Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	lar year, or tax year begir	nning	01-0)1 , 2022, and	ending	12-31	, 20 22
В	Check if	applicable:	C Name of organization Y	our Community Fou	ndation			D Employer ide	entification number
	Address	change	Doing business as					43-	-1923000
	Name ch	ange	Number and street (or P.O. b	ox if mail is not delivered to street a	address)	Ro	om/suite	E Telephone nu	
	Initial retu	urn	PO Box 44		estaphoretay ester. •//	909aca0000	6-335A159-9-104A3366	(62	20)380-6154
\Box	Final retu	ırn/terminated	255	e, country, and ZIP or foreign posta	l code	<u> </u>	f	G Gross receip	
一	Amended	300 C C C C C C C C C C C C C C C C C C	Iola, KS 6674					\$	186,292
\Box		on pending	F Name and address of princip		GER .	**	H(a) Is this a co	roup return for subore	
			Same as C abo				15-1211 DOMESTICA	ubordinates inclu	
i	Tax-exen	npt status: X	501(c)(3) 501(c) (7(a)(1) or	527		attach a list. See i	
	Website:		W.GIVINGMAKESADIF	Y-10-000 - 0	(<u>(2)(1)</u> (2)	, L.		xemption number	
9				sociation Other		L Year of formation:		tate of legal domi	
	rt I	Summar					2000 0	No. 5 th Logar Carm	5.15. 200
	1			sion or most significant acti	vities: TO I	NCACE IN	FNCOURAGE A	AND PROMO	TE CHARITABLE
41			€ 7 0	IVITIES, ORGANIZA					
Governance		and a position of the same the same to		NTS AND COMMUNITY	and the last and t				AND
'n	İ	DETTERME	NI OF THE RESIDE	NIS AND COMMONITI	IN AND 30	KROONDING F	TLEN COONI	1, Ko	
Vel	2	Check this h	ox if the organization	discontinued its operations	or disposed of	more than 25% o	f its net assets		
တိ	3			erning body (Part VI, line 1a	- 2			3	7
<u>مح</u>	4		- ×	rs of the governing body (F	fo.			4	7
Activities	5			n calendar year 2022 (Part				5	0
Ę	6		r of volunteers (estimate if					6	
Ac	7a		O TRANSPORTER BERKERBERKER BESKER BEFKER	Part VIII, column (C), line				7a	
	300.50003			e from Form 990-T, Part I, li				7b	0
	- 10	1461 Gill Clates	d business taxable income	: HOINT OHN 930-1, Falt 1, II	ne ii		0.000,000	110	
e	8	Contributions	o and grants (Part VIII. line	(4h)		-	Prior Year	210	Current Year
	9			• 1h)		-	338	,219	163,807
nue	655550,40000	and the second second second second	NOTAN CHANDOON WHAT AMERICAN TANKS AND THE CHANGE AND CONTRACTOR OF THE CONTRACTOR O	e 2g)		<u> </u>	0.5	700	0
Revenue	10			A), lines 3, 4, and 7d)			9/0000	,782	22,485
œ	11			nes 5, 6d, 8c, 9c, 10c, and	and the second	<u> </u>		,240)	0
P 	12			(must equal Part VIII, colur	nn (A), line 1∠)			,761	186,292
	13		similar amounts paid (Part	\$217	,578	35,681			
	14		d to or for members (Part I	6	,614	4,440			
es	15			ee benefits (Part IX, column					0
SUS	16a		fundraising fees (Part IX,						<u> </u>
Expenses	28,650.7		sing expenses (Part IX, co	and the same and the					00.057
Ш	17		ses (Part IX, column (A), li	30 05				,409	23,257
				l equal Part IX, column (A),				,601	63,378
	/ 19 //	Revenue les	s expenses. Subtract line	18 from line 12				,840)	122,914
SOF	2 00		(D () () () ()			-	Beginning of Curre	100.000.000	End of Year
Net Assets or	20		(Part X, line 16)				1,614	,4/4	1,466,633
et A	21		es (Part X, line 26)	E 04 f E 00			1 634	474	0
	2 22 I rt 		or fund balances. Subtract I re Block	line 21 from line 20 • •			1,614	,4/4	1,466,633
				urn, including accompanying sched	ules and statements	and to the hest of my	knowledge and belief	fitis	<u> </u>
				ficer) is based on all information of			Mic Woodge and being		
				9					
Sig	ın	ALan Signature of office	Weber			<u> </u>		Late	
				/mp.=2.orm=p				Date	
Hei	C	Alan Type or print nar		Y/TREASURER		7.2	 -		
		The state of the s	eparer's name	Preparer's signature		Date	9295 U	X if PTIN	
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	0.500		77 77	CCOUNTING, LLC			Firm's EIN		
US	e Onl	y Firm's addres:					Phone no.		0001
N.A		D dia 10.		T KS 66748	205			620-473-	2831 Ves X No

