

Return of Organization Exempt From Income Tax

2019

(Rev. January 2020)

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 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: BARBOUR COUNTY COMMUNITY FOUNDATION. D Employer identification number: 30-0936977. E Telephone number: (304) 823-1061. F Name and address of principal officer: ROGER BOLTON. I Tax-exempt status: 501(c)(3). J Website: WWW.BARBOURCOUNTYCF.ORG. K Form of organization: Corporation. L Year of formation: 1997. M State of legal domicile: WV.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COMMUNITY FOUNDATION. 2 Check this box 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 8. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0. 6 Total number of volunteers (estimate if necessary) 6 8. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-22 showing financial data for Prior Year and Current Year. Revenue total: 383,102. Expenses total: 110,291. Net assets: 2,375,882.

Part II Signature Block

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

Sign Here: ROGER BOLTON, Signature of officer, Date. ROGER BOLTON, PRESIDENT, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: JOHN P. BURDETTE, CPA. Preparer's signature: [Signature]. Date: 11-16-2020. Check self-employed if PTIN: P01348718. Firm's name: JOHN BURDETTE & ASSOCIATES. Firm's address: P O BOX 418, BUCKHANNON WV 26201. Phone no.: 304-472-3600.

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