

# Return of Organization Exempt From Income Tax

**2017**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 2017, and ending 20

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>BARBOUR COUNTY COMMUNITY FOUNDATION</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>P O BOX 284</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BELINGTON, WV 26250</b></p>	<p><b>D</b> Employer identification no. <b>30-0936977</b></p> <p><b>E</b> Telephone number <b>(304) 823-1061</b></p> <p><b>G</b> Gross receipts \$ <b>143,746</b></p>
<p><b>F</b> Name and address of principal officer: <b>ROGER BOLTON</b>  <b>Same as C above</b></p>		<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1); or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: <b>WWW.BARBOURCOUNTYCF.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>WV</b></p>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>COMMUNITY FOUNDATION</b>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5		0
	6 Total number of volunteers (estimate if necessary)	6		10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	171,120	27,900	
	9 Program service revenue (Part VIII, line 2g)	23,061	18,780	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,370	62,568	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,426	0	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	326,977	109,248	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,905	40,306
14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,448	38,367	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		79,353	78,673	
19 Revenue less expenses. Subtract line 18 from line 12	247,624	30,575		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,846,968	2,066,690	
	21 Total liabilities (Part X, line 26)		0	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,846,968	2,066,690	

**Part II Signature Block**

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

<b>Sign Here</b>	<p><b>ROGER BOLTON</b> Signature of officer</p>	<p style="text-align: right;">05-03-2018 Date</p>
	<p><b>ROGER BOLTON, PRESIDENT</b> Type or print name and title</p>	

<b>Paid Preparer Use Only</b>	Print/type preparer's name <b>John P Burdette CPA</b>	Preparer's signature <i>John P Burdette, CPA</i>	Date <b>05-05-2018</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01348718</b>
	Firm's name ▶	<b>JOHN BURDETTE &amp; ASSOCIATES</b>		Firm's EIN ▶	
	Firm's address ▶	<b>P O BOX 418 Buckhannon WV 26201</b>		Phone no	<b>304-472-3600</b>

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