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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	YELLOW SPRINGS COMMUNITY FOUNDATION
	PO BOX 55 YELLOW SPRINGS, OH 45387
Prepared by	
	FLAGEL HUBER FLAGEL 3400 SOUTH DIXIE DRIVE DAYTON, OH 45439
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

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.

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



Department of the Treasury Internal Revenue Service

AI	or th	e 2018 calendar year, or tax year beginning and	ending					
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number			
	Addre chang Name chang	YELLOW SPRINGS COMMUNITY FOUNDATION	23_7	272701				
		0		23-7372791				
	returr Final returr	PO BOX 55	Room/suite	E Telephone numbe 937-	767-2655			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,830,800.			
	Amer returr	ded YELLOW SPRINGS, OH 45387		H(a) Is this a group re	eturn			
	Appli tion pendi	^{ra-} ^{rg} F Name and address of principal officer: JEANNAMARIE COX SAME AS C ABOVE		for subordinates H(b) Are all subordinates ir	······			
1.1		empt status: $X = 501(c)(3) = 501(c)() \ (insert no.) = 4947(a)(1) \ (insert no.) = 501(c)() \ (ins$	or 527		list. (see instructions)			
		te: ► WWW • YSCF • ORG		H(c) Group exemptio				
		forganization: X Corporation Trust Association Other	I Voor		State of legal domicile: OH			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO EI	NHANCE	COMMINITY				
Activities & Governance	'	YELLOW SPRINGS AND MIAMI TOWNSHIP BY PROV	VIDING	MEANS FOR	CHARITABLE			
jr n	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13			
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			13			
es 4	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5				
viti	6	Total number of volunteers (estimate if necessary)			33			
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
4		Net unrelated business taxable income from Form 990-T, line 38			0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		350,529.	310,881.			
nuś	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		505,126.	1,453,067.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,753.	15,175.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		857,408.	1,779,123.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		486,452.	591,523.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŷ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		153,129.	162,484.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be		Total fundraising expenses (Part IX, column (D), line 25) 22, 2 2	24.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		99,243.	127,194.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		738,824.	881,201.			
	19	Revenue less expenses. Subtract line 18 from line 12		118,584.	897,922.			
or				ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		10,338,917.	15,290,515.			
Ass 1 Ba	21	Total liabilities (Part X, line 26)		1,337,199.	1,528,673.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,001,718.	13,761,842.			
	Part II Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y 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.

	Discussion of a film on			Data					
Sign	Signature of officer			Date					
Here	📘 JEANNAMARIE COX, EXECU	JTIVE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	KEVIN HAGSTROM			self-employed P01342096					
Preparer	Firm's name 🕨 FLAGEL HUBER FLA			Firm's EIN 31-0796034					
Use Only	Firm's address 3400 SOUTH DIXIE	E DRIVE							
	DAYTON, OH 45439			Phone no. (937)299-3400					
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)								
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2018)					
S	EE SCHEDULE O FOR ORGANIZ	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION							

Form	1990 (2018) YELLOW SPRINGS COMMUNITY FOUNDATION 23-7	372791	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	ENTRUSTED WITH THE RESPONSIBILITY OF ENHANCING COMMUNITY LIF	-	
	YELLOW SPRINGS COMMUNITY FOUNDATION HAS THE FOLLOWING VISION		
	AS A CATALYST AND RESOURCE FOR PHILANTHROPY; TO BUILD AND BE		
	OF ENDOWMENTS THAT ADDRESS THE COMMUNITY'S EVOLVING NEEDS; T	O PROVI	DE
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ?	LYes	
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	
	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 measure	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	ital expenses, a	and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 727,548. including grants of \$ 591,523.) (Revenue \$	1,077,	596
4a	(Code:) (Expenses \$ 727,548 including grants of \$ 591,523) (Revenue \$ BENEFITS THE CITIZENS OF YELLOW SPRINGS AND MIAMI TOWNSHIP B		/
	GRANTS TO OTHER NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO		
	CAMILY TO OTHER NON TROTTL OROMATZATIOND AND DENOLMADITED TO	DIODER	10.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 727, 548.		
		Form 9	90 (2018)

Form	aan	(2018)
	330	(2010)

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	Х	
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	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
b	Part VI	11a		
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	х	
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		х
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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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,"			v
00 -	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form	990	(2018)	
	990	(2010)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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			x
04 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4a	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		<u> </u>
	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), 501(c)(4), and 501(c)(29) 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			v
	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 "Yes," complete Schedule L, Part II	26		x
27	complete Schedule L, Part II	20		
21	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):			
а	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
С	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 X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
0.	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, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
00	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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	

23-7372791 _{Ра}	ige 5
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Form 990	(2018)	YELLOW	SPRINGS	COMMUNITY	FOUNDATION
Part V	Statements	Regarding C	Other IRS Fili	ngs and Tax Co	ompliance (continued)

