
	employee on line 1a? If "Yes," complete Schedule J	for such indi	vidual	, .		,,,,,,	J. 00111	POIN	Jaca				
4	For any individual listed on line 1a, is the sum of rep			on a	nd o	ther	comp	oner	tion from the		3	<del>  -</del>	<u> </u>
	organization and related organizations greater than \$	150 0002 <i>H</i>	"Voe "	com	nlota	Co	hodulo	l te	ation nom the				
	individual	\$100,000: II	103,	oon,	piete	30	nedule	JIC	n Sucri				
5	Did any person listed on line 1a receive or accrue co	mponeation	from o		nvala	ا م					4	ļ .	X
	for services rendered to the organization? If "Yes," co	omoleta Sch	ndula	liy u Lfor	01106	neu	organi	ızaıı	on or individual				227405
Sect	ion B. Independent Contractors	omplote ocm	ouale b	107	30011	per	2011	_	<u> </u>	<u> </u>	5		X
1	Complete this table for your five highest compensate	ad indopondo	nt con	front		hat.			11 0100 000	200.5	-		
	compensation from the organization. Penart compens	sastion for th	ent con	แสดเ	ors t	nat	receive	earr 	ore than \$100,000	of			
	compensation from the organization. Report compen	isation for the	e calei	idar	year	end	ing wit	in or		ation's tax year.			
	(A)								(B)		(C)		
	Name and business address			-/-					Description of services		Compen:	sation	
-			-		_		-   -	_					
	<del></del>						_	_					
							1 2						
<u> </u>	<del></del>								GP0			7000	
	<del></del>		- 1		-	50			00.89				
2	Total number of independent contractors (including b	out not limited	to the	se li	sted	abo	ve) wh	10		55			
	received more than \$100,000 of compensation from	the organiza	tion	<b></b>						200			
- F A											- 77	_	700

	<u> </u>	Check if Schedule O contains a response or not	e to any line in this	Part VIII	<u> </u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
89 00	1:	a Federated campaigns 1a				<del> </del>	sections 512-514
S, so	1	b Membership dues 1b					
rant		c Fundraising events 1c	-				
ΘË	ļ a	d Related organizations 1d	<u> </u>				ĺ
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) . 1e					
S, C	1 1	f All other contributions, gifts, grants,			ă		
rion I Si		and similar amounts not included above 1f	120 000				
ibu	i e	Noncash contributions included in	132,232				
a to b		lines d= 4f					
ပိ မွ	۱,	1 Total. Add lines 1a-1f					
0 8		Town Add mice to the second		132,232	<u> </u>		
Ø.	2a	_	Business Code				
Š	1						
en:							
E S	,	. — — — — —			_ <del>_</del>	353	N NN
Re S					<u> </u>		
Program Service Revenue		All ablances			-24		· · · · · · · · · · · · · · · · · · ·
<u>n</u>	1	program control revenue 1			D) (1)		10 22
	20000	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and	i				(i)
	١.	other similar amounts)		28,567	28,567		
	4	Income from investment of tax-exempt bond proceed					<u> </u>
	5	Royalties	<b>.</b>			3	
		(i) Real	(ii) Personal				
		Gross rents 6a		.)			
		Less: rental expenses 6b	8				
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				<del> </del>
	7a	Gross amount from (i) Securities	(ii) Other				*
		sales of assets					
		other than inventory 7a		ļ			
-	b	Less: cost or other basis				Į	
Revenue		and sales expenses 7b			ļ		
.ve	C	Gain or (loss) 7c	_				
		Net gain or (loss)	<b>-</b>				
Other	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line			}		
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b	-				
	С	Net income or (loss) from fundraising events		-			<del>-</del>
		Gross income from gaming	-	-		100	
		activities, See Part IV, line 19 9a			ļ	ļ	
	b	Less: direct expenses 9b					
		Notine and a second sec			<del></del>		<del></del>
		Gross sales of inventory, less		<del></del>	_		-
		returns and allowances					
	b	Less: cost of goods sold		,		je i	
3		Net income or (loss) from sales of inventory			<del>-</del>	<u>-</u>	
			usiness Code		<del></del>		
r i	11a		-	70.000			
ne ne	b		1000	79,869	79,869		
Revenue	c						
Reg		All other revenue		-			
2							
		Total revenue See instructions		79,869			
		Total revenue. See instructions		240,668	108,436	0	n

### | Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other or

_	Check if Schedule O contains a response or note to	any line in this Part IX	145 2 2		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
1	9b, and 10b of Part VIII.		expenses	general expenses	Fundraising expenses
•	Grants and other assistance to domestic organizations				<u> </u>
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	26,960	26, <u>9</u> 60		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and			•	22 34 5345 <del>-</del>
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	25,345	25,345		<u> </u>
<i>₹//</i>	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1		ľ	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	10			
	saction 401(k) and 402(k)				
9	Other employee benefits		-		
10	Payroll taxes				
11	Fees for services (nonemployees):				<del></del>
а	Management				
b	Legal		<u> </u>		
С	Accounting		102. 709		
d	Lobbying	2,214		2,214	
е	Professional fundraising services. See Part IV, line 17			-	
f	Investment management fees	06.404			
g	Other. (If line 11g amount exceeds 10% of line 25, column	26,484		26,484	<u> </u>
	(A) amount, list line 11g expenses on Schedule O.)	14			
12	Advertising and promotion	300			
13	Office expenses	300	_ +	300	
14	Information technology	2,786		2,786	
15	Royalties	<del></del>			
16	Occupancy				<u> </u>
17	Travel	- No			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ľ			
19	Conferences, conventions, and meetings		<del></del>		
20	Interest		<del> +</del>	-	<del></del>
21	Payments to affiliates			- 4	
22	Depreciation, depletion, and amortization	254		254	
23	Insurance	1,372		1,372	<u> </u>
24	Other expenses. Itemize expenses not covered			1,312	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1	ı		
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROJECT EXPESES	(13,998)		(13,998)	
b				(13,998)	
С					- 12 - 22 - 23 - 23 - 23 - 23 - 24 - 25 - 25 - 25 - 25 - 25 - 25 - 25
d					
е	All other expenses			- 10	<del> </del>
25	Total functional expenses. Add lines 1 through 24e	71,717	52,305	19,412	
26	Joint costs. Complete this line only if the			13,412	0
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here		8		
	following SOP 98-2 (ASC 958-720)				

Part X

Form 990 (2020)

18 zrico		Check if Schedule O contains a response or note to any line in this Part X · · · · ·			
	1-4		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	182,673	1	185,260
	2	Savings and temporary cash investments	<u> </u>	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%			
	2000	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		<del>                                     </del>	20
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	<del></del>
Assets	8	Inventories for sale or use		8	
å	9	Prepaid expenses and deferred charges	-	9	
	10a	Land, buildings, and equipment: cost or other	10 00 11	<del>  ~  </del>	
		basis. Complete Part VI of Schedule D 10a 3,525			
	b	Less: accumulated depreciation 10b 2,295	1,484	10c	1 000
	11	Investments - publicly traded securities		11	1,230
	12	Investments - other securities. See Part IV, line 11		12	<del>-</del>
	13	Investments - program-related. See Part IV, line 11	<u> </u>	13	
	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11	1 446 776	15	1 (12 224
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,446,776 1,630,933	16	1,613,394
	17	Accounts payable and accrued expenses	1,030,933	17	1,799,884
	18	Grants payable		18	<del> </del>
9	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	N N N N	178500.0	
9	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<del></del>	20	<u> </u>
Se	22	Loans and other payables to any current or former officer, director,	<del></del>	21	<u></u>
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons			
ן ב	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third		24	
ľ		parties, and other liabilities not included on lines 17-24). Complete Part X		Į	
		of Schedule D			
	26			25	
*			0	26	0
es		and complete lines 27, 28, 32, and 33.			
<u>ا</u> ۾	27	Net assets without donor restrictions	may Successive a successive		
33	28		<u>1,376,</u> 735	27	1,545,686
<u> </u>			254,198	28	254,198
ַ בַּ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29				
\$	30		3 3	29	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥		Retained earnings, endowment, accumulated income, or other funds		31	
ž		Total liabilities and not post found by lances	1,630,933	32	1,799,884
<u>l</u>		Total liabilities and net assets/fund balances	1,630,933	33	1.799.884

