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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning 04/01/13 , and ending 03/31/14

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 province, country, and ZIP or foreign postal code
BECKLEY WV 25801

D Employer identification number
31-1125328

E Telephone number
304-253-3806

G Gross receipts $ 4,957,003

F Name and address of principal officer

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

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

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

J Website ▶ www.bafwv.org

H(c) Group exemption number ▶

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 2013 (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) | 1,609,941 | 2,043,887 |
| 9 Program service revenue (Part VIII, line 2g) | | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,225,619 | 2,019,252 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,835,560 | 4,063,139 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 672,843 | 770,943 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 132,221 | 141,529 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,530 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 169,218 | 153,580 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 974,282 | 1,066,052 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,861,278 | 2,997,087 |

| | Beginning of Current Year | End of Year |
|---|---|---|
| 20 Total assets (Part X, line 16) | 31,560,282 | 35,316,415 |
| 21 Total liabilities (Part X, line 26) | 53,516 | 151,911 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 31,506,766 | 35,164,504 |

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## 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 LANDIS Susan L. Landis EXECUTIVE DIRECTOR Date Nov. 17, 2014
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 | 11/16/14 | | P01395400 |

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

Firm's address ▶ 608 Johnstown Road, 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** (2013)

614 12

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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 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 $ 200,675 including grants of $ 200,675 ) (Revenue $ 296,155 )

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

4b (Code ) (Expenses $ 196,010 including grants of $ 196,010 ) (Revenue $ 1,320,654 )

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

4c (Code ) (Expenses $ 374,258 including grants of $ 374,258 ) (Revenue $ 427,078 )

**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 ▶ 770,943

## 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, for escrow or custodial account liability, 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 and XII | 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 and XII 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 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 or other assistance to any domestic organization or government 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 or 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 25a | 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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, or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, 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 | | |
| 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 11b 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 or note to any line 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 | | |
| 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" to line 3b, 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 | | X |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5c | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | |
| 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 as charitable contributions? | | | 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 or note to any line 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 | 1a | 15 | | |
| | 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 | | | | |
| 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 | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 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 [ ] Other (explain in Schedule O)

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 or note to any line in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line) | (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) MICHAEL CAVENDISH | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (2) PATTY K. JOHNSTON | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (3) FOREST H. LYNCH | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (4) D. F. MOCK | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (5) DAN DOMAN | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (6) BRETT ECKLEY | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (7) DEBORAH SONGER GRAY | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (8) WILLIAM O'BRIEN | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (9) LINDA M. POLLY | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (10) CYNTHIA TURNER | 0.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (11) WILLIAM F. RICHMOND | 0.00<br>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 (list any hours for related organizations below dotted line) | (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 | | | |
| (12) SUSAN LANDIS<br>EXECUTIVE DIRECTOR | 40.00<br>0.00 | | | X | | | | 36,997 | 0 | 0 |
| (13) HAZEL R. BURROUGHS<br>PRESIDENT | 0.00<br>0.00 | | | X | | | | 0 | 0 | 0 |
| (14) JONATHAN CALFEE<br>TREASURER | 0.00<br>0.00 | | | X | | | | 0 | 0 | 0 |
| (15) CONRAD COOPER<br>VICE-PRESIDENT | 0.00<br>0.00 | | | X | | | | 0 | 0 | 0 |
| (16) EMMETT PUGH<br>SECRETARY | 0.00<br>0.00 | | | X | | | | 0 | 0 | 0 |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Sub-total ▶ | | | | | | | | 36,997 | | |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | | | |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 36,997 | | |

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**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| 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 | 2,043,887 | | | | |
| | g Noncash contributions included in lines 1a-1f | $ | 75,000 | | | | |
| | h **Total.** Add lines 1a–1f | | ▶ | 2,043,887 | | | |
| 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) | | ▶ | 887,686 | 887,686 | | |
| | 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 2,025,430 | (ii) Other | | | | |
| | b Less cost or other basis & sales exps | 893,864 | | | | | |
| | c Gain or (loss) | 1,131,566 | | | | | |
| | d Net gain or (loss) | | ▶ | 1,131,566 | 1,131,566 | | |
| | 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 | | ▶ | 4,063,139 | 2,019,252 | 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)