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 5 bit at least one is reported on line 2a, diff the organization file al required federal employment tax nuture? 2b X 3a Did the organization have unmatted basiness gross income of \$1,000 rome during the year? 3a 3a X 3b Thes: 'has it fled a form 950 'For this year? if 'No' to line 3b, provide an explanation if Schedule 0 3b X 3b I 'Yes: 'has it fled a form 950 'For this year? if 'No' to line 3b, provide an explanation or Schedule 0 3b X 3b I 'Yes: 'has it fled a form 950 'For this year? if 'No' to line 3b, provide an explanation ar Schedule 0 4a X 3c X 'Se instructions for fling requirements for FinCEN Form 114, Report of Foregn Dank and Financial Accounts ("FBAF). 5a X 3c W 'Se the darge and yold weary schedule than \$100,000, and dit the organization fine Reset 7D. 5a X 3c W 'Se the darge Cast 2b, did the organization fine Reset 7D. 5a X 3c W 'Se the darge Cast 2b, did the organization include weary schedulation and yone during the schedulations? 5a X 3c W 'Se the darge Cast 2b, did the organization include weary schedul					Yes	No
b If at last one is reported on line 2a, did the organization file all required to e-file (see instructions) 2b X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the earlow unrelated business gross income of \$1,000 or more during the earlow organization have unrelated business gross income of \$1,000 or more during the earlow organization are during the calehold or earlow organization are during the calehold or a problem during the calehold or an a problem during the calehold or a problold during the calehold or a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
b If at least one is reported on line 2a, did the organization like all required to efficient structions) 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b If Yes, 'has it field a Form 930 T for this year? if 'We's to line 3b, provide an exploration in Schedule O 3b 3a 3b If Yes, 'has it field a Form 930 T for this year? if 'We's to line 3b, provide an exploration in Schedule O 3b 3a 3b If Yes, 'has it field a Form 930 T for this year? if 'We's to line 3b, provide an exploration in Schedule O 3a 3a 3c If Yes, 'has it field a Form 930 T for this year? if 'We's to line 3b, provide an exploration is Schedule O 3a 3a 3c If Yes, 'has it field a Form 930 T for this year? if 'We's to line 3a of 5a, did the organization field for eleginacton the form 8886 T? 5a X 3c UB organization aptrophy the organization from 8886 T? 5a X 3c If 'Yes,' id d the organization include with every solicitation an express statement that such contributions or gits were not ax deductible? 5a X 3c If 'Yes,' indicate the number of Forms 8827 field during the year 7a X 3c If 'Yes,' indicate the number of Forms 8826 field during the year 7d 7d		filed for the calendar year ending with or within the year covered by this return 2a	5			
3a Did the organization have unrelated bioances gross income of \$1,000 or more during the year? 3a X bit 11 * Set, inst field a Ferm Seq 2017 for this year? 3b X 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? 4a X bit 11 * Set, inst the fame more that the relang country, but as a bank account, securities account, or other financial account? 5a X Set instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b Use and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween on tax deductible from 8886-17 5a X 7b Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween tax deductible contributions? 6a X 7b Tyse, 'i did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X 7b Tyse, 'i did the organization include with every solicitation and path for goods and services provided 10 the payor? 7a X 7b If 'Yes, 'i did the organization file fore dows or services provided?	b			2b	Х	
b If Yes,* has it field a form 300 f for this yea? If Yeb' to time 3b, provide an exploration in Schedule O 30 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a bank account, securities account, or other financial accounts of time grangulaments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5 West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 Did any taxable party notify the organization the form 8886.17 5c 5c 5c 6 Does the organization she organization she form 8886.17 5c 5c 5c 6 Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 7a X 7 Tyes,* did the organization nextly exploit that are normally greater than \$100,000, and did the organization solid the organization solid the organization nextly exploit that are normally greater than \$100,000, and did the organization solid the organization nextly exploit that are normally greater than \$100,000, and did the organization solid the organization nextly exploit that are normally greater than \$100,000, and did the organization solid the organization for the sale of the poods or services provided 10. the pary? 7a X 7 Organization nexplex eductible oruntribution an appress tates		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority year, a francial account, is created account, and the account, and the account, is created account, and the account, and the account is a francial account; (PAR). A a X b if "Yes," enter the name of the forsign country. B was the organization at any time during the tax year? C a boas the organization approximation and the action at any time during the tax year? C a boas the organization include with every solicitation and express statement that such contributions or gifts were not tax deductable? C organization stat may receive deductable contributions and partly for goods and services provided 7 C a D if "Yes," did the organization notify the done of the value of the goods or services provided 7 C a D if "Yes," did the organization notify the done of the value of the goods or services provided 7 C a D if the organization and partly for goods and services provided 7 C a D of the organization on otify the done of the value of the organization file accounts? C a C a D of the organization on otify the done of any tota or barvaise dispose of tangible personal benefit contract? T org if the organization neceive a part to any barvaise dispose of tangible personal benefit contract? T org if the organization neceive a contribution of called funds. Did a done advised fund maintained by the sponsorin	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
framedia account in a foreign country (such as a bark account, securities account, or other financial account)? 4a X b if 'Yes,'' enter the name of the foreign country. 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Dot any taxable party notify the organization the form 8886-17 5c X 6a Dot any taxable party notify the organization file form 8886-17 5c X 6b Dot any taxable party notify the organization file form 8886-17 5c X 6a Dot any taxable party notify the organization file form 8886-17 5c X 7b Tyss,'' dot the organization include with every solicitation an express statement that such contributions orgits 6a X 7b Tyss,'' dot the organization notify the donor of the value of the poods or services provided to the part? 7a X 7c Did the organization notic any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7c I'''es', 'indicate the number of forms 8282? Ie'''es', 'indicate the number of forms 8282? 7a X 7d I'' the organization neceve any funds, directly or indirectly, to pay premiu	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		
b If "Yes," enter the name of the foreign country. See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the organization that it was or is a party to a prohibited tax shelter transaction? Ge Does the organization nave armual gross receipts that are normally greater than \$100,000, and did the organization solid. any contributions that arey receive deductible contributions under section 170(c). D If "Yes," did the organization notify the dore of the value of the goods or services provided? To Ganization solid, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? D If "Yes," indicate the number of Forms 8282 filed during the year Zd To L To L D D the organization neceive a contribution of aublied branes, or other vehicle, did the organization free Porm 8828? To L Th the organization neceive a contribution or aublied funds. Did a dorn advised fund maintained by the sponsoring organization make a dortholid or of aublied funds. To L Sponsoring organization, energine and p	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y over, a			
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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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a c 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 13a 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X	а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X 15 X						
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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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section 501 (c)(29) qualified health plans 13b Image: Section 501 (c)(20) (c)(b					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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. 13b 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? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			-	12a		
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction of the provide of the				120		
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c Enter the amount of reserves on hand 13c 14a X 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 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	D					
14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	с					
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			F			
excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.16X16X			F			
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
	16		ne?	16		Х
		If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