	m 990 (2022) Your Community Foundation	43-1923000	Page 2
Pa	Statement of Program Service Accomplishments		88
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🔲
1	Briefly describe the organization's mission:		
	TO ENGAGE IN, ENCOURAGE AND PROMOTE CHARITABLE AND PUBLIC PROGRAMS, ACTIVITIES	ES, ORGANIZA	rions,
	AND INSTITUTIONS FOR THE BENEFIT AND BETTERMENT OF THE RESIDENTS AND COMMUNIT	FY IN AND SU	RROUNDIN
	ALLEN COUNTY, KS		
2	Did the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v !	
	If "Yes," describe these new services on Schedule O.	· · · L Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	les [A) NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d hy	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported.	, , ,	
	and some to Danish American transfer to the control of the control		
4a	(Code:) (Expenses \$ 40,121 including grants of \$ 40,121) (Revenue	\$)
	THE FOUNDATION PROVIDED GRANTS TO CHARITABLE ORGANIZATIONS IN THE ALLEN COUNT	TY AREA CONT	INUING
	ITS MISSION TO CONNECT DONORS TO THE CHARITABLE CAUSES THEY CARE ABOUT	25 24	
		<u> </u>	*** *** ***
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	· c	Λ.
40	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	1
			
			
		5 100 C	
		\$6.78	
		-	*
		2000	
4c	(Code:) (Expenses S including grants of \$) (Revenue	\$)
		_	
	<u></u>	<u> </u>	
		-	
			_
4d	Other program services (Describe on Schedule O.)	10	
F-000057	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 40,121		
EEA		Form	990 (2022)

Part IV Checklist of Required Schedules

8-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	160	ĺ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	- 4	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	200		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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			1221
7	"Yes," complete Schedule D, Part I	6	-	X
1	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part I! Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
Ü	complete Schedule D, Part III	8		١,,,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Х
3	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	9		· .
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		Х
•	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ.	10.00
	VII, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
k	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		х
c	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	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ì		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16	8	
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
13	If "Yes," complete Schedule G, Part III	19		v
20 a	ment many	20a		X
20 a		20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
_	and the same and t			170010

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
-	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Ϋ́
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		17
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		Х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	8		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
-	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	3	**
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	205		
-	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			**
	conservation contributions? If "Yes," complete Schedule M	30	id.	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		Х
30	related organization?/f "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			- 21
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		- 100 -	
		15 Ki	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. 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?	1c	Х	

Part VI

2) Your Community Foundation 43-1923000
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

Se	ction A. Governing Body and Management			[4.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	110
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	-	
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	į i		
а	The governing body?	8a	Х	S
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	>4		
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100.00000000		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Х	
٠	describe on Schedule O how this was done	40-		
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	13 14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by		Х	
A.T	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<u>_v</u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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,			
COVIC	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	J J ACCOUNTING (620)473-2831, 610 BRIDGE, Humboldt, KS 66748			

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Form	990	(2022)

