See a Social Security Number? Say Something!
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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04/01/11 , and ending 03/31/12

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BECKLEY AREA FOUNDATION, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
129 MAIN STREET 203

City or town, state or country, and ZIP + 4
BECKLEY WV 25801

D Employer identification number
31-1125328

E Telephone number
304-253-3806

G Gross receipts $ 4,980,688

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ www.bafwv.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
To build a better area in which all of its citizens can enjoy life - work, play, and retirement.

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	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	115
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	766,153	3,400,628
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	972,990	1,451,082
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,739,143	4,851,710
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	628,310	570,272
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	115,186	120,135
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,455		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	146,722	151,091
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	890,218	841,498
19 Revenue less expenses Subtract line 18 from line 12	848,925	4,010,212

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	24,577,817	28,250,952
21 Total liabilities (Part X, line 26)	45,660	30,021
22 Net assets or fund balances Subtract line 21 from line 20	24,532,157	28,220,931

SCANNED DEC 27 2012

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OGDEN, UT
IRS-OSC
944

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

Signature of officer Susan L. Landis Date Oct. 15, 2012

SUSAN LANDIS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael R. Akers, CPA	Michael R. Akers	11/15/12		P01395400

Firm's name ▶ Akers & Associates, A.C. Firm's EIN ▶ 55-0784082

Firm's address ▶ 111 Main Street Beckley, WV 25801-4610 Phone no 304-253-8366

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)

9-17 JM

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

To build a better area in which all of its citizens can enjoy life - work, play, and retirement.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 416,137 including grants of $ 416,047) (Revenue $ 342,993)

COMMUNITY BENEFIT PROJECTS AND GRANTS FROM THE FOUNDATION'S UNRESTRICTED FUNDS.

4b (Code) (Expenses $ 123,498 including grants of $ 123,256) (Revenue $ 919,622)

SCHOLARSHIPS GRANTED THROUGH A COMPETITIVE PROCESS PURSUANT TO ESTABLISHED ELIGIBILITY REQUIREMENTS AND ACHIEVEMENT CRITERIA, WITHOUT REGARD TO RACE, SEX, OR CREED.

4c (Code.) (Expenses $ 31,913 including grants of $ 30,969) (Revenue $ 3,589,095)

GRANTMAKING FROM ALL OTHER RESTRICTED FUNDS, INCLUDING DONOR ADVISED FUNDS.

4d Other program services. (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 571,548

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, 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	X	
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? 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
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	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?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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 employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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 conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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 to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	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			X
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WV

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

[X] Own website [X] Another's website [X] Upon request

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization ▶ The Foundation 129 Main Street, Suite 203 Beckley WV 25801 304-253-3806