YELLOW SPRINGS COMMUNITY FOUNDATION

X

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				
Sec	tion 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 13							
	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 13							
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		Х				
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		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		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		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion 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		Х				
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						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	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	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
	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						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►OH							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
• -	X Own website Another's website 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	d finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright							
	KIM KREMER - 937-767-2655 101 ALLEN STREET, YELLOW SPRINGS , OH 45387							
	101 Y CONTRAL' TOTOR OLITIG ' OL 4000 /							

Part VII	Co	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensat	ed
	Em	ployees, and	d Independe	ent Contra	ctors				

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 organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(F)		
Name and Title	Average	(do	not c	Pos heck	ition more) than	one	Reportable	Reportable	Estimated	
	hours per week	box offi	, unle cer an	ss pe Id a d	rson irecto	is bot pr/trus	h an tee)	compensation from	compensation from related	amount of other	
	(list any	ctor						the	organizations	compensation	
	hours for	or dire	æ			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization	
	organizations below	lual tr	tional		nploye	st com yee				and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo	
(1) LISA ABEL	2.00										
PRESIDENT		X		Х				0.	0.	0.	
(2) RICH BULLOCK	2.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) MATT DENMAN	2.00										
TREASURER		Х		Х				0.	0.	0.	
(4) NICK EASTMAN	2.00										
TRUSTEE		х						0.	0.	0.	
(5) TERRY GRAHAM	2.00										
TRUSTEE		X						0.	0.	0.	
(6) ELLIS JACOBS	2.00								•		
SECRETARY		X		X				0.	0.	0.	
(7) LISA KREEGER	2.00	.,						0	0	0	
		X						0.	0.	0.	
(8) JOANNE LAKOMSKI	2.00	x						0.	0.	0.	
TRUSTEE (9) SUSAN MILLER	2.00	^						0.	0.	0.	
(9) SUSAN MILLER TRUSTEE	2.00	x						0.	0.	0.	
(10) ROGER REYNOLDS	2.00	^						0.	0.	0.	
TRUSTEE	2.00	x						0.	0.	0.	
(11) KATHRYN VAN DER HEIDEN	2.00								0.	0.	
TRUSTEE	2.00	x						0.	0.	0.	
(12) MATT WALLACE	2.00										
TRUSTEE		x						0.	0.	0.	
(13) STERLING WIGGINS	2.00										
TRUSTEE		x						0.	0.	0.	
(14) JEANNAMARIE COX	40.00										
EXECUTIVE DIRECTOR		1		x				91,583.	0.	1,849.	
(15) KIM KREMER	17.00										
FINANCIAL MANAGER		1		X				25,320.	0.	513.	
(16) VIRGIL HERVEY	20.00										
PROGRAM MANAGER				Х				29,546.	0.	188.	

Form 990 (2018)

	990 (2018) YELLOW SE	PRINGS (COI	IMI	JNJ	[T]	YE	JO	UNDATION	23-73	727	91	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson i	than than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ation am ated o			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga	ensat m the nizati relate	e on ed
											-+			
											+			
1b	Sub-total								146,449.		0.	2	, 5!	50.
	Total from continuation sheets to Part VI	I, Section A							0. 146,449.		0.	2	, 5!	0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but n								-		-	2	, J.	50.
	compensation from the organization						,			, ,				0
											E E	`	Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>					•			•			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		Х
	tion B. Independent Contractors		-							\$100,000 of com		tions for		
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						n the organization's tax		bensar			
	(A) Name and business	address	N	ONE	3			_	(B) Description of s	ervices	Co	(C) mpen:		ו
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot li	mite	d to		se lis)	sted	l above) who received m	nore than				