Your Community Foundation

43-1923000

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

	1 7					,			2	
		(C)								
(A)	(B)	/da -	a t al-		sition	an one		(D)	(E)	(F)
Name and title	Average					both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week			<u> </u>				from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Individual trustoe or director	ns.	Office	Kej	em g	Former	1099-MISC/	1099-MISC/	organization and
	related	ividu	Institutional trustee	COL	Key employee	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	tor	onal		ploy	8 8				
	below	isto	trust		ee	ìpen				
	dotted line)		0			Highest compensated employee				
						Ω.				
(1) CARLA_NEMECEK	1.00							100005	apen."	
DIRECTOR		х						0	0	_ 0
(2) TIM STAUFFER	1.00							si .		
DIRECTOR		Х						_0	0	0
(3) SHARON MORELAND										
DIRECTOR		Х						0	0	0
(4) DON COPLEY	1.00									2000
DIRECTOR		х						0	0_	0
(5) LORI STONE	1.00			3		'				
DIRECTOR		Х						0	0	0
(6) JOB SPRINGER	5.00									
PRESIDENT		Х		X				0	0	0
(7) ALAN WEBER	5.00							75		2000
SECRETARY/TREASURER		Х		X				0	0	0
(8)										
				-				50 <u>50</u>		
(9)				,						
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EEA

	(A)	8	ŀ			(C)							
	(A) Name and title		box,	Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) mated an of othe ompensa from the	r tion
28 1980			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	_	anization ed organi	
(15)													_
(16)													
<u>(17)</u>					3000				_				
<u>(18)</u>													10, 10
(19)					9 <u>-17</u>	ý .							
(20)_													
(21)								-	3 <u>3</u>			20.00	
(22)				30									
(23)					_							<u> </u>	
(24)											9		
(25)_										,			
1b	Subtotal					• • •		•				<u> </u>	
c d	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those lis	ted abo	ove)	who	rec	eived	more	e than \$100,000 of				C
3	Did the organization list any former officer, director,	trustee kev	emplo	vee	ori	niahe	est con	nper	nsated		_	Yes	No
essen 42	employee on line 1a? If "Yes," complete Schedule	I for such inc	lividual								3		х
4	For any individual listed on line 1a, is the sum of re- organization and related organizations greater than		170										
	individual										4		х
5	Did any person listed on line 1a receive or accrue of			100			(653)		tion or individual				
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sci	hedule	J to	r su	ch p	erson				5		Х
1	Complete this table for your five highest compensation	ted independ	lent co	ntra	ctor	s tha	ıt recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report compe	ensation for t	he cale	enda	ır ye	ar er	nding v	vith o	or within the organi	zation's tax year.			
	(A)								(B)		(C)		
	Name and business address		27.07						Description of service	es	Compens	sation_	to fa
		(2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A									~		
<u> </u>									888	0.004			
-				10.									
2	Total number of independent contractors (including	but not limite	ed to th	iose	liste	ed al	oove) v	who	3 7 3 4				