	m 990 (2020) Your Community Foundation	10 10000		89	
Pa	art XI Reconciliation of Net Assets	43-19230	00		⊃age 1
-	Check if Schedule O contains a response or note to any line in this Part Xi				
1	rotal revenue (must equal Part VIII, column (A), line 12)	. 1		240	,668
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			Control No.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		R	,717
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	-		,951
5	Net unrealized gains (losses) on investments	5		,630	,933
6	Donated services and use of facilities	. 6			-
7	Investment expenses	7			
8	Prior period adjustments	'   '			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 8	_		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	- 9			0
	32, column (B))	4.5			
Pa	art XII Financial Statements and Reporting	. 10	1	,7 <u>9</u> 9	,884
	Check if Schedule O contains a response or note to any line in this Part XII				_
			• • •	or warehouse the	$\cdot$
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
	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?		a)		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		_2a		X
	reviewed on a separate basis, consolidated basis, or both:				
					ĺ
b	Were the organization's financial statements and the distribution of the organization				
	If "Yes," check a hay below to indicate whether the formula is a countant?		2b		X_
	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:			101	
c	Both consolidated and separate basis				
×	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		L
*	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		3		
2-					
Jd	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
L	Single Audit Act and OMB Circular A-133?		3a		x
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Your Community Foundation 43-1923000 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 Your Community Foundation 43-1923000
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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

	outon A: I ablic oupport		200 (200)				
12	alendar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	granter serial battorie, and			35%			
	membership fees received. (Do not						
	include any "unusual grants.")	807,159	280,060	200,114	82,142	130,656	1,500,131
2	The state of the s					130,030	1,500,131
	organization's benefit and either paid to	1 1				l i	
	or expended on its behalf						
3	1 1 2 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1						-
	furnished by a governmental unit to the		14				
	organization without charge	1		3			
4		807,159	280,060	200,114	82,142	130,656	1,500,131
5	The portion of total contributions by					130,030	1,300,131
	each person (other than a			1			
	governmental unit or publicly					ė.	
	supported organization) included on		ž!				
	line 1 that exceeds 2% of the amount			,			
	shown on line 11, column (f)		1	,			
6	Public support. Subtract line 5 from line 4		-				1 500 121
Se	ction B. Total Support				<u></u>		1,500,131
	lendar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	807,159	280,060	200,114	82,142	130,656	1,500,131
8	Gross income from interest, dividends,	,			02,142	130,030	1,500,131
	payments received on securities loans,		T <sup>®</sup>		1		
	rents, royalties, and income from	1			ļ		
	similar sources	16,386	20,971	29,967	30,926	28,567	106 017
9	Net income from unrelated business	10/300	20,5/1	29,907	30,926	28,367	126,817
	activities, whether or not the business						
	is regularly carried on		7				
10	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets						
	(Explain in Part VI.)		3	10			
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (se	ee instructions)				12	1,626,948
13	First five years. If the Form 990 is for the org	panization's first	second third	fourth or fifth	tav vear as a	section 501(c)/	3)
	organization, check this box and stop here		, 0000, 11110	, roardi, or ma	i lan year as a	36011011101	<sub></sub>
Sec	ction C. Computation of Public Suppor	t Percentage				<u> </u>	· · · · · · ·
14	Public support percentage for 2020 (line 6, co	olumn (f), divide	ed by line 11. c	olumn (f))		14	92.21 %
15	Public support percentage from 2019 Schedu	ıle A. Part II. lin	e 14			15	
16a	33 1/3% support test - 2020. If the organizat	ion did not chec	k the box on li	ne 13, and line	14 is 33 1/3%	or more, chec	94.93 %
	box and stop here. The organization qualifies	s as a publicly s	upported organ	nization		o or more, chec	<b>&gt;</b> 🗓
b	33 1/3% support test - 2019. If the organizat	ion did not ched	k a box on line	e 13 or 16a an	id line 15 is 33	1/3% or more	chack
	this box and <b>stop here</b> . The organization qua	ilifies as a public	olv supported o	organization .		mone or more,	<b>•</b> []
17a	10%-facts-and-circumstances test - 2020.	f the organization	on did not ched	ck a box on line	e 13 16a or 1	6b and line 14	is
	10% or more, and if the organization meets the	ne facts-and-circ	cumstances tes	st, check this b	oox and stop h	ere Explain in	10
	Part VI how the organization meets the facts-	and-circumstan	ces test. The	organization d	ualifies as a nu	iblicly supporte	Ч
	organization						u ▶ □
b	10%-facts-and-circumstances test - 2019.	f the organization	on did not chec	k a box on line	e 13, 16a 16b	or 17a, and lin	e.
	15 is 10% or more, and if the organization me	ets the facts-an	d-circumstanc	es test, check	this box and e	top here Expl	ain
	in Part VI how the organization meets the fac	ts-and-circumst	ances test. Th	e organization	qualifies as a	nublicly suppor	ted
	organization						<b>b</b> П
18	Private foundation. If the organization did no	t check a box o	n line 13, 16a.	16b, 17a. or 1	7b, check this	box and see	
	instructions						▶ □
							ne ne en en en fil