Form	n 990 (2018) YELLC	W SPRING	S COMMUN	ITY FOUNDA	TION	23-7372	791 Page 9
	rt VII		านอ					
		Check if Schedule O cont	ains a response	or note to any lir	e 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
nts its	1 a	Federated campaigns	1a					
ar ar		Membership dues						
Aŭ C		Fundraising events						
Sift ar J		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribut						
r Si	f	All other contributions, gifts, gran	ts, and					
ibu [.]		similar amounts not included abo	ve 1f	310,881.				
d of	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f		►	310,881.			
				Business Code				
e	2 a							
ervi	b							
n S ent	С							
Rev	d							
Program Service Revenue	е							
ш.		1 5						
		Total. Add lines 2a-2f						
	3	Investment income (including			390 646			390,646.
	4	other similar amounts) Income from investment of tax			390,646.			550,040.
	4 5							
	5	Royalties	(i) Real	(ii) Personal				
	6 2	Gross rents		(II) Fersonal				
		Less: rental expenses						
		Rental income or (loss)						
			L					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,114,098.					
	b	Less: cost or other basis						
		and sales expenses	1,051,677.					
	с	Gain or (loss)						
		Net gain or (loss)			1,062,421.	1,062,421.		
Ð	8 a	Gross income from fundraising	g events (not					
nuə		including \$	of					
Sev.		contributions reported on line	1c). See					
erF		Part IV, line 18	а					
Other Revenue		Less: direct expenses						
•		Net income or (loss) from func		▶				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		L				
		Net income or (loss) from gam		>				
	10 a	Gross sales of inventory, less						
	h.	and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 2	GRANT REFUND		900099	13,541.	13,541.		
		MISCELLANEOUS		900099	1,634.	1,634.		
	c				, ,	,		
		All other revenue						
		Total. Add lines 11a-11d		▶	15,175.			
	12	Total revenue. See instructions			1,779,123.	1,077,596.	٥.	390,646.

YELLOW SPRINGS COMMUNITY FOUNDATION 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).

Dor	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	ECA 167	561 157		
_	and domestic governments. See Part IV, line 21	564,157.	564,157.		
2	Grants and other assistance to domestic	27 266	27 266		
	individuals. See Part IV, line 22	27,366.	27,366.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	01 504		02 425	0 1 5 0
-	trustees, and key employees	91,584.		82,425.	9,159
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	59,346.	30,305.	21 600	7 / 22
7	Other salaries and wages	59,340.	30,303.	21,608.	7,433
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,554.	2,289.	8,006.	1,259
10	Payroll taxes	11,004.	4,409.	0,000.	1,209
11	Fees for services (non-employees):				
	Management	2,431.	2,431.		
	Legal	2,431.	2,431.		
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6,686.	1,583.	5,103.	
10	column (A) amount, list line 11g expenses on Sch 0.)	11,210.	8,776.	5,105.	2 / 3/
12	Advertising and promotion	7,297.	4,528.	830.	2,434
13	Office expenses	1,237•	4,520•	0.50.	1,555
14 15	Information technology				
15 10	Royalties	3,737.		3,737.	
16		5,757.		5,1516	
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	2,843.	667.	2,176.	
19 20		2,013.		2,1100	
20 21	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	22,766.	22,766.		
		2,024.	22,700.	2,024.	
23 24	Insurance Other expenses. Itemize expenses not covered	2,0210			
24	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 0.)				
а	TRUST FEES	58,104.	58,104.		
a h	EQUIPMENT, SOFTWARE AND	9,152.	4,576.	4,576.	
0	MEMBERSHIP DUES	646.		646.	
d	OTHER OPERATING EXPENSE	298.		298.	
-	All other expenses	2501			
25	Total functional expenses. Add lines 1 through 24e	881,201.	727,548.	131,429.	22,224
<u>25</u> 26	Joint costs. Complete this line only if the organization		,		,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2

YELLOW SE	PRINGS	COMMUNITY	FOUNDATION
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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	109,099.
	2	Savings and temporary cash investments		2	222,527.
	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 contributin			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	10,125,096.	11	12,464,518.
	12	Investments - other securities. See Part IV, line 11		12	2,494,371.
	13	Investments - program-related. See Part IV, line 11		13	. ,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	15,290,515.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L		22	
Ë	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	1,337,199.	25	1,528,673.
	26	Total liabilities. Add lines 17 through 25	1,337,199.	26	1,528,673.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	9,001,718.	27	13,761,842.
ala	28	Temporarily restricted net assets		28	
В	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
ŗ		and complete lines 30 through 34.			
ets ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	9,001,718.	33	13,761,842.
	34	Total liabilities and net assets/fund balances		34	15,290,515.

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Form	1990 (2018) YELLOW SPRINGS COMMUNITY FOUNDATION	23-7	372791	- Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	89 9,00 -1,61 5,47	1,2 7,9 1,7 3,1 75,3	201. 222. 718. 49. 351. 0.
_	column (B))	10	13,76	51,8	;42.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	Yes	X
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	res	X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	d on a			
b	5 7 1		2b	X	\vdash
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Image: Image				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			- v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
^ -	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audi			x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	<u>3a</u>		+ <u>*</u>
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
	or addite, explain why in conclude o and decombe any steps taken to undergo such addits		<u></u>		(0010)

Form **990** (2018)

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public

			the Treasury ue Service			Attach to Form 990 or F v/Form990 for instruction			nformation		Inspection
Nar	ne o	of th	ne organizati		GO to www.iis.go			ne latest i	mormation.	Employer	identification number
			io oi gainzati		OW SPRINGS	COMMUNITY F	οτινία	TON			3-7372791
Pa	art I		Reason			All organizations must co			ee instruction		5 / 5 / 2 / 5 1
						(For lines 1 through 12, c					
1		_		•		on of churches described		,			
2						Attach Schedule E (Forn			-////-/-		
3						anization described in se			ii).		
4			•	•		njunction with a hospital			•)(iii). Enter	the hospital's name
•			city, and stat	-						,,,. <u>_</u>	
5			-		or the benefit of a co	ollege or university owned	d or opera	ted by a d	overnmental	unit describ	bed in
					Complete Part II.)	5 ,		, ,			
6] .				mental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X			-	-	antial part of its support f				he general	public described in
					omplete Part II.)		Ū.			•	
8						(1)(A)(vi). (Complete Part	t II.)				
9			An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
			or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
			university:								
10			An organizati	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
			activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investmen
			income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	_	_	See section	509(a)(2). (Co	mplete Part III.)						
11			An organizati	ion organized a	and operated exclus	sively to test for public sa	ifety. See	section 50	09(a)(4).		
12			An organizati	ion organized a	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
			more publicly	/ supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in
	_		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
a	L		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
			the suppor	ted organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
	г		organizatio	n. You must o	complete Part IV, S	ections A and B.					
b) L				-	d or controlled in connec			-		-
				-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	Г	_	1 -		t complete Part IV,						
c	; L			-		g organization operated				Illy integrate	ed with,
	. г		1			s). You must complete I					
c						porting organization oper					
						zation generally must sat				d an attent	iveness
	Г		1			mplete Part IV, Sections					
e	; L			•		written determination fro			а туре ї, туре	ii, iype iii	
	. с.	otor		of supported of		onally integrated support	ing organi.	zation.			
f					n about the support	ed organization(s)					
<u> </u>	,		Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
			organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	nstructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 YELLOW SPRINGS COMMUNITY FOUNDATION 23-737 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv)

23-7372791 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	205,394.	106,293.	99,457.	350,529.	192,321.	953,994.
2	Tax revenues levied for the organ-						
	ization'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	205,394.	106,293.	99,457.	350,529.	192,321.	953,994.
	The portion of total contributions	,		/ _		- / -	
č	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)						117,772.
~							836,222.
	Public support. Subtract line 5 from line 4. ction B. Total Support						050,222.
	ndar year (or fiscal year beginning in)	(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-) 0010	
		(a) 2014 205,394.	(b) 2015 106,293.	(c)2016 99,457.	(d) 2017 350, 529.	(e) 2018 192,321.	(f) Total 953,994.
	Amounts from line 4	205,594.	100,295.	<u>,4</u> ,7,	550,529.	192,321.	955,994.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	221 202	226 752	229,093.	216 202	200 407	1202020
	and income from similar sources \dots	231,283.	226,752.	229,093.	316,303.	390,407.	1393838.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,480.	6,604.	2,124.	1,753.	15,175.	28,136.
11	Total support. Add lines 7 through 10						2375968.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	35.20 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	45.97 _%
1 6a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-		• • • •			
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s b
				,,, e. I k	,		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 YELLOW SPRINGS COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		1			1	
	First five years. If the Form 990 is for	the organization'	I Is first second thi	rd fourth or fifth t	I tax vear as a section	n 501(c)(3) ora:	anization
•••	check this box and stop here	the erganization					
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2018 (li		-	column (f))		15	%
	Public support percentage from 2017					16	<u> </u>
	ction D. Computation of Inves						/0
17			•	ine 13 column (f))		17	%
	Investment income percentage from 2		D 1 11 1 1 7			18	<u> </u>
	133 1/3% support tests - 2018. If the			on line 14 and lin			
190	more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2017. If the						► 🗆
C	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	T UIU HOL CHECK a		a, or 190, check t			<u></u>

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990-EZ) 2018 YELLOW SPRINGS COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	stion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a				
b				
c		truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	· · · · · · · · · · · · · · · · · · ·	Zd		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0'		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 YELLOW SPRINGS COMMUNITY FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintegrate	d Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

1

Schedule A (Form 990 or 990 EZ) 2018 YELLOW SPRINGS COMMUNITY FOUNDATION

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	L					
Section D - Distributions Curre									
1	Amounts paid to supported organizations to accomplish exe								
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	he organization is responsive	9						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
а	From 2013								
b	From 2014								
с	From 2015								
	From 2016								
	From 2017								
-	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,								
-	line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
5	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
U	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7									
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
е	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	YELLOW	SPRINGS	COMMUNITY	FOUNDATION	23-7372791 Page 8
Part VI	Supplemental Infor	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the explana 4c, 5a, 6, 9a, 9b art IV, Section E	tions required by Pai b, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b, 3a	t II, line 10; Part II, line 1 1c; Part IV, Section B, li 1, and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)	o, and Part V, S	Section E, lines a		plete this part for any ac	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

OUNDATION	2
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3-7372791

3	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

YELLOW SPRINGS COMMUNITY F

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

23-7372791

YELLOW SPRINGS COMMUNITY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 12,496. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Х Person Payroll 118,560. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 7,650. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page 3

YELLOW SPRINGS COMMUNITY FOUNDATION

Employer identification number

23-7372791

Part II N	Noncash Property (see instructions). Use duplicate copies of Property (see instructions).		
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4				
Name of o	rganization		Employer identification number				
YELLO	W SPRINGS COMMUNITY FOU	UNDATION	23-7372791				
Part III	Exclusively religious, charitable, etc., contributor, from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious	utions to organizations described in s a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than $1,000$ for the year ry For organizations				
	Use duplicate copies of Part III if additiona	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ŀ	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
ĺ							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

YELLOW SPRINGS COMMUNITY FOUNDATION

Employer identification number 23-7372791

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin		·						
	.	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year	6							
2	Aggregate value of contributions to (during year)	22,883.							
3	Aggregate value of grants from (during year)	37,371.							
4	Aggregate value at end of year	594,168.							
5	Did the organization inform all donors and donor advisors in		inds						
	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 a	dvisors in writing that grant funds can be used	lonly						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring						
	impermissible private benefit?								
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (e.g., recreation or e	education)	ly important land area						
	Protection of natural habitat	Preservation of a certified I	historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
	Total number of conservation easements		2a						
	Number of conservation easements on a certified historic str		2c						
d	Number of conservation easements included in (c) acquired a								
	listed in the National Register								
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax						
	year								
4	Number of states where property subject to conservation ear								
5	Does the organization have a written policy regarding the per								
~	violations, and enforcement of the conservation easements in								
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserva	tion easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing conservation	asomonts during the year						
'	Amount of expenses incurred in monitoring, inspecting, nanc	and enorcing conservations	easements during the year						
8	Does each conservation easement reported on line $2(d)$ above	$v_{\rm e}$ satisfy the requirements of section 170(b)(4)	(B)(i)						
U	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservati								
Ū	include, if applicable, the text of the footnote to the organization	-							
	conservation easements.								
Par		f Art, Historical Treasures, or Other	^r Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,						
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri	bes these items.							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	ervice, provide the following amounts						
	relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X		► \$						
2	If the organization received or held works of art, historical tre								
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1		▶ \$						
b	Assets included in Form 990, Part X		► \$						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018						

Sche	dule D (Form 990) 2018 YELLOW	SPRINGS CO	MMUNITY FC	UNDATION		23-73	72791	- Page 2
Par	t III Organizations Maintaining C	ollections of Ar	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit o			•			٦	
Der	to be sold to raise funds rather than to be ma						Yes	No No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	on answered "Yes" o	n Form 990	J, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		liany for contribution	s or other assets no	tincluded			
Ia	on Form 990, Part X?		•				Yes	X No
h	If "Yes," explain the arrangement in Part XIII					······		
			nowing table.				Amount	
с	Beginning balance				1c		,	
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on Fe					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	. ,			years back
1a	Beginning of year balance	11,507,269.	8,626,268.	8,426,173.	8,5	577,967.	7,	043,889.
b	Contributions	178,721.	267,490.	335,727.		30,135.	1,	491,560.
С	Net investment earnings, gains, and losses	-498,039.	502,435.	,		200,060.		249,253.
d	Grants or scholarships	655,147.	354,331.	230,981.	2	98,469.		136,444.
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	126,895.	55,665.			83,250.		70,291.
g	End of year balance	10,405,909.	8,986,196.		8,4	26,173.	8,	577,967.
2	Provide the estimated percentage of the curr			a)) held as:				
	Board designated or quasi-endowment	100.00	_%					
	Permanent endowment	%						
С	Temporarily restricted endowment	%						
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are hold a	and administered for	the organi	ration		
Ja		ssion of the organiza	allon that are new a	ind administered for	the organi	Zation	5	Yes No
	by: (i) unrelated organizations							X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere), Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or of				ed	(d) Book	value
		basis (investn	nent) basis	(other) de	preciation			
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
e	Other							
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)				0.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.	IGS COMMUNITY		23-7372791 Page 3
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value		ine 12. I: Cost or end-of-year market value
(1) Financial derivatives	(b) Book value		
(0) Ole solution that any the instance state			
(2) Closely-held equity interests			
(A) PRIVATE EQUITY INVESTMENT	2,494,371.	END-OF-YEAR	MARKET VALUE
(B)	, ,		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,494,371.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990. Part X.	line 15.
	escription		(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" o			Part X, line 25.
1.(a) Description of liability	(b) Book value	
(1) Federal income taxes		1 500 680	
(2) AGENCY LIABILITIES		1,528,673.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	, ,	1,528,673.	
2. Liability for uncertain tax positions. In Part XIII, provide t	ne 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 🔽

Schedule D (Form 990) 2018

23-7372791 _F	Page 4

art XI Reconciliation of Revenue per Audited Einancial Statements Wit
edule D (Form 990) 2018 YELLOW SPRINGS COMMUNITY FOUNDA

ıч	Reconciliation of Revenue per Audited Financial Stateme					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements				1	219,657.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-1,61	3,149.		
b	Donated services and use of facilities	_ 2 b				
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d				2e	-1,613,149.
3	Subtract line 2e from line 1				3	1,832,806.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b	-5	3,683.		
с	Add lines 4a and 4b				4c	-53,683.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,779,123.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents \	Nith Exne	enses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1			•	•	1	820,681.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•	•		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	•		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	•	•		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	•	•		
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	•	•		
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d				820,681.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d			1	820,681.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			1 2e	820,681.
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d			1 2e 3	820,681.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d			1 2e 3	820,681. 0. 820,681.
2 b c d 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b		0,520.	1 2e 3	820,681. 0. 820,681. 60,520.
2 a b c d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b		0,520.	1 2e 3	820,681. 0. 820,681.

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.

PART X, LINE 2:

Scl

THE FOUNDATION DETERMINES THE RECOGNITION OF UNCERTAIN TAX POSITIONS, IF
APPLICABLE, THAT MAY SUBJECT THE ENTITY TO UNRELATED BUSINESS INCOME TAX
NECESSARY BY APPLYING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND
DETERMINES THE MEASUREMENT OF UNCERTAIN TAX POSITIONS CONSIDERING THE
AMOUNTS AND PROBABILITIES OF THE OUTCOMES THAT COULD BE REALIZED UPON
ULTIMATE SETTLEMENT WITH TAX AUTHORITIES. THE FOUNDATION DOES NOT HAVE ANY
MATERIALLY UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD
PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AT DECEMBER 31, 2018. THE
FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR
TAX YEARS PRIOR TO 2015.

Schedule D (Form 990) 2018	YELLOW	SPRINGS	COMMUNITY	FOUNDATION	23-7372791	Page 5
Part XIII Supplemental Inform	nation (cont	inued)				

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TO ADD BACK AGENCY FUND ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TO ADD BACK AGENCY FUND ACTIVITY

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, an lete if the organizatio	nd Individual n answered "Yes" Attach to For	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2018 Open to Public Inspection
		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		•
Name of the organization	SPRINGS CON	MMUNITY FOUN	иоттап				Employer identification number 23-7372791
Part I General Information on Grant		HIONIII IOON	DATION				23 7372791
1 Does the organization maintain recorr criteria used to award the grants or a	ds to substantiate th						
2 Describe in Part IV the organization's	procedures for mon	itoring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance	to Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that received more the	an \$5,000. Part II ca	n be duplicated if addit	ional space is need	ded.			
1 (a) Name and address of organization or government	n (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 noncash assistance	(h) Purpose of grant or assistance
ANTIOCH COLLEGE							
ONE MORGAN PLACE							
YELLOW SPRINGS, OH 45387		501 C 3	89,808.	0.			GENERAL SUPPORT
ANTIOCH COLLEGE - GLEN HELEN ECOLOGY INSTITUTE - 405 CORRY STREET - YELLOW SPRINGS, OH 4538	7	501 C 3	59,976.	0.			GENERAL SUPPORT
	,						
YELLOW SPRINGS HOME, INC. P.O. BOX 503 YELLOW SPRINGS, OH 45387		501 C 3	51,191.	0.			GENERAL SUPPORT
,,,			,				
COMMUNITY SOLUTIONS P.O. BOX 243							
YELLOW SPRINGS, OH 45387		501 C 3	44,334.	0.			GENERAL SUPPORT
YELLOW SPRINGS SENIOR CITIZEN'S, INC 227 XENIA AVENUE - YELLOW							
SPRINGS, OH 45387		501 C 3	41,538.	0.			GENERAL SUPPORT
YELLOW SPRINGS EXEMPTED VILLAGE SCHOOL DISTRICT - 201 S. WALNUT STREET - YELLOW SPRINGS, OH 4538	7		37,924.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3		Inganizations listed in th				1	•
3 Enter total number of other organizat	, e	d d = b d =					
LHA For Paperwork Reduction Act Not							Schedule I (Form 990) (2018)

YELLOW SPRINGS COMMUNITY FOUNDATION Schedule I (Form 990)

23-7372791 Page 1

Part II Continuation of Grants and Other As	ssistance to G	overnments and Orga	nizations in the U	nited States (Schoor	edule I (Form 990), Pa	rt II.) 1	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
WYSO							
150 E. SOUTH COLLEGE STREET							
YELLOW SPRINGS, OH 45387		501 C 3	34,902.	0.			GENERAL SUPPORT
GLEN HELEN ASSOCIATION							
405 CORRY STREET							
YELLOW SPRINGS, OH 45387		501 C 3	34,817.	0.			GENERAL SUPPORT
TECUMSEH LAND TRUST							
P.O. BOX 417							
YELLOW SPRINGS, OH 45387		501 C 3	19,488.	0.			GENERAL SUPPORT
VILLAGE OF YELLOW SPRINGS							
100 DAYTON STREET							
YELLOW SPRINGS, OH 45387			17,490.	0.			GENERAL SUPPORT
			17,450.				
WORLD HOUSE CHOIR							
P.O. BOX 655							
YELLOW SPRINGS, OH 45387		501 C 3	10,717.	0.			GENERAL SUPPORT
THE ANTIOCH SCHOOL							
1160 CORRY STREET							
YELLOW SPRINGS, OH 45387		501 C 3	10,401.	0.			GENERAL SUPPORT
YELLOW SPRINGS LIBRARY ASSOCIATION							
P.O. BOX 554							
		501 C 3	9,382.	0.			GENERAL SUPPORT
YELLOW SPRINGS, OH 45387			3,302.	0.			SERENAL BOFFORT
YELLOW SPRINGS COMMUNITY							
CHILDREN'S CENTER - 320 CORRY							
STREET - YELLOW SPRINGS, OH 45387		501 C 3	8,961.	0.			GENERAL SUPPORT
FIRST PRESBYETERIAN CHURCH							
314 XENIA AVENUE							
YELLOW SPRINGS, OH 45387			7,500.	Ο.			GENERAL SUPPORT

Schedule I (Form 990)

YELLOW SPRINGS COMMUNITY FOUNDATION

		MUNITY FOUN					23-7372791 Page
Part II Continuation of Grants and Other A							
(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
ZELLOW SPRINGS ARTS COUNCIL P.O. BOX 459							
YELLOW SPRINGS, OH 45387		501 C 3	7,279.	0.			GENERAL SUPPORT
THE 365 PROJECT							
P.O. BOX 165 YELLOW SPRINGS, OH 45387		501 C 3	7,111.	0.			GENERAL SUPPORT
OHN BRYAN COMMUNITY POTTERY 00 DAYTON STREET							
YELLOW SPRINGS, OH 45387		501 C 3	6,829.	0.			GENERAL SUPPORT
RIDING CENTRE							
YELLOW SPRINGS, OH 45387		501 C 3	6,166.	0.			GENERAL SUPPORT
YELLOW SPRINGS YOUTH BASEBALL, NC P.O. BOX 440 - YELLOW							
SPRINGS, OH 45387		501 C 3	6,096.	0.			GENERAL SUPPORT
YELLOW SPRINGS KIDS PLAYHOUSE, INC P.O. BOX 478 - YELLOW							
SPRINGS, OH 45387		501 C 3	6,008.	٥.			GENERAL SUPPORT
NOMEN'S HISTORY PROJECT OF GREENE							
TELLOW SPRINGS, OH 45387		501 C 3	5,971.	0.			GENERAL SUPPORT
NTIOCH COLLEGE - CORETTA SCOTT ING CENTER - ONE MORGAN PLACE -							
ZELLOW SPRINGS, OH 45387		501 C 3	5,244.	0.			GENERAL SUPPORT
ELLOW SPRINGS NEIGHBORHOOD ARDENS, INC 830 XENIA AVENUE -							
ELLOW SPRINGS, OH 45387		501 C 3	5,200.	Ο.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) YELLOW SPRINGS COMMUNITY FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SEADOGS SWIM TEAM (THE 365 PROJECT FISCAL SPONSOR) - PO BOX 165 - YELLOW SPRINGS, OH 45387		501 C 3	5,100.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA TECUMSEH COUNCIL - 326 S. THOMPSON STREET - SPRINGFIELD, OH 45506		501 C 3	5,000.	0.			GENERAL SUPPORT
,							

Schedule I (Form 990)

23-7372791 Page 1

Schedule I (Form 990) (2018) YELLOW SPRINGS COMMUNITY FOUNDATION

23-7372791

Page 2

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

(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 noncash assistance
CHOLARSHIPS FOR STUDENTS	12	27,366.	0.		

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:

THE FOUNDATION'S GRANT AGREEMENT LETTER INCLUDES REQUIRING THE GRANTEE TO

FILE A FINAL REPORT. THE FOUNDATION MAINTAINS A TRACKING LIST FOR

FOLLOW-UP IF THE GRANTEE'S FINAL REPORT HAS NOT BEEN RECEIVED IN A TIMELY

MANNER.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

 Pepartment of the Treasury
 Form 990 or 990-EZ or to provide any additional information.

 Department of the Treasury
 Attach to Form 990 or 990-EZ.

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

Internal Revenue Service Name of the organization

YELLOW SPRINGS COMMUNITY FOUNDATION

Employer identification number 23 - 7372791

OMB No 1545-0047

Open to Public

Inspection

8

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GIVING AND GRANT MAKING THAT FUND A BROAD RANGE OF ACIVITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FLEXIBLE AND COST-EFFECTIVE WAYS FOR DONORS TO IMPROVE OUR COMMUNITY;

AND TO EXCEL IN STRATEGIC GRANT MAKING IN AREAS THAT INCLUDE ARTS,

CULTURE, EDUCATION, RECREATION, SCIENTIFIC RESEARCH, AND SOCIAL

SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD MEMBERS ARE PROVIDED WITH A COPY OF FORM 990 AND GIVEN AN

OPPORTUNITY TO COMMENT ON ITS CONTENTS PRIOR TO THE FILING OF THE TAX

RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD AND COMMITTEE MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF

INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND

FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON THE REQUEST OF THIS

INFORMATION

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED

FROM PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2018)						Page 2
Name of the organization		ODDINGO	COMUNITARY	HOUNDARTON		Employer identification number $23 - 7372791$
	TEPPOM	SPRINGS	COMMUNITY	FOUNDATION		23-13/2/91

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number	
Type or	Name of exempt organization or other filer, see instru-	Employer identification number (EIN) or					
print	YELLOW SPRINGS COMMUNITY F	23-7372791					
File by the due date f		Number, street, and room or suite no. If a P.O. box, see instructions.					
filing your return. See	PO BOX 55	Social security number (SSN)					
instruction							
Enter th	e Return Code for the return that this application is for (f	ile a separa	te application for each return)				
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 990-BL 02			Form 1041-A	08			
Form 4720 (individual)			Form 4720 (other than individual)	09			
Form 990-PF			Form 5227	10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	orm 990-T (trust other than above) 06 Form 8870 KIM KREMER				12		
• If this box > 1 In th	request an automatic 6-month extension of time until ne organization named above. The extension is for the org	t Group Exe and atta NOVEI ganization's	emption Number (GEN) I ch a list with the names and EINs o MBER 15, 2019 , to file s return for: d ending	If this is fo f all memb	r the whole <u>o</u> ers the exten npt organizat 	roup, check this nsion is for.	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c B							
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.	
Caution instruct	 If you are going to make an electronic funds withdrawa ions. 	al (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)