Form 990 (2022) Your Community Foundation
Statement of Revenue Part VIII

		Check if Schedule O con	tains a response	or no	ote to any line in this	s Part VIII			<u> </u>
			_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a			*		
ats ts	b	Membership dues	Y Y	1b	2000				
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising events		1c					
S, T	d	Related organizations		1d					1
E Ja	e	Government grants (contrib	outions)	1e	-				1
inii.	f	All other contributions, gifts	, grants,						
i Si Si		and similar amounts not inc	cluded above	1f	163,807				
흎	g	Noncash contributions inclu	uded in						
ont o		lines 1a-1f		1g	\$				
ਹ ਜ਼	h	Total. Add lines 1a-1f .				163,807			
		\$0000 E0000			Business Code	54000 ·			
a	2a								
ξ	b								
Ser	С	×					<u> </u>		
m Ver	d			- 20		2002201 12			
gra Re	e	3 .	**	-			*****	3	
Program Service Revenue	350	All other program service rev	Venue			-		3	
		Total. Add lines 2a-2f				-			
-		95 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	2000C 00240 WD 9464*			- 100			
	3	Investment income (including other similar amounts)				22,485	22,485		
	4	Income from investment of to				22,400	22,403		
	5	Royalties	•		3		-		. B. 22 357 3 B.
	,	Toyanes			1			- 5/	
	C-	Canadanaia	(i) Real		(ii) Personal				
		⊢	6a						
			6b						
			6c						
	a	Net rental income or (loss)	1			****		2 2	4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	7a	Gross amount from	(i) Securitie	S	(ii) Other				
		sales of assets							
			7a						
ø.	b	Less: cost or other basis							
enueve		7 500 509 1 50 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7b						
¥e		The second secon	7c				10-10		ļ
æ	99	Net gain or (loss)			<u>, , , , , , , , , , , , , , , , , , , </u>				
Other Re	8a	Gross income from fundraisi	ing						
ŏ		events (not including \$	9	3					
		of contributions reported on l							
		1c). See Part IV, line 18 -		8a					
	b	Less: direct expenses		8b					
	С	Net income or (loss) from ful	ndraising events						
	9a	Gross income from gaming							
		activities, See Part IV, line 19	9	9a					
	b	Less: direct expenses		9b			<u> </u>		
	С	Net income or (loss) from ga	aming activities				33.6		<u> </u>
	10a	Gross sales of inventory, les	s		,	20000	- :-	20 20	
	0-05000	returns and allowances		10a		3			
	b	Less: cost of goods sold .		10b					
	С	Net income or (loss) from sa	les of inventory			<u> </u>		2502	9
					Business Code		388		
Miscellanous Revenue	11a						9701985		
ano nue	b	St. 10. 10.				and a second	2000		
ell. Vel	С								0
lisc Re	d	All other revenue		•					
2	е	Total. Add lines 11a-11d						_	**
	12	Total revenue. See instruction	ons			186,292	22,485	0	0

	rt IX Statement of Functional Expenses	cion		43-19230	000 Page 10
<u> </u>	tion 501(c)(3) and 501(c)(4) organizations must complete all colu	ımns. All other organizat	tions must complete co	lumn (A).	
	Check if Schedule O contains a response or note to a	15/			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	•
	and domestic governments. See Part IV, line 21	35,681	35,681		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			60 20	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	,		W. AFF STATE	V1 87 884 - 581 111
4	Benefits paid to or for members	4,440	4,440		
5	Compensation of current officers, directors,				
	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)			w 10% co	
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include	300 307			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	Source Granding Space		900 800000,000	U 400 1 - 200
C	Accounting	2,313	-	2,313	
d	Lobbying	_			-
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	22,691		22,691	<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,150		1,150	-
13	Office expenses	3,958		3,958	
14 15	F	* **			- -
15 16	Royalties				*
16 17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
20	Interest			-	
21	Payments to affiliates		-		<u> </u>
22	Depreciation, depletion, and amortization	2,253		2,253	
23	Insurance	2,611	US10 US	2,611	
24	Other expenses. Itemize expenses not covered	2,011			*
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Project Expenses	(11,719)		(11,719)	
ь	- 	, , , , , , ,			80

63,378

0

23,257

40,121

C d е

25

26

All other expenses

Total functional expenses. Add lines 1 through 24e . .

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 196,263 193,821 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Assets 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 86,025 b Less: accumulated depreciation 10b 83,504 10c 4,774 81,251 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 1,334,707 1,191,561 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 1,614,474 1,466,633 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Liabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 0 0 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 27 Net assets without donor restrictions 27 1,360,276 1,212,435 28 Net assets with donor restrictions 28 254,198 254,198 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