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

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

	ction A. Public Support		N	<del>- 1</del>			
Ca	lendar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	/f) Total
1	Gifts, grants, contributions, and membership fees		(2) 2017	(6) 2010	(u) 2019	(6) 2020	(f) Total
	received. (Do not include any "unusual grants.")		1			1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.		è				
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					1	
5	The value of services or facilities		8 8	<del>-</del>			- 35
	furnished by a governmental unit to the					ł.	
	organization without charge					100	
6	Total. Add lines 1 through 5		-	-			
7a	Amounts included on lines 1, 2, and 3		_			<del></del>	- RS - 260
	received from disqualified persons						
b	Amounts included on lines 2 and 3	2				-	E
	received from other than disqualified						
	persons that exceed the greater of \$5,000	,					
	or 1% of the amount on line 13 for the year	k					
C	Add lines 7a and 7b		_	_			
	Public support. (Subtract line 7c from						
	line 6.)			ĺ			
	ction B. Total Support						<del></del>
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		()	(3) 20 10	(u) 2010	(E) 2020	(i) Total
10a	Gross income from interest, dividends,		-				<u> </u>
	payments received on securities loans, rents,						
	royalties, and income from similar sources	°I		8			
b	Unrelated business taxable income (less		<del>-</del>		8		<del></del>
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		_		===		
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			1			
	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)		20				
	Total support. (Add lines 9, 10c, 11,	-		-	_		<del></del>
	and 12.)						
4	First 5 years. If the Form 990 is for the organ	ization's first,	second, third, t	ourth, or fifth ta	ax year as a se	ction 501(c)(3)	<del>a 3 - 3</del> - 3
	organization, check this box and stop here.				Terrere en en en en en		, 🕨 🗍
ec.	don C. Computation of Public Support	t Percentage	•				<u> </u>
5	Public support percentage for 2020 (line 8, co	olumn (f), divid	ed by line 13,	column (f))		15	- %
6	Public support percentage from 2019 Schedu	ile A, Part III, li	ne 15			16	%
ec	tion D. Computation of Investment Inc	ome Percen	tage	· · · · · · · · · · · · · · · · · · ·		1 5	
7	investment income percentage for 2020 (line	10c, column (f	), divided by lir	ne 13, column (	(f))	17	%
8	Investment income percentage from 2019 Sc	hedule A, Part	III, line 17			18	%
9a	<b>33 1/3% support tests</b> - <b>2020</b> . If the organiza	ition did not ch	eck the box or	line 14, and lin	ne 15 is more t	than 33 1/3%, a	nd line
	17 is not more than 33 1/3%, check this box a	ind stop here.	The organizat	ion qualifies as	a publicly sup	ported organiza	ation ▶ 🗍
b	33 1/3% support tests - 2019, if the organiza	tion did not ch	eck a box on li	ne 14 or line 19	9a, and line 16	is more than 3:	3 1/3%, and
	line 18 is not more than 33 1/3%, check this b	ox and stop h	ere. The organ	nization qualifie	s as a publicly	supported orga	anization 🕨 🗍
0_	Private foundation. If the organization did no	t check a box	on line 14, 19a	, or 19b, check	this box and s	see instructions	▶ □
			-	-			

#### Part IV Supporting Organizations

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

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

	_		Ye	s	No	)
	1			8		
	2		3			
	3a	26	_	_		
	3b				_	
	3с	2000				_
	4a					
	4b					
	4c					
ŀ	5a	-				
	5b 5c					
	6					
	7					
	8					
	9a					
L	9b		_		<del></del> 8	
	9с	_			_	
	10a		_			
	10b					