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM H. BAKER	0.00	X						0	0	0
(2) HAZEL R. BURROUGHS	0.00	X						0	0	0
(3) DAWN DAYTON	0.00	X						0	0	0
(4) DAN DOMAN	0.00	X						0	0	0
(5) BRETT ECKLEY	0.00	X						0	0	0
(6) DEBORAH SONGER GRAY	0.00	X						0	0	0
(7) WILLIAM O'BRIEN	0.00	X						0	0	0
(8) SUSAN PIETRANTOZZI	0.00	X						0	0	0
(9) LINDA M. POLLY	0.00	X						0	0	0
(10) YVONNE D. SEAY	0.00	X						0	0	0
(11) WILLIAM L. TURNER	0.00	X						0	0	0
(12) SUSAN LANDIS EXECUTIVE DIRECTOR	40.00			X				36,816	0	0
(13) WILLIAM H. FILE, III PRESIDENT	0.00			X				0	0	0
(14) MICHAEL CAVENDISH VICE-PRESIDENT	0.00			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RACHEL ABRAMS HOPKINS SECRETARY	0.00			X				0	0	0
(16) JONATHAN CALFEE TREASURER	0.00			X				0	0	0
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶								36,816		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								36,816		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,400,628			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a–1f ▶		3,400,628			
Program Service Revenue		Busn Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		788,737	788,737		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities 791,323	(ii) Other			
	b Less cost or other basis & sales exps	128,978				
	c Gain or (loss)	662,345				
	d Net gain or (loss) ▶		662,345	662,345		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions ▶		4,851,710	1,451,082	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U S See Part IV, line 21	564,622	564,622		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	5,650	5,650		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	36,816		35,816	1,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74,782		73,882	900
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,537		8,537	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,300		9,300	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	65,624		65,624	
g Other	3,267		3,267	
12 Advertising and promotion				
13 Office expenses	6,277		6,157	120
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,110		1,110	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,897	1,276	1,621	
23 Insurance	1,076		1,076	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Donated Life Insur Premiu	37,076		37,076	
b Printing and Publications	12,929		12,494	435
c Other Gen & Admin Expense	5,565		5,565	
d Equipment Rental	2,448		2,448	
e All other expenses	3,522		3,522	
25 **Total functional expenses.** Add lines 1 through 24e	841,498	571,548	267,495	2,455
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		41,241	1	30,544
	2	Savings and temporary cash investments		485,038	2	669,892
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 55,459			
	b	Less accumulated depreciation	10b 28,122	27,160	10c	27,337
	11	Investments—publicly traded securities		23,706,319	11	27,191,559
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		318,059	15	331,620
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,577,817	16	28,250,952
Liabilities	17	Accounts payable and accrued expenses		1,617	17	3,342
	18	Grants payable		44,043	18	26,679
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		45,660	26	30,021
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,391,835	27	4,418,801
	28	Temporarily restricted net assets		3,709,368	28	4,112,761
	29	Permanently restricted net assets		16,430,954	29	19,689,369
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,532,157	33	28,220,931
	34	Total liabilities and net assets/fund balances		24,577,817	34	28,250,952

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,851,710
2	Total expenses (must equal Part IX, column (A), line 25)	2	841,498
3	Revenue less expenses. Subtract line 2 from line 1	3	4,010,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,532,157
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-321,438
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	28,220,931

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BECKLEY AREA FOUNDATION, INC.

Employer identification number

31-1125328

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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 ☐ 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.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(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

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,114,051	1,056,359	1,238,598	766,153	3,400,628	7,575,789
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 furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,114,051	1,056,359	1,238,598	766,153	3,400,628	7,575,789
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,818,098
6 **Public support.** Subtract line 5 from line 4						5,757,691

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,114,051	1,056,359	1,238,598	766,153	3,400,628	7,575,789
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	880,801	782,353	717,028	698,083	788,737	3,867,002
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						11,442,791
12 Gross receipts from related activities, etc (see instructions)					12	788,737

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	50.32%
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	50.97%

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
4 Tax revenues levied for the 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BECKLEY AREA FOUNDATION, INC.

Employer identification number

31-1125328

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	42	336
2	Aggregate contributions to (during year)	48,548	3,352,080
3	Aggregate grants from (during year)	30,969	539,303
4	Aggregate value at end of year	2,054,645	25,136,914

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (e g , recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, 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 during the tax year ▶

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, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, 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	24,232,809	21,864,133	17,049,936	20,238,086	
b Contributions	3,363,205	714,557	1,158,104	1,055,858	
c Net investment earnings, gains, and losses	1,118,402	2,612,407	4,588,996	-3,443,174	
d Grants or scholarships	570,272	824,415	802,735	690,975	
e Other expenditures for facilities and programs					
f Administrative expenses	240,241	133,873	130,168	109,859	
g End of year balance	27,903,903	24,232,809	21,864,133	17,049,936	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,813		5,813
b Buildings				
c Leasehold improvements		15,997	3,531	12,466
d Equipment		33,649	24,591	9,058
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				27,337

Part VII Investments—Other Securities. See Form 990, Part X, line 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 derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	CASH VALUE OF LIFE INSURANCE	246,226
(2)	ACCRUED INTEREST RECEIVABLE	85,394
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶		331,620