31

32

33

1,466,633

31

32

33

1,614,474

1,614,474

43-1923000 Your Community Foundation

Pai	rt XI Reconciliation of Net Assets					<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI					<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	86,	292		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u></u>		63,	378_		
3	Revenue less expenses. Subtract line 2 from line 1	3			22,	914		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6	<u> 14,</u>	474		
5	Net unrealized gains (losses) on investments	5		(2	214,	928)		
6	Donated services and use of facilities	6			(40,	121)		
7	7 Investment expenses							
8	Prior period adjustments	8			(4,	734)		
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1						
	32, column (B))	10		1,4	166,	633		
Pa	rt XII Financial Statements and Reporting					_		
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No_		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2	2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both:		ļ		1			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	86	Х		
	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:			1				
	Separate basis Consolidated basis Both consolidated and separate basis		1					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· 2	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		• [За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			200.00				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1 00	3b		<u> </u>		
EΑ			F	orm	990 ((2022)		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	ne of the organization Employer identification number									
Your	С	ommunity Foundation					43-192300	0		
Par		Reason for Public Cha	rity Status. (All	organizations mus	t comple	te this p				
The o	gar	ization is not a private foundation be	ecause it is: (For lin	es 1 through 12, check o	nly one bo	x.)				
1		A church, convention of churches, of	or association of ch	urches described in sect	on 170(b)	(1)(A)(i).				
2		A school described in section 170(I	b)(1)(A)(ii). (Attach	Schedule E (Form 990).)						
3		A hospital or a cooperative hospital	service organizatio	n described in section 17	'0(b)(1)(A)	(iii).				
4		A medical research organization ope	erated in conjunctio	n with a hospital describe	ed in section	on 170(b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally receive	es a substantial pa	irt of its support from a go	vernment	al unit or fr	om the general public			
		described in section 170(b)(1)(A)(v					953 92			
8		A community trust described in sect								
9		An agricultural research organization			ated in cor	junction w	ith a land-grant college			
		or university or a non-land-grant col	lege of agriculture ((see instructions). Enter t	he name, d	city, and sta	ate of the college or			
		university:								
10		An organization that normally receive receipts from activities related to its support from gross investment inco acquired by the organization after June 1985.	exempt functions, a me and unrelated b une 30, 1975. See s	subject to certain exceptions income (section 509(a)(2). (Comp	ons; and (less sectional lete Part I	2) no more on 511 tax) II.)	than 33 1/3% of its			
11	H	An organization organized and oper					7740	840		
12	Ш	An organization organized and oper								
		one or more publicly supported orga					and the second s	neck		
		the box on lines 12a through 12d th	1574			100				
а		Type I. A supporting organization	15 % %	150	505	1 20 0				
		the supported organization(s) the	Nation to he are allegative	- Deligination and the second	rity of the o	directors or	trustees of the			
193		supporting organization. You m								
b		☐ Type II. A supporting organization	95 97 97							
		control or management of the s	38 55 555 555	7/	ersons tha	t control o	manage the supported			
5V EV		organization(s). You must com	5)		ANNUAL CO. AN UNION CONTRACTOR					
С		Type III functionally integrated	20-10-10-10-10-10-10-10-10-10-10-10-10-10							
		its supported organization(s) (se						,		
đ		☐ Type III non-functionally integ	23 - 22583 - 225 - 225	- Acres - Common - Co				•		
		that is not functionally integrated	AT 10 10	1 AN NE STRANG PART WATER TO THE		20 20 200	ent and an attentiveness	5		
		requirement (see instructions).	5/ 7/2 The state of the state o	100 W 100 100 100 100	200000000 20000 mg		T II T III			
е		Check this box if the organization				is a type i	, туре п, туре ш			
		functionally integrated, or Type	•	integrated supporting org	anization.					
f ~		nter the number of supported organi								
g	- 127	ovide the following information abou		The same and the s						
	i) iva	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
9	927	200			163	140	* <u>**</u>			
(A)										
(B)					_					
(C)										
5										
(D)										
(E)										
Total							-			

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.)