	art IV Supporting Organizations (continued)  43-19230	00		Page 5
44	Have the second		Yes	No
11	and organization decepted a girt of contribution from any of the following persons?			
•	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
ı	A 35% and the last of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		1	
	detaii in <b>Part Vi.</b>	11c		
Sei	ction B. Type I Supporting Organizations			-
4	DOM:		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	12		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ļ		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		ž.	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		6	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-	<del>                                     </del>	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Г		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ř	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's		22	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	1	2	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	$\perp_{2}$		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			
a	The organization satisfied the Activities Test. Complete line 2 below.	istruct	ions).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	lone le		factory.
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-	Yes	NO_
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	+ 1	21	
	that these activities constituted substantially all of its activities.	<u>e</u>		
b	Did the activities described in line 22, above, constitute activities that but for the constitute activities that but for the constitute activities that but for the constitute activities that the constitute activities that but for the constitute activities that the constitute activities activiti	2a		
~	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		1	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		20	
	these activities but for the organization's involvement.	2b		
ر ~	Parent of Supported Organizations. Answer lines 3a and 3b below.			<b>5</b>
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			_
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting (	)rganiz	ations	
1 Under the organization satisfied the Integral Part Test as a qualifying	na trust o	n Nov. 20, 1970 (expl	ain in Part VIII Soo
instructions. All other Type III non-functionally integrated supporting orga	nizations	s must complete Section	one A through E
Section A - Adjusted Net Income			(B) Current Yea
Y		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		<del></del>
3 Other gross income (see instructions)	3		N 19 27
4 Add lines 1 through 3.	4	<del></del>	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection		<u></u>	<del>-</del>
of gross income or for management, conservation, or maintenance of			7
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<del></del>
	10		/D\ C (\)(
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see	$\neg$	<u> </u>	(optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<del></del>	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	Iu		
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets			
3 Subtract line 2 from line 1d.	2		<del></del>
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3	<u> </u>	
see instructions).			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6 Multiply line 5 by 0.035.	5	<del></del>	
7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		26 <u>28</u>
	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2	<del> </del>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<del>-  </del>
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	- 3	<u> </u>	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		tod Tora III	1000 to 11 11 11 11 11 11 11 11 11 11 11 11 11
(see instructions)	y integra	ted Type III supporting	organization

	edule A (Form 990 or 990-EZ) 2020 Your Community Foundati	on	43	-192	3000 Page
P	art V Type III Non-Functionally Integrated 509(a)(	(3) Supporting Organia	zations (continue	∋d)	
	ection D - Distributions				Current Year
1		empt purposes		11	
2	and the base to be to the matter of the city in the least exell	npt purposes of supported			
	organizations, in excess of income from activity			2	
3		ses of supported organiza	tions	3	
4	Amounts paid to acquire exempt-use assets		· ·	4	2.
$-\frac{5}{2}$	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part VI)		5	
-6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is respon	sive		99
	(provide details in Part VI). See instructions.			8	
40	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		-		
2	arij, for yours prior to 2020				· · · · · · · · · · · · · · · · · · ·
	(reasonable cause required - explain in Part VI). See				
_	instructions.			3.3	
3	Excess distributions carryover, if any, to 2020	20			
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	<b>Total</b> of lines 3a through 3e				
	Applied to underdistributions of prior years			1	<del>-</del> <u>-</u> -
	Applied to 2020 distributable amount				· · · · · · · · · · · · · · · · · · ·
i	Carryover from 2015 not applied (see instructions)		29		<u> </u>
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				* *
	Applied to 2020 distributable amount		- 100 A 100 A		
C	Remainder. Subtract lines 4a and 4b from line 4.		8		
5	Remaining underdistributions for years prior to 2020, if		15		_
	any. Subtract lines 3g and 4a from line 2. For result			60	
	greater than zero, explain in Part VI. See instructions.				
b	Remaining underdistributions for 2020. Subtract lines 3h		<del></del>		<u> </u>
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.		22. 2007		
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_	Breakdown of line 7:				
-	Excess from 2016	300 300 50			
h	Excess from 2017	KO 100			

c Excess from 2018 d Excess from 2019

e Excess from 2020

. . . .

#### Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number Your Community Foundation 43-1923000 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number Your Community Foundation 43-1923000 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	Allen County Regionaal Hospital  3066 N Kentucky  Iola KS 66749	\$\$\$	Person
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		<b>\$</b>	Person
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Yo	ur Community Foundation		43-1923000
P	art I Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or Acc	Ounte
_	Complete if the organization answered "Yes" on Form 99	D. Part IV line 6	ounts.
		(a) Donor advised funds	
1	Total number at end of year	12) Donor advised fillids	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	a accord hald in depart additional	
	funds are the organization's property, subject to the organization's exclusive	re local control 2	П
6	Did the organization inform all grantees, donors, and donor advisors in writ	ting that grout for de b.	····· [] Yes [] No
	only for charitable purposes and not for the benefit of the donor or donor a	ing that grant tunds can be used	
	conferring impermissible private henefit?	uvisor, or for any other purpose	
Pa	conferring impermissible private benefit?	<u>* • • • • • • • • • • • • • • • • • • •</u>	Yes No
		0.5	
1	Complete if the organization answered "Yes" on Form 99	U, Part IV, line 7.	
•	Purpose(s) of conservation easements held by the organization (check all		
	Preservation of land for public use (e.g., recreation or education)		of a historically important land area
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
2	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	n contribution in the form of a co	onservation
2750	easement on the last day of the tax year.		Held at the End of the Tax Year
a	The state of the s	::::::::::::::::::::::::::::::::::::::	2a
b			
С	Number of conservation easements on a certified historic structure included	din (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, a	and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingu	uished, or terminated by the orga	anization during the
	tax year •		
4	Number of states where property subject to conservation easement is locat	ed 🕨	
5	Does the organization have a written policy regarding the periodic monitoring	g, inspection, handling of	
			· · · · · · · · · · · · Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of viol	ations, and enforcing conservati	on easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	s, and enforcing conservation e	asements during the year
	<b>▶</b> \$	-,	docinents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the re-	equirements of section 170/h)/4)	(R)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements	in its revenue and expense state	Yes No
	balance sheet, and include, if applicable, the text of the footnote to the orga-	nization's financial statements th	at describes the
	organization's accounting for conservation easements.	mandar statements ti	at describes trie
Pa	rt III Organizations Maintaining Collections of Art, Hi	storical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form 99	O Part IV line 8	diei Siimai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report	in its revenue statement and hel	I I I
	of art, historical treasures, or other similar assets held for public exhibition, e	ducation are seasonable for the	lance sneet works
	service, provide, in Part XIII the text of the footnote to its financial statement	ducation, or research in furthera	ance of public
b	If the organization elected as permitted updor EASP ASC OFF to assert in the	s that describes these items.	
	If the organization elected, as permitted under FASB ASC 958, to report in it	s revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtheranc	ee of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
3	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
4	If the organization received or held works of art, historical treasures, or other	similar assets for financial gain,	, provide the
	following amounts required to be reported under FASB ASC 958 relating to the		
a			<b>&gt;</b>  \$
b	Assets included in Form 990, Part X		

	edule D (Form 990) 2020 Your Community	y Foundation	Art Winteriant	<del></del>	43-192	3000 Page 2
3		on and athering	Ait, nistorical	reasures, or C	ther Similar As	sets (continued)
	Using the organization's acquisition, accessicollection items (check all that apply):	on, and other records	, check any of the fol	llowing that make sig	nificant use of its	
ì			d ∐ Loar	or exchange progra	ams	
	- Controlling resolution		e 📙 Othe	er		
	El recordador for fatale generations					
4	Provide a description of the organization's co	llections and explain I	now they further the	organization's exemp	ot purpose in Part	
	VIII.				a takini Pi terdanin II i akini ye kebadan yandan kari i iya 3 mezeri.	
5	During the year, did the organization solicit or	receive donations of	art, historical treasur	res, or other similar		
	assets to be sold to raise funds rather than to	be maintained as pa	rt of the organization	's collection?		. Yes No
P	Laciow and Custodial Affa	angements.			0.1	
	Complete if the organization	answered "Yes"	on Form 990. P	art IV. line 9 or	reported an amo	unt on Form
	990, Part X, line 21.			s ,	roportou an ame	ount on Folli
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions o	r other poets not		
	included on Form 990, Part X?		ry for contributions o	other assets not		
d	The second secon	and complete the felle	uina table	*******		· · 📙 Yes 📙 No
	and an angent of the training of	and complete the lolo	wing table:			
С	Beginning balance				Am	ount
d	25 AS ASSESS 12 15	*******			1c	
e		* * * * * * * * * * * * * * * * * * * *			ld	
					le	
f	Ending balance			1 1	lf	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for escrow or cust	odial account liability	?	Yes No
b	ii res, explain the arrangement in Part XIII.	Check here if the expl	anation has been pro		<u> </u>	
Pa	Endowment Funds.			\$ 12 <u>0</u>		
_	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(a) Faurance hash
1a	Beginning of year balance	1,446,776	1,231,711	1,312,351	1,111,700	(e) Four years back
b	Contributions	5,615	24,803		W as answer with severe	757,454
С	Net investment earnings, gains, and	3,013	24,003	37,725	127,380	402,407
	losses	186,489	200 677	/== .==.		1
d	Grants or scholarships	+	229,677	(51,473)	<del>                                     </del>	53,519
е	Other expenditures for facilities and	13,000	14,000	31,179	65,167	82,629
_	programs					
f		and the same of th			i	
	Administrative expenses	12,486	25,415	<u>35,</u> 713	13,771	19,051
g	End of year balance	1,613,394	1,446,776	1,231,711	1,310,237	1,111,700
2	Provide the estimated percentage of the current	nt year end balance (l	ine 1g, column (a)) h	eld as:	2 13	
a	Board designated or quasi-endowment	%				
b	Permanent endowment	ó				
c	Term endowment ►%					
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
3a	Are there endowment funds not in the possess	ion of the organization	n that are held and a	dministered for the		
	organization by:					Yes No
	(i) Unrelated organizations				2 72 9	
						2 (11)
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedule R2			3a(ii) X
4	Describe in Part XIII the intended uses of the o	rganization's endowm	ent funds			3b
Par	t VI Land, Buildings, and Equipr	nent.	chi fullos.			
No.	Complete if the organization a		n Form 900 Pa	rt IV line 11a S	00 Form 000 D	t V . C 40
_	Description of property		an on the second second	40 V. 1	ee Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or other	18.76 19.00	400 PA	Accumulated	(d) Book value
1a	Land	(investment	(5)	ther) d	epreciation	
(2000)	NAME AND ADDRESS OF THE PARTY O	·				
b	Buildings	• ———				
- 20	Leasehold improvements	•	1 2	200		
d	Equipment	•		3,525	2,295	1,230
е	Other	The state of the s		10		
Total	Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X,	column (B), line 10c.	)		1,230
EEA		Was -	00 80 8	<u> </u>		

	Complete if the organization analysis of "V"	Form 000 D	
	Complete if the organization answered "Yes" on  (a) Description of security or category	AND THE RESERVE OF THE PERSON	1b. See Form 990, Part X, line 12
	(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	Il derivatives		ossi si sila si year market value
	held equity interests		
(3) Other _			
(A)			2 2 2
(B)			
(C) (D)			
(E)			
(F)			<u> </u>
(G)			
(H)		<del>                                     </del>	
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on I	Form 990. Part IV line 11	c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	
94 <u>(</u>		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			The state of the s
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)	<del></del>		
	n (b) must equal Form 990, Part X, col. (B) line 13.)	-	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on F	orm 900 Dort IV line 11	Con Farm 000 Dad V II de
<del>-</del> ,,	T	om 330, ran iv, line in	J. See FORM 990 Part X line 15
123	(a) Deposition	· · · · · · · · · · · · · · · · · · ·	/// (r
( BENEFI	(a) Description T INTERESTS HELD BY CHKC FOLIN		(b) Book value
(1)BENEFI (2)	(a) Description  I INTERESTS HELD BY GHKC FOUN		(b) Book value
(1)BENEFI (2) (3)			(b) Book value
(2)			(b) Book value
(2) (3) (4)			(b) Book value
(2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	T INTERESTS HELD BY GHKC FOUN		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	T INTERESTS HELD BY GHKC FOUN  The (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value 1,613,3
(2) (3) (4) (5) (6) (7) (8) (9)	T INTERESTS HELD BY GHKC FOUN  To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	T INTERESTS HELD BY GHKC FOUN  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form 1.		(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	T INTERESTS HELD BY GHKC FOUN  To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folione 25.	orm 990, Part IV, line 11e	(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,3
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X  (1) Federal in (2) (3)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,3
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (1) Federal in (2) (3) (4)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,3
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X  (1) Federal in (2) (3) (4) (5)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,3
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X  (1) Federal in (2) (3) (4) (5)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,3
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal in (2) (3) (4) (5) (6) (7)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Filine 25.  (a) Description of liability (b) Box	orm 990, Part IV, line 11e	(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (2) (3) (4) (5) (6) (7) (8) (9)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability (b) Boome taxes	orm 990, Part IV, line 11e	(b) Book value 1,613,39
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (a)	T INTERESTS HELD BY GHKC FOUN  In (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foline 25.  (a) Description of liability  Complete taxes	orm 990, Part IV, line 11e	(b) Book value 1,613,39  1,613,39  or 11f. See Form 990, Part X,

Scher	dule D (Form 990) 2020 Your Community Foundation	43-19:	23000 Page
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Ref	23000 Page
_	Complete if the organization answered "Yes" on Form 990. Part IV line 12a		Grii.
1	lotal revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	- [	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
	Complete if the organization answered "Yes" on Form 990, Part IV. line 12a.	<b>P</b> 3	oturi.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<del>                                     </del>	
а	Donated services and use of facilities		
b	Prior year adjustments	1 1	
С	Other losses	1 ]	
d	Other (Describe in Part XIII.)	1 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Гап	Supplemental Information.		
'rovid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1	rt X, line	
; Pan	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
-			
<u> </u>	<del></del>		
			<i>ii</i>
7000			
			· · · · · · · · · · · · · · · · · · ·
- 22			
_			
			30 Tol
- 8		80	
			<i>ii</i>