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,851,710
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	841,498
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,010,212
4	Net unrealized gains (losses) on investments	4	-332,680
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	11,242
9	Total adjustments (net) Add lines 4 through 8	9	-321,438
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	3,688,774

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,542,272
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-332,680		
b	Donated services and use of facilities	2b	12,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	11,242		
e	Add lines **2a** through **2d**			2e	-309,438
3	Subtract line **2e** from line **1**			3	4,851,710
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12)			5	4,851,710

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	853,498
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	12,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	12,000
3	Subtract line **2e** from line **1**			3	841,498
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18)			5	841,498

Part XIV Supplemental Information

Complete this part to provide 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 X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Increase in Cash Surrender Value of Life Insurance Policy $ 11,242

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Increase in Cash Surrender Value of Life Insurance Policy $ 11,242

Part XIV - Supplemental Financial Information

Part XIV Supplemental Information (continued)

Part V, Line 4, Intended Uses for Endowment Funds:

To serve the needs of the community by efficiently managing and protecting the Funds' assets.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BECKLEY AREA FOUNDATION, INC.

Employer identification number

31-1125328

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF BECKLEY P. O. BOX 2514 BECKLEY WV 25801	55-6000144	GOVT	13,438				CITY IMPROVEMENT
(2) RALEIGH CO. PUBLIC LIBRARY 211 NORTH KANAWHA STREET BECKLEY WV 25801	55-6000680	501 C	6,437				AID WITH SHELVING
(3) MARSHALL UNIVERSITY 400 HAL GREER BLVD HUNTINGTON WV 25701	55-6000789	501 C	12,700				ANNUAL DISTRIBUTIONS
(4) HUMANE SOCIETY OF RALEIGH COUNTY P. O. BOX 1028 BECKLEY WV 25802-1028	55-0597146	501 C	22,825				ANNUAL DISTRIBUTIONS
(5) HOSPICE OF SOUTHERN WV P. O. BOX 1472 BECKLEY WV 25802	55-0622249	501 C	13,641				ANNUAL DISTRIBUTIONS
(6) MOUNTAIN STATE UNIVERSITY P. O. BOX 9003 BECKLEY WV 25803-9003	55-0370128	501 C	21,131				ANNUAL DISTRIBUTIONS
(7) CONCORD UNIVERSITY P. O. BOX 83 ATHENS WV 24712	55-6000761	501 C	29,496				ANNUAL DISTRIBUTIONS
(8) BECKLEY PRESBYTERIAN CHURCH 203 SOUTH KANAWHA STREET BECKLEY WV 25801	55-0357011	501 C	28,989				ANNUAL DISTRIBUTIONS
(9) BECKLEY-RALEIGH COUNTY YMCA 121 EAST MAIN STREET BECKLEY WV 25801	55-0464596	501 C	13,095				POOL SCOREBOARD ETC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 142

3 Enter total number of other organizations listed in the line 1 table ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BECKLEY AREA FOUNDATION, INC.

Employer identification number

31-1125328

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREENBRIER VALLEY THEATRE 113 EAST WASHINGTON STREET LEWISBURG WV 24901	55-0484580	501 C	11,144				ANNUAL DISTRIBUTIONS
(2) WEST VIRGINIA DANCE COMPANY 110 ELLISON AVENUE BECKLEY WV 25801	31-1489960	501 C	5,305				ANNUAL DISTRIBUTIONS
(3) YOUTH MUSEUM OF SOUTHERN WV P. O. BOX 2514 BECKLEY WV 25802-2514	55-6000144	501 C	8,726				YOUTH CHALLENGE PROJ
(4) WEST VIRGINIA SYMPHONY ORCHESTRA ONE CLAY SQUARE CHARLESTON WV 25301	55-0339426	501 C	14,000				COMMUNITY CONCERT
(5) WOMEN'S RESOURCE CENTER P. O. BOX 1476 BECKLEY WV 25802	31-0897174	501 C	7,996				ANNUAL DISTRIBUTIONS
(6) WVU FOUNDATION P. O. BOX 9415 MORGANTOWN WV 26505	55-6017181	501 C	24,725				ANNUAL DISTRIBUTIONS
(7) BECKLEY ART GROUP 600 JOHNSTOWN ROAD BECKLEY WV 25801	30-0351188	501 C	5,516				ANNUAL DISTRIBUTIONS
(8) TRAP HILL HS ALUMNI SCHOLARSHIP 105 HAWTHORN LANE DANIELS WV 25832	55-0170525	501 C	6,000				ANNUAL DISTRIBUTIONS
(9) TRAP HILL-LIBERTY CITIZENS SCHOLAR P. O. BOX 396 BOLT WV 25817		501 C	5,327				ANNUAL DISTRIBUTIONS