01:	Part III. II the organization rails to	quality unde	i ille teata ila	ted below, pic	case complet	G r art iii.)	
	on A. Public Support	(-) 2040	/I-> 2010	(c) 2020	(d) 2021	(e) 2022	(f) Total
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(C) 2020	(a) 2021	(e) 2022	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					4.50 000	004 116
	include any "unusual grants.")	173,768	96,090	132,232	338,219	163,807	904,116
2	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities				2		
	furnished by a governmental unit to the						
114	organization without charge		6 N 8 6 N	orania ferina			
4	Total. Add lines 1 through 3	173,768	96,090	132,232	338,219	163,807	904,116
5	The portion of total contributions by			9			
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on				<u>.</u>		
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)					***	11,257
6	Public support. Subtract line 5 from line 4						892,859
	on B. Total Support	(=> 2010	(F) 2010	(c) 2020	(d) 2021	(e) 2022	(f) Total
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019				904,116
7	Amounts from line 4	173,768	96,090	132,232	338,219	163,807	904,116
8	Gross income from interest, dividends,						
	payments received on securities loans,			,			
	rents, royalties, and income from		00.005	00 507	06 700	00 405	120 727
9	similar sources	29,967	30,92 <u>6</u>	28,567	26,782	22,485	138,727
9							
	activities, whether or not the business						
10	is regularly carried on Other income. Do not include gain or						
10	AN 20 100 100 100 100 100 100 100 100 100						
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through 10			<u> </u>		<u> </u>	1,042,843
12	Gross receipts from related activities, etc.	(eee instruction	ne)			12	1,042,043
13	First 5 years. If the Form 990 is for the or	rganization's fir	st second this	d fourth or fif	th tax vear as a	3000	2)(3)
13	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor					<u> </u>	
14	Public support percentage for 2022 (line 6			11. column (f))		14	85.62 %
15	Public support percentage from 2021 Sch					15	87.37 %
16a	33 1/3% support test - 2022. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	
	box and stop here. The organization qua	lifies as a publi	cly supported o	organization .			<u>x</u>
b	33 1/3% support test - 2021. If the organ	ization did not	check a box or	n line 13 or 16a	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organizatio	on		
17a	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and <mark>st</mark>	<mark>op here</mark> . Expla	ain in
	Part VI how the organization meets the fa						
	organization						
b	10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	n meets the fac	ts-and-circums	stances test, ch	neck this box a	nd stop here.	Explain
	in Part VI how the organization meets the						
	organization ,						
18	Private foundation. If the organization di						
	instructions						

43-1923000

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.)

Secti	on A. Public Support	***			- VC	*	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			202200			
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						1
-	unrelated trade or business under section 513						
4	Tax revenues levied for the		 	57 - York 18		_	
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		**				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	-					
7a	Amounts included on lines 1, 2, and 3			·		•	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					-	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		5/1-5/				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•		*		502
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6			as 50-			3.000
10a	Gross income from interest, dividends, -		0:				
	payments received on securities loans, rents,						1
	royalties, and income from similar sources .			20 1001			
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						<u></u>
C	Add lines 10a and 10b			_			
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on		<u>.</u>				
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					ļ . 	_
13	Total support. (Add lines 9, 10c, 11,						
2.2	and 12.)		<u> </u>	16	511		
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						
	on C. Computation of Public Suppor					Tael	25
15	Public support percentage for 2022 (line 8						
16	Public support percentage from 2021 Sch	10				16	
	on D. Computation of Investment Inc			urling 40!	(f))		
17	Investment income percentage for 2022 (
18	Investment income percentage from 2021						25 (1000)
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b						jariization [
b	33 1/3% support tests - 2021. If the organization						ĩ
0.0	line 18 is not more than 33 1/3%, check this box Private foundation If the organization dis						tione [
20	Private toundation. If the organization dis	a nor check a '	DOX ON THE 14	128 DC 120 (ALECK THIS DOX	and see institut	JUOUS

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Secti	on A. All Supporting Organizations			
¥			Yes	No
1	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.	1		
2	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).	2	l	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	lines 3b and 3c below.	3a	i	
L.	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
b	Did the organization commit that each supported organization qualified under section 50 f(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	3b		
	organization made the determination.	30		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
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.	4a		
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.	4b		
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)		8	
	purposes.	4c		
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			A-
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
•	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		1	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
_	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			1
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
40-	Was the organization subject to the excess business holdings rules of section 4943 because of section		<u> </u>	1
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10a		
	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100	-	
b	determine whether the organization had excess business holdings.)	10b		
	determine whemer the organization had excess dusiness HOIGHUS.1	1.00	1	1