SCHEDULE I (Form 990)	<u> </u>	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	r Assistance to Individuals in	Organization the United Sta	ıs, afes	gr <u> </u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Go to way its gov/Eormon for the 12.	organization answered "Yes" on Form 990, Part IV, lin ► Attach to Form 990.	m 990, Part IV, line 21	or 22.	_ <del>'</del>	2020 Open to Public
Name of the organization			a au 101 occurs mor	rest information.		Employer identification	Inspection
Your Community Foundation   Part   General Information on Grants and Assistance	Grante and Acci	00000				43-1923000	or runner.
1 Does the organization maintain months to	Cidilis and Assi	Statice				25	
the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the prant finds in the United Section 1.1 the organization's procedures for monitoring the present finds in the United Section 1.1 the organization's procedures for monitoring the use of organization.	o substantiate the amo ants or assistance? cedures for monitoring	unt of the grants or assis	rants or assistance, the grantees' eli-	gibility for the grants or	eligibility for the grants or assistance, and		· X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be diminated freeditional angular and answered "Yes" on Form 990,	ice to Domestic Or ient that received n	ganizations and Dor nore than \$5,000 Par	nestic Governmen	ts. Complete if the	organization answered	"Yes" on Form 99	10,
(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book FMV annaisal	(g) Description of	(h) Purpose of grant
(1)A Boulder Humboldt		(Company)	1 B B B B B B B B B B B B B B B B B B B	casil assistance	other)	noncash assistance	or assistance
							working to
Humboldt KS 66748		Gov					better
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	d government organiza	tions listed in the line 1 ts	eldt			<b>A</b>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Form					<b>▲</b> ::::	Schedule (Form 990) (2020)

Page 2 Schedule I (Form 990) (2020) (f) Description of noncash assistance Schedule (Form 990) (2020) Your Community Foundation 43-1923000

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV 3 4 ß 9 EEA

#### SCHEDULE O

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Your Community Foundation 43-1923000 01. Form 990 governing body review (Part VI, line 11) THE 990 IS PROVIDED TO ALL DIRECTORS AND OFFICERS PRIOR TO THE FILING OF THE 990 02. Conflict of interest policy compliance (Part VI, line 12c) INQUIRIES ARE MADE AT DIRECTOR'S MEETINGS, PUBLIC TRANSACTIONS OBSERVED, REMINDERS AND FOLLOW UPS MADE 03. CEO, executive director, top management comp (Part VI, line 15a) OFFICERS ARE VOLUNTEERS AND RECEIVE NO COMPENSATION. 04. Other officer or key employee compensation (Part VI, line 15b THE ORGANIZATION USES COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND COMPENSATION DECISION. THERE IS NOT AN INDEPENDENT PERSONS REVIEW, THE BOARD REVIEWS ALL DATA AND MAKE DECISION WITHOUT OUTSIDER CONTACT. 05. Governing documents, etc, available to public (Part VI, line 19) THESE ARE AVAILABLE FOR PUBLIC INSPECTION IN THE ORGANIZATION OFFICE DURING BUSINESS HOURS 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) The excel spreadsheet that I, as the accountant, prepare to figure ending balances on the endowment funds wasn't figuring correctly. This resulted in and overstated ending <u>balance.</u>

Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return  Your Community Foundation	Employer Identification Number
	**-***3000
Entity address	
PO Box 44	
Iola, KS 66749	
Thank you for participating in IRS e-file.	
1. X 2020 8868-01 income tax return for Federal was filed electronic filing services were provided by J & J ACCOUNTING, LLC	ectronically.
2. X 8868-01 income tax return was accepted on 05-14-2021 using a Personal an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter the submission ID assigned to this return is 4845972021134afftq1f	al Identification Number (PIN) as r or generate a PIN signature.

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Form 4562 (2020)

Business or activity to which this form relates Identifying number Your Community Foundation FORM 990T - 1 43-1923000 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 8 8 9 9 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 254 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property (d) Recovery placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property 15-year property f 20-year property 25-year property g 25 yrs. S/L Residential rental h 27.5 yrs. MM S/I property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 254 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ......... 23 For Paperwork Reduction Act Notice, see separate instructions.