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 ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BECKLEY AREA FOUNDATION, INC.

Employer identification number

31-1125328

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BECKLEY CONCERT ASSOCIATION P. O. BOX 2083 BECKLEY WV 25802	55-6019164	501 C	5,719				ANNUAL DISTRIBUTIONS
(2) BECKLEY LITTLE LEAGUE 107 LOCKHEAD DRIVE BEAVER WV 25813	55-0633630	501 C	5,147				COMPLEX UPGRADES
(3) JUST FOR KIDS 129 MAIN STREET, STE 406 BECKLEY WV 25801	20-0642303	501 C	7,239				AWARENESS CAMPAIGN
(4) BEAVER VOLUNTEER FIRE DEPARTMENT P. O. BOX 101 BEAVER WV 25813	55-0703997	501 C	5,312				SAFETY EQUIPMENT
(5) VIRGINIA TECH 150 STUDENT SERVICES BUILDING BLACKSBURG VA 24061	54-6001805	501 C	9,450				SCHOLARSHIPS
(6) LILLIAN JAMES LEARNING CENTER P. O. BOX 698 CRAB ORCHARD WV 25827	51-0135958	501 C	5,316				FACILITY UPGRADE
(7) CITIZENS SCHOLARSHIP FOUNDATION 210 GRANVILLE AVENUE BECKLEY WV 25801	55-6029608	501 C	5,425				ANNUAL DISTRIBUTIONS
(8) GRANTS LESS THAN $5,000 VARIOUS		501 C	270,523				VARIOUS PURPOSES
(9)							

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 ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	Scholarships and Awards	12	5,650			
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Recipients of grants for a specific purpose must provide the Foundation with copies of invoices to document expenditures. A final report is also required to be submitted upon completion of the project. Information to be included in the final report includes, but is not limited to, (1) a brief description of the project; (2) a brief overview of the project's outcome; (3) any difficulties encountered; (4) the number of individuals impacted by the project; and (5) any other details pertinent to the project.

Recipients of unrestricted grants for financial assistance must sign a

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

contract with the Foundation which requires the grantee to submit documentation of the expenses for which payment is requested. The contract also requires submission of the final report as previously described. Any unspent portion of the grant must be returned to the Foundation.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2011 Open to Public Inspection

Name of the organization	Employer identification number
BECKLEY AREA FOUNDATION, INC.	31-1125328

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

PART VI, LINE 11a:

Completed Form 990 was presented to The Foundation's Executive Director for review prior to filing. Form 990 was reviewed line by line, page by page.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Part VI, Line 12c:

Each employee and director is given a copy of the conflict of interest policy and returns a disclosure of compliance or non-compliance.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Executive Director's compensation is reviewed annually by the Board of Directors. Main factors are job performance and compensation of similar positions at comparably sized foundations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Part VI, Line 19:

Beckley Area Foundation's governing documents, conflicts of interest policy, and financial statements are made available to the public upon request. In addition, our financial statements are made available to the public through their publication in our annual report, 4100 copies of which are distributed annually, as well as when we file annually as a charitable organization with the West Virginia Secretary of State's office.

Name of the organization: BECKLEY AREA FOUNDATION, INC.

Employer identification number: 31-1125328

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

Increase in Cash Surrender Value of Life Insurance	11,242
Unrealized Loss on Investments	(332,680)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return: BECKLEY AREA FOUNDATION, INC.

Identifying number: 31-1125328

Business or activity to which this form relates: Indirect Depreciation

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	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,897

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	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 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,897
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

BAF

Beckley Area Foundation, Inc.

Annual Raleigh County Community Grant Program Guidelines

Beckley Area Foundation, Inc. makes annual grants to charitable organizations in the areas of arts, education, civic beautification, public recreation, health and human services.

Using income derived from discretionary endowments, these grants address the most pressing current needs and promising opportunities in communities located in Raleigh County.

Foundation staff welcomes your questions.

Please contact us:

Susan Landis
Executive Director

Dena Cushman
Chief Financial Officer

Sharon Lilly
Program Director

Beckley Area Foundation
129 Main Street Suite 203
Beckley, WV 25801

304-253-3806

info@bafwv.org

WEST VIRGINIA GRANTMAKERS

Eligibility

⇒ Non-profit organizations which are tax exempt under Section 501-c-3 of the Internal Revenue Code **or** they must be a public institution, school or municipality. A determination letter from the IRS verifies 501-c-3 status A letter from the WV Secretary of State and/or an organization's FEIN number does not.

⇒ Programs funded must be located in Raleigh County. While the proposed program itself must serve Raleigh County, the applicant organization is not required to be headquartered in Raleigh County.

⇒ Projects must occur within the defined grant period: April 1, 2013—March 31, 2014.

Amount of Request

Maximum request may not exceed $7,000. Favorable consideration is given to requests that show additional sources of project funding. Do not request multi-year commitments. Prioritize requests for multiple purchases; this facilitates a partial grant award when total funding is not possible.

Application Deadline

The application form with required attachments must be postmarked by Saturday, December 15, 2012. Late applications, faxed or e-mailed applications will not be accepted. Applications may be hand delivered to the BAF office. Applicants are encouraged to contact BAF staff prior to beginning the application process.

Application Form

The application form is available for download from our website or by request from the foundation office. A copy of the grant request form must be used as a coversheet for the application. All information specified on the grant request form must be submitted by the December 15th deadline.

Applications should be clear, concise and legible.

Grant Application Review Process

If you have questions while completing your grant application, call the foundation. BAF staff welcomes your inquiries during this process. After your proposal is received, there is a three-step review prior to funding:

1) **Internal Review** - *It is essential that information for the contact person be correct.* It is vital that the contact person respond promptly to emails or phone calls from BAF requesting supplemental information. As foundation staff reviews the grant application there may be a need for documents or additional information to help clarify or expand your application request. Remember you are explaining not only your project but your organization to the individuals reviewing the application. A clear, concise and complete description is central to the committee's understanding of your project and request.
2) **Distributions Committee Review** - A committee reviews all proposals during January. A panel member may contact you with questions or site visits to learn more about your organization and the proposed project/program. They will then formulate recommendations regarding grant funding.
3) **Board of Directors Review** - Grant recommendations are then reviewed by BAF's Board of Directors at a winter meeting (February/March). Once approved, grant applicants are notified in writing regarding the status of their application.

Award Procedure

If awarded a grant, the organization receives payment by submitting a request and copies of related invoices/receipts. Please allow two weeks for this payment to be processed. Grantees are required to submit a final report upon completion of the funded project. Failure to submit this report will negatively impact the organization's grant eligibility for the next funding cycle. Pictures suitable for use in BAF publications are also requested.

BAF places priority on these types of projects:

- Addresses a community need, an emerging community need, and/or implements a new creative approach to solve needs.
- Seed money for pilot project or for new organizations.
- Projects that either serve a significant number of residents or reach a group of underserved Raleigh County residents.
- Capital and equipment needs.
- Provides an opportunity for collaboration and partnerships, as well as leveraging additional funding.
- Projects that invest in an organization's ability to obtain on-going financial stability.
- Sudden or urgent needs where prior planning for such needs could not reasonably have been made.