Part	IV Supporting Organizations (continued)			age v
U 200			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		ĺ
Secti	on B. Type I Supporting Organizations		- 00	
-	310		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
	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)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		İ
2	Did the organization operate for the benefit of any supported organization other than the supported	•	200	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	3		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	_		
	- Type is employed a second		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
a <u>.</u> ∨	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	č.		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		,,,,	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	e :		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
-5 00	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	ere rolling in the	and the second second second	- / -
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 Part VI how you supported a government entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0000000000		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jani</u> z	zations	(· · · B (1#) A
1 [Check here if the organization satisfied the Integral Part Test as a qualifying	trust	t on Nov. 20, 1970 <i>(expi</i>	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1,000	35 25 35 35 35 35 35 35 35 35 35 35 35 35 35	1		(optional)
1	Net short-term capital gain	2		
2	Recoveries of prior-year distributions	3		
3	Other gross income (see instructions)	4		
4	Add lines 1 through 3.	5		<u> </u>
5	Depreciation and depletion	3		9 47
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
<u> </u>	property held for production of income (see instructions)	7		
7	Other expenses (see instructions)		<u> </u>	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
Secti	on B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		to the second se	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
6.835	Fair market value of other non-exempt-use assets	1c	90	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	<u></u>	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
- 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
- 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	<u> </u>	
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	orting organization
	(see instructions).			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

<u> </u>	Line o amount divided by line 3 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
Ject	ton E - Distribution Anocations (see instructions)	Excess Distributions	Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			*
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017	3,00	LISTAN DANIET	
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021	W 80	14 12 12 12 12 12 12	
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			**
4	Distributions for 2022 from			
92	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	20 YO TONG MINERS		
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
-	and 4c.			
- 8	Breakdown of line 7:	8 8	the space to the second	=======================================
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			3
d	Excess from 2021			
e	Excess from 2022			

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Your	Community Foundation	43-1923000
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ounts.
··· · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	·
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
J	16	Yes No
c		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	1 <u></u> 1
Daw	conferring impermissible private benefit?	Yes No
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		nistorically important land area
	Protection of natural habitat Preservation of a c	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
	tax year	g
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	
v	otali and volunteer flours devoted to monitoring, inspecting, nariding of violations, and omotoring content of	anon bacomonia dering the year.
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred immonitoring, inspecting, handling of violations, and emorcing conservation	easements daining the year
n	Described and the appropriate and the state of the secure ments of continue 170/b)	(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(Yes No
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	Ather Cimilar Accets
Pari		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and leaves a second or the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and leaves a second or the organization elected.	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	0.00
а	Revenue included on Form 990, Part VIII, line 1	\$
a h	Assets included in Form 990. Part Y	