Check if Schedule O contains a response or note to any line 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 | 770,943 | 770,943 | | |
| 2 Grants and other assistance to individuals in the U S. See Part IV, line 22 | | | | |
| 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 | 36,997 | | 35,797 | 1,200 |
| 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 | 94,475 | | 94,150 | 325 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 10,057 | | 10,057 | |
| 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 | 82,636 | | 82,636 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) | 5,258 | | 5,258 | |
| 12 Advertising and promotion | 5,404 | | | 5,404 |
| 13 Office expenses | 6,665 | | 6,172 | 493 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 553 | | 553 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,189 | | 2,189 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,352 | | 3,352 | |
| 23 Insurance | 4,338 | | 4,338 | |
| 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 | 10,480 | | 10,480 | |
| b Printing and Publications | 10,216 | | 10,216 | |
| c Other Gen & Admin Expense | 5,965 | | 5,965 | |
| d Postage and Shipping | 3,758 | | 3,650 | 108 |
| e All other expenses | 3,466 | | 3,466 | |
| 25 **Total functional expenses** Add lines 1 through 24e | 1,066,052 | 770,943 | 287,579 | 7,530 |
| 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**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest bearing | | 89,874 | 1 | 299,423 |
| | 2 | Savings and temporary cash investments | | 1,087,511 | 2 | 1,193,998 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other 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). Complete Part II of Schedule L | | | 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 60,952 | | | |
| | b | Less accumulated depreciation | 10b 34,466 | 24,345 | 10c | 26,486 |
| | 11 | Investments—publicly traded securities | | 30,240,853 | 11 | 33,679,783 |
| | 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 | | 117,699 | 15 | 116,725 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 31,560,282 | 16 | 35,316,415 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 2,865 | 17 | 10,550 |
| | 18 | Grants payable | | 50,651 | 18 | 141,361 |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other 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 | | 53,516 | 26 | 151,911 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 4,690,447 | 27 | 5,087,626 |
| | 28 | Temporarily restricted net assets | | 5,236,533 | 28 | 6,762,532 |
| | 29 | Permanently restricted net assets | | 21,579,786 | 29 | 23,314,346 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), 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 | | 31,506,766 | 33 | 35,164,504 |
| | 34 | Total liabilities and net assets/fund balances | | 31,560,282 | 34 | 35,316,415 |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,063,139 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,066,052 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,997,087 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 31,506,766 |
| 5 | Net unrealized gains (losses) on investments | 5 | 663,287 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,636 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 35,164,504 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [ ]

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 [ ] 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | 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 | |
| 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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2013**

**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–Non-functionally integrated

**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?

| | Yes | No |
|---|---|---|
| **(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? | | |

**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 monetary 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1,238,598 | 766,153 | 3,400,628 | 1,609,941 | 2,043,887 | 9,059,207 |
| 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 | 1,238,598 | 766,153 | 3,400,628 | 1,609,941 | 2,043,887 | 9,059,207 |
| 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) | | | | | | 2,992,521 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 6,066,686 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1,238,598 | 766,153 | 3,400,628 | 1,609,941 | 2,043,887 | 9,059,207 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 717,028 | 698,083 | 788,737 | 832,089 | 887,686 | 3,923,623 |
| 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 | | | | | | 12,982,830 |

| | | | |
|---|---|---|---|
| 12 | Gross receipts from related activities, etc (see instructions) | 12 | 887,686 |
| 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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 46.73% |
| 15 | Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 49.47% |
| 16a | **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests—2013.** 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—2012.** 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 ▶ ☐

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

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 | 41 | 390 |
| 2 | Aggregate contributions to (during year) | 47,175 | 1,996,712 |
| 3 | Aggregate grants from (during year) | 45,393 | 725,550 |
| 4 | Aggregate value at end of year | 2,056,615 | 33,107,889 |

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 XIII, 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 XIII, 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 [X] 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII [ ]

## 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 | 31,398,817 | 27,903,903 | 24,232,809 | 21,864,133 | 17,049,936 |
| b | Contributions | 1,931,352 | 1,548,683 | 3,363,205 | 714,557 | 1,158,104 |
| c | Net investment earnings, gains, and losses | 2,465,758 | 2,641,339 | 1,118,402 | 2,612,407 | 4,588,996 |
| d | Grants or scholarships | 575,672 | 396,425 | 570,272 | 824,415 | 802,735 |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | 287,579 | 298,683 | 240,241 | 133,873 | 130,168 |
| g | End of year balance | 34,932,676 | 31,398,817 | 27,903,903 | 24,232,809 | 21,864,133 |

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

a Board designated or quasi-endowment ▶ 13.99 %
b Permanent endowment ▶ 66.74 %
c Temporarily restricted endowment ▶ 19.27 %

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 XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 | 4,595 | 11,402 |
| d | Equipment | | 39,142 | 29,871 | 9,271 |
| e | Other | | | | |
| **Total.** | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) | | | ▶ | 26,486 |

**Part VII Investments—Other Securities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) | | |
| **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶ | | |

**Part VIII Investments—Program Related.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15 ) ▶ | |

**Part X Other Liabilities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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) | |
| **Total.** (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | |

2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,738,426 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 663,287 | | |
| b | Donated services and use of facilities | 2b | 12,000 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 675,287 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,063,139 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 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 | 4,063,139 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,078,052 |
| 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 XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 12,000 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,066,052 |
| 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 XIII ) | 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 | 1,066,052 |

**Part XIII Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 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 RENAISSANCE<br>P. O. BOX 5015<br>BECKLEY WV 25802 | 31-1117028 | GOVT | 11,350 | | | | FAIRS AND FESTIVALS |
| (2) MARSHALL UNIVERSITY<br>400 HAL GREER BLVD<br>HUNTINGTON WV 25701 | 55-6000789 | 501 C | 13,150 | | | | ANNUAL DISTRIBUTIONS |
| (3) HUMANE SOCIETY OF RALEIGH COUNTY<br>P. O. BOX 1028<br>BECKLEY WV 25802-1028 | 55-0597146 | 501 C | 18,909 | | | | ANNUAL DISTRIBUTIONS |
| (4) HOSPICE OF SOUTHERN WV<br>P. O. BOX 1472<br>BECKLEY WV 25802 | 55-0622249 | 501 C | 18,329 | | | | SECURITY SYSTEM |
| (5) CONCORD UNIVERSITY<br>P. O. BOX 83<br>ATHENS WV 24712 | 55-6000761 | 501 C | 44,102 | | | | ANNUAL DISTRIBUTIONS |
| (6) BECKLEY PRESBYTERIAN CHURCH<br>203 SOUTH KANAWHA STREET<br>BECKLEY WV 25801 | 55-0357011 | 501 C | 32,235 | | | | ANNUAL DISTRIBUTIONS |
| (7) BECKLEY-RALEIGH COUNTY YMCA<br>121 EAST MAIN STREET<br>BECKLEY WV 25801 | 55-0464596 | 501 C | 13,798 | | | | ANNUAL DISTRIBUTION |
| (8) GREENBRIER VALLEY THEATRE<br>113 EAST WASHINGTON STREET<br>LEWISBURG WV 24901 | 55-0484580 | 501 C | 17,847 | | | | ANNUAL DISTRIBUTIONS |
| (9) VIRGINIA TECH FOUNDATION<br>150 STUDENT SERVICES ROAD<br>BLACKSBURG VA 24061 | 54-6001805 | 501 C | 6,300 | | | | ANNUAL DISTRIBUTIONS |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 33

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 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) BLUEFIELD STATE COLLEGE FOUNDATION<br>219 ROCK STREET<br>BLUEFIELD WV 24701 | 55-6043334 | 501 C | 6,950 | | | | ANNUAL DISTRIBUTIONS |
| (2) WEST VIRGINIA SYMPHONY ORCHESTRA<br>ONE CLAY SQUARE<br>CHARLESTON WV 25301 | 55-0339426 | 501 C | 14,500 | | | | COMMUNITY CONCERT |
| (3) WOMEN'S RESOURCE CENTER<br>P. O. BOX 1476<br>BECKLEY WV 25802 | 31-0897174 | 501 C | 16,425 | | | | SEXUAL ASSAULT NURSE |
| (4) WVU FOUNDATION<br>P. O. BOX 9415<br>MORGANTOWN WV 26505 | 55-6017181 | 501 C | 30,650 | | | | ANNUAL DISTRIBUTIONS |
| (5) UNIVERSITY OF CHARLESTON<br>2300 MACCORKLE AVENUE SE<br>CHARLESTON WV 25304 | 55-0357039 | 501 C | 60,495 | | | | ANNUAL DISTRIBUTIONS |
| (6) LILLIAN JAMES LEARNING CENTER<br>P. O. BOX 698<br>CRAB ORCHARD WV 25827 | 51-0135958 | 501 C | 7,087 | | | | WATER BOTTLES/COOLER |
| (7) GLENVILLE STATE COLLEGE<br>200 HIGH STREET<br>GLENVILLE WV 26351 | 55-0713410 | 501 C | 9,630 | | | | ANNUAL DISTRIBUTIONS |
| (8) SCHOOL OF HARMONY<br>159 GRANBY CIRCLE<br>BEAVER WV 25813 | 26-1671495 | 501 C | 5,828 | | | | SOUND SYSTEM |
| (9) JUST FOR KIDS<br>129 MAIN STREET, STE 406<br>BECKLEY WV 25801 | 20-0642303 | 501 C | 5,339 | | | | AWARENESS CAMPAIGN |

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. 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<br>P. O. BOX 2083<br>BECKLEY WV 25802 | 55-6019164 | 501 C | 8,907 | | | | ANNUAL DISTRIBUTIONS |
| (2) STORM HAVEN<br>P. O. BOX 130<br>RALEIGH WV 25801 | 31-1551114 | 501 C | 6,326 | | | | WINDOW REPLACEMENT |
| (3) MAC'S TOY FUND<br>P. O. BOX 2398<br>BECKLEY WV 25802 | 55-0636943 | 501 C | 9,400 | | | | ANNUAL DISTRIBUTIONS |
| (4) CITIZENS SCHOLARSHIP FOUNDATION<br>210 GRANVILLE AVENUE<br>BECKLEY WV 25801 | 55-6029608 | 501 C | 5,251 | | | | ANNUAL DISTRIBUTIONS |
| (5) CARPENTER'S CORNER<br>1002 MAXWELL HILL ROAD<br>BECKLEY WV 25801 | 84-1659689 | 501C | 6,971 | | | | FEED OUR FRIENDS INI |
| (6) VH1 SAVE THE MUSIC<br>1515 BROADWAY, 20TH FLOOR<br>NEW YORK NY 10036 | 13-6089816 | 501C | 22,500 | | | | MUSIC IN SCHOOLS |
| (7) LIBERTY HIGH SCHOOL<br>105 ADAIR STREET<br>BECKLEY WV 25801 | 55-6000390 | 501C | 5,133 | | | | ANNUAL DISTRIBUTIONS |
| (8) RALEIGH COUNTY BOARD OF EDUCATION<br>105 ADAIR STREET<br>BECKLEY WV 25801 | 55-6000390 | GOV | 9,371 | | | | ARTS PERFORMANCE |
| (9) HELPING HANDS RESOURCE CENTER<br>P. O. BOX 5005<br>BECKLEY WV 25801 | 55-0694728 | 501C | 17,832 | | | | FEED OUR FRIENDS INI |

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 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 HEALTH RIGHT<br>111 RANDOLPH STREET<br>BECKLEY WV 25801 | 55-0774466 | 501C | 7,000 | | | | TESTING SUPPLIES |
| (2) ARH FOUNDATION<br>2285 EXECUTIVE DRIVE<br>LEXINGTON KY 40505 | 55-0756776 | 501C | 5,250 | | | | ANNUAL DISTRIBUTIONS |
| (3) THEATRE WEST VIRGINIA<br>P. O. BOX 1205<br>BECKLEY WV 25802 | 55-0455744 | 501C | 6,641 | | | | SOUND SYSTEM |
| (4) SALVATION ARMY<br>312 SOUTH FAYETTE STREET<br>BECKLEY WV 25801 | 58-0660607 | 501C | 5,041 | | | | KIDS OFF THE STREET |
| (5) TRAP HILL ALUMNI ASSOCIATION<br>105 HAWTHORN LANE<br>DANIELS WV 25832 | 55-0170525 | 501C | 8,000 | | | | SCHOLARSHIPS |
| (6) BECKLEY-STRATTON MIDDLE SCHOOL<br>105 ADAIR STREET<br>BECKLEY WV 25801 | 55-6000390 | GOV | 6,362 | | | | AFTER SCHOOL PROGRAM |
| (7) GRANTS LESS THAN $5,000<br>VARIOUS | | 501 C | 308,034 | | | | VARIOUS PURPOSES |
| (8) | | | | | | | |
| (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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), 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 contract with the Foundation which requires the grantee to submit

**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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization

**BECKLEY AREA FOUNDATION, INC.**

Employer identification number

**31-1125328**

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art — Works of art | | | | |
| 2 | Art — Historical treasures | | | | |
| 3 | Art — Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities — Publicly traded | | | | |
| 10 | Securities — Closely held stock | | | | |
| 11 | Securities — Partnership, LLC, or trust interests | | | | |
| 12 | Securities — Miscellaneous | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | |
| 14 | Qualified conservation contribution — Other | | | | |
| 15 | Real estate — Residential | | | | |
| 16 | Real estate — Commercial | X | 1 | 75,000 | Real Estate Appraisal |
| 17 | Real estate — Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶( ) | | | | |
| 26 | Other ▶( ) | | | | |
| 27 | Other ▶( ) | | | | |
| 28 | Other ▶( ) | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ | OMB No 1545-0047 |
|---|---|---|
| | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | 2013 |
| Department of the Treasury Internal Revenue Service | ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | 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 9 - Other Changes in Net Assets Explanation**

**Decrease in Cash Surrender Value of Life Insurance**

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

**2013**

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 2012 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 2014 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 | 3,352 |

## 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 2013 | 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 2013 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 2013 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 | 3,352 |
| 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

# 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 / Rev 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 _____Committee Member _____Staff

Position or Committee: _____

*December 1997 / Rev 2006*

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
www.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, 2015—March 31, 2016.

## 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 Monday, December 15, 2014. 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 16th 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 BAF 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, 2015 to March 31, 2016
- 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_____FEIN #: _____

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: _____

_____

Amount Requested _____ 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. Use an additional sheet of paper if needed.

| **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.