Grants are not considered for:

- ◊ Projects outside the grant period of April 1, 2013 to March 31, 2014
- ◊ Political Purposes or Lobbying
- ◊ Sectarian religious programs
- ◊ Annual Campaigns
- ◊ Endowments
- ◊ On-going maintenance & operating expenses

Remember

Submit only one grant application per organization.

If the grant contains multiple items prioritize your need.

Application deadline is December 15th

If you have questions call BAF!

BAF
Beckley Area Foundation, Inc.

Annual Raleigh County
Community Grant Request

Before submitting an application, please review the information accompanying this "Community Grant Request" form or contact our office. In order for your application to be considered, submit this completed "Community Grant Request" form, along with the required items as outlined below by December 15th.

Legal Name of Organization _____ Amount Requested _____

Address _____ Date Founded _____

Contact Person _____ Phone _____
(if different from Executive Director)

Fax _____ Contact Person Email _____

Executive Director _____ Phone _____

List any previous support from received from BAF in the last 5 years: _____

_____

Brief Project Description: _____

_____

_____

Project Narrative - (a 2 page limit)

____ A. The specific need you wish to address.
____ B. Its significance to the community and its particular benefit.
____ C Its goals and objectives. Include a timeline for the project.
____ D. The names and qualifications of individuals executing the project.
____ E. The number of people the grant will impact.

Budget

____ A. Complete budget for the project on the backside of this request
____ B. How you propose to fund the project.
____ C. The amount you are requesting: maximum request is $7,000.
____ D. The names of other funding sources to which you are applying for assistance.
____ E. No fewer than 3 price quotes from vendors for all services or durable goods.

Attachments

____ A. A list of your officers and board members and their contact information
____ B. A copy of your organization's 501-c-3 determination letter
____ C. A copy of your organization's current audit or annualized financial statements.
____ D. If utilizing a fiscal agent, a letter stating their willingness to act on your organization's behalf which includes the agency name, contact information and a copy of their 501-c-3 determination letter.
____ E. Descriptive brochures or promotional literature may be included.
____ F. If a public school, written approval of the school's FACULTY SENATE.

Executive Director Signature: _____ Date: _____
(Principal or other Administrative Personnel)

Board Chair Signature: _____ Date: _____

Program Budget for Your Grant Request

Organization Name _____

Organization's Current Operating Budget _____ Amount Requesting _____

Fill in all relevant line items, providing descriptions for each line item, if applicable.

Expense Items	**Budget**	Requested Grant Support
Fees		
Personnel Costs		
Supplies		
Related Program Costs		
Other		
Other		
Total Expenses	$	$

Income Sources	**Budget**
Beckley Area Foundation	
Other (explain)	
Other (explain)	
Other (explain)	
Total Income	$

Deadline is December 15th. Mail to Beckley Area Foundation, 129 Main St. Suite 203, Beckley, WV 25801 or drop off at the BAF office located in the United Bank Building in uptown Beckley. If you have any questions about the grant request process call us at 304-253-3806.

BECKLEY AREA FOUNDATION

CONFLICT OF INTEREST POLICY

A conflict of interest may arise in any situation in which the Beckley Area Foundation (BAF) has business or financial dealings with a member of the BAF Board of Directors (a Director), committee member or staff, individually or with a corporation, partnership, or other business enterprise of which a Director or a member of a Director's immediate family is an officer, director, partner, or substantial stockholder. A conflict of interest could also arise in connection with a decision to make a grant to a nonprofit organization of which a Director, committee member or staff is an officer, director, or trustee.

At the same time, BAF recognizes it is inherent in the process of the selection of members of its Board of Directors, committee members or staff that they are, and will continue to be, active in the commercial and volunteer communities. Likewise, BAF does not desire to deprive organizations or agencies, because they may be prospective grant recipients, of the benefit to be derived from the expertise of a Director, committee member or staff.

BAF, therefore, resolves that each Director, committee member and staff, by written statement delivered annually to the BAF Executive Director, disclose the corporations, partnerships, proprietorships, and other business enterprises of which the Director, committee members, staff or member of the Director's immediate family is an officer, director, partner, or substantial stockholder or owner and which have or might reasonably be expected to have business or financial dealings with BAF. This list is to include not only for-profit entities but also charitable and/or non-profit organizations.

When any possible conflict of interest of a Director, committee member or staff becomes relevant to the making of any grant or to any matter requiring action by the Board of Directors, that Director, committee member or staff shall call it to the attention of the Board, shall not vote on such a matter, and shall not attempt to exert personal influence in connection therewith. The appropriate Board or committee minutes of the BAF will record that Director's statement of duality. However, any Director, committee member or staff who is excluded from voting because of such possible conflict of interest may briefly state his or her position in the matter and answer pertinent questions of other Directors when his or her knowledge of the matter will assist the Board. In this case, said Director shall participate in these preliminary discussions only and shall not be present during follow-up discussion and the ensuing vote.

Each current Director, committee member or staff, and thereafter each new Director of the BAF Board of Directors, shall review this Policy and shall submit to the Executive Director a signed copy of the Conflict of Interest Statement to indicate acceptance of this Policy.

December 1997
Reviewed 2006

Beckley Area Foundation
Board, Committee Member and Staff
Conflict of Interest Disclosure Statement
Personal Data

Name: _____

Current employer or principal business affiliation: _____

Position: _____

Charitable or Civic Involvement-Please disclose all official positions which you or your family may have as a director, trustee, or officer of any charitable, civic or community organizations as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a financial interest or duality of interest.

_____

_____

_____

Please disclose any additional employment or financial interest which you or your family may have as either an officer, director, trustee, partner, employee, or agent of any business organization that might give rise to a financial duality of interest.

_____

_____

_____

Reminder: If at any time there is a matter under consideration that may constitute a direct or indirect financial interest or duality of interest, it is your obligation to disclose the facts to the Foundation's Board, and to abstain from voting and discussion if a conflict of interest exists.

By signing below, I affirm that I have received a copy of the conflict of interest policy, I have read and I understand the policy, and I agree to comply with the policy. I also affirm that I understand that the Foundation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities, which accomplish one or more of its tax-exempt purposes.

Signature: _____ Date: _____

Position: _____Board Member _____Staff _____Committee Member

Position or Committee: _____

Revised 2006

Beckley Area Foundation Confidentiality Policy

All private information obtained with respect to donors, donor prospects, volunteers, collaborative partners, grant applicants, and grant recipients is to be kept confidential to the fullest extent possible. No information acquired through service to the Foundation shall be used to further personal interests.

In a much as Beckley Area Foundation donors cannot access individual fund reports on line, the staff has significant ability to insure confidentiality of all aspects of a donor's relationship with our community foundation. Access to this information can be obtained only by direct request to the office staff.

Simply put, the confidentiality policy of BAF is to protect the privacy of all constituents unless:

- We are dealing with information that must be part of the public record, or
- We have been given permission by the individual(s) involved to make the information public.

It is understood that there may be occasions when private information is appropriately related to the staff and/or board members, but this same information should not be made public (for example, information about a future testamentary gift, a gift that the donor does not now want publicized).

Specific examples of the application of our "Confidentiality Policy" follow:

- We will delete names of donors before distributing trust agreements or similar documents . . . or get their permission to use the document for the specified purpose.
- After the selection process, we will shred (or destroy in some fashion) copies of tax returns and other financial information submitted with scholarship applications.
- We will shred (or destroy in some fashion) the comment and ranking sheets prepared by members of all grant panels.
- We will ask all members of grant panels protect the privacy of individual/organizations discussed.
- We will ask all BAF board members, committee members and staff to protect the privacy of individuals/organizations relative to the operations of the Foundation.
- When they ask us to do so, we will protect the anonymity of donors.

While realizing the importance of keeping private information confidential, the staff and board members of the Beckley Area Foundation will always be mindful of our responsibility to share rightfully public information with the community we serve.

_____ (signature) _____ (date)

_____ (BAF position)

Revised 2006