Par	t III Organizations Maintaining (Collections of A	rt, Histo <u>rical T</u>	reasures, or Ot	her Similar Ass	ets (continued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that make sig	nificant use of its		
	collection items (check all that apply):						
а	Public exhibition		d Loan o	r exchange program			
b	Scholarly research		e Other	0-10, Y4Y 5494			
С							
4		llections and evolain	how they further the	organization's exem	ot purpose in Part		
82 9 8	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5	During the year, did the organization solicit or	roccivo donations of	fort historical trans	uree or other similar			
3	assets to be sold to raise funds rather than to		8			☐ Yes ☐ No	
Par			an of the organization	or s conection:	<u> </u>		
Гаі	Complete if the organization		on Form 000 E	Part IV line G. org	ronartad an ama	unt on Form	
		answered res	OH FORH 550, F	art iv, line o, or	eported an amo	unt on i onii	
	990, Part X, line 21.		2 14 15			78	
1a	Is the organization an agent, trustee, custodia						
	and the second of the second o					∐ Yes ∐ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foli	owing table:				
					Amo	unt	
С	Beginning balance						
d	Additions during the year				-	,	
е	Distributions during the year				<u> </u>	39300	
f	Ending balance						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liabilit	y?	∐ Yes No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XIII	<u></u>	<u></u>	
Par	•	 -					
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	1,334,707	1,613,394	1,446,776	1,231,711	1,312,351	
b	Contributions	58,036	749	5,615	24,803	37,725	
С	Net investment earnings, gains, and			•			
	losses	(169,619)	194,992	186,489	229,677	(51,473)	
d	Grants or scholarships	20,591	460,889	13,000	14,000	31,179	
	Other expenditures for facilities and	20,391	400,003	13,000_	<u> </u>	31/1/3	
е	programs	(11 710)					
	77 A CONT. 100 ACC. 1	(11,719)	12 520	12,486	25,415	35,713	
f	Administrative expenses	22,691	13,539	V		1,231,711	
g	End of year balance	1,191,561	1,334,707	1,613,394	1,446,776	1,231,711	
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) neid as.			
a	Board designated or quasi-endowment	%					
b	Permanent endowment%						
Ċ	Term endowment%						
920	The percentages on lines 2a, 2b, and 2c sho			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for the	€	V Na	
	organization by:					Yes No	
	(i) Unrelated organizations					3a(i) X_	
	(ii) Related organizations					3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?	* * * * * * * * * * *		3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equip			100 D WO 10 W 1			
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990, F	art X, line 10.	
***	Description of property	(a) Cost or othe	r basis (b) Cost	a aa aa 📗 - 18.5	Accumulated	(d) Book value	
		(investme	nt)	(other)	depreciation		
1a	Land			8			
b	Buildings		Dec 100		8	<u> </u>	
С	Leasehold improvements			<u> </u>			
d	Equipment			86,025	4,774	81,251	
e	Other						
10000	Add lines 1a through 1e. (Column (d) must eg		, column (B), line 10)c.)		81,251	

	Complete if the organization answered "Yes" on F	onn boo, raitry, mio	TID. OCCIONI 000, I dit X, III o 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial of	derivatives		
(2) Closely-he	eld equity interests	7500	
(3) Other			
(A)			
(B)	900 da de 90 di conces		
(C)		5003	
(D)			
(E)			
(F)			
(G)			
(H)			400
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		44 . O E 000 D - t V line 42
ş	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			2000
(2)	3 3 3 3		
(3)			
(4)			
(5)			
(6)			
(7)			
1.1			
(8)			
3			
(8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
(8)	Other Assets.		
(8) (9) Total. (Column			e 11d. See Form 990, Part X, line 15
(8) (9) Total. (Column	Other Assets.		e 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on F		150
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on F (a) Description		(b) Book value
(8) (9) Total. (Column Part IX (1BENEFIT	Other Assets. Complete if the organization answered "Yes" on F (a) Description		(b) Book value
(8) (9) Total. (Column Part IX (1)ENEFTT (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on F (a) Description		(b) Book value
(8) (9) Total. (Column Part IX (1) (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on F (a) Description		(b) Book value
(8) (9) Total. (Column Part IX (1BENEFIT (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on F (a) Description		(b) Book value
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SCHEDULEI	(Form 990)

Department of the Treasury Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

43-1923000

Attach to Form 990.

Your Community Foundation
Part | General Information on Grants and Assistance

% □ (h) Purpose of grant nake Hum KS or assistance Working to X Yes petter Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. noncash assistance (e) Amount of (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) God the selection criteria used to award the grants or assistance? (b) EIN (a) Name and address of organization (1) A Boulder Humboldt or government Humboldt KS 66748 Part II (10) 3 3 <u>4</u> (5) 9 8 8 6

Page 2

Schedule I (Form 990) (2022)

Schedule I (Form 990) (2022) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III EEA 4 ß 9 ~ ო

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 43-1923000 Your Community Foundation 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

4562

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on return Business or activity to which this form relates Identifying number Your Community Foundation FORM 990T - 1 43-1923000 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. 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. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 2,115 Part III | MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 17 138 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction (business/investment use only-see instructions) service 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System Class life 20a 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L d 40-vear ММ S/L 40 yrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions - . . 22 2,253 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs