	00			Detur		~~~!-	otion Even					-	OMBN	No. 1545-0047	
Form	9 9	U		Retur	n of Or	ganiz	ation Exem	ιρτ	From	ncor	ne rax	(2021	
			Under se	ection 501	(c), 527, or 4	947(a)(1)	of the Internal Rev	enue	Code (exc	ept priv	ate founda	ations)	4	.UZ I	
Departr	nent of th	ne Treasury		🕨 Do no	t enter socia	al security	/ numbers on this f	form	as it may b	oe made	public.		Oper	n to Public	
		e Service		► Go	to www.irs.	gov/Form	990 for instruction	ns and	d the lates	t informa	ation.		Ins	spection	
A F	or the	2021 calenda	ar year, or t	ax year be	ginning				, 2021, a	and end	ing	•	, 20	<u>D</u>	
Вс	heck if ap	oplicable:	C Name	e of organizatio	MICHOLA	s co co	OMMUNITY FOUN	IDAT	ION			D Emplo	oyer identifica	tion number	
	ddress cl	nange	Doing	g business as						1			20-579	9430	
	ame cha	nge	Numb	per and street	(or P.O. box if ma	ail is not deliv	vered to street address)			Room/su	iite	E Telephone number			
	itial retur	n		OX 561										872-1999	
F		n/terminated					or foreign postal code					G Gross	receipts		
F	mended				E, WV 26							\$		716,181	
	oplication	n pending	F Name	e and address	of principal offic	er:							or subordinates?	<u> </u>	
	v ovom n		501(c)(3)	501(c) () 🗲 (ins	ort no)	4947(a)(1) or	52	7		H(b) Are all		s included? t. See instruct		
	x-exemp		501(0)(3)	501(c) () 🤜 (ins	en no.)	4947(a)(1) or	52	1		H(c) Group			ions	
		·	Corporation	Trust	Association	Other	•	1.	Year of formati	ion [.] 200		State of leg		WV	
Par		Summary			Association				Tear or format			otate of legi	ar dormene.	<u> </u>	
	1	Briefly descril		nization's m	ission or mos	st significa	nt activities: 01	PERA	TE A CO	MMUNT	TY FOUN	DATIO	1		
Activities & Governance	3 4 5 6	Number of vo Number of inc	ting membe dependent v of individua of volunteer	ers of the go voting meml Is employed rs (estimate	overning body pers of the go d in calendar if necessary	v (Part VI, overning bo year 2021)	ody (Part VI, line 1b) (Part V, line 2a)		ore than 25	% of its	net assets.	- 3 - 4 - 5 - 6 - 7a		13 13 1 1 13 0	
		Net unrelated			-	•						. 7b		0	
	-						,				Prior Year		Cur	rrent Year	
	8	Contributions	and grants	(Part VIII, I	ine 1h)							2,897		157,489	
an	9											0			
Revenue	10	Investment in	come (Part	VIII, colum	n (A), lines 3	4, and 7c	l)			-	65	7,889		555,694	
Re	11	Other revenue	e (Part VIII,	column (A)	, lines 5, 6d,	8c, 9c, 10	c, and 11e) ••			-	:	2,235		2,998	
	12	Total revenue	- add lines	8 through 1	1 (must equa	al Part VIII	, column (A), line 12))		•	80	3,021		716,181	
		Grants and si			,	()/	,			·	22	3,595		187,282	
		Benefits paid		•			•	• • •		•				0	
Se			-		-	•	olumn (A), lines 5-10	0)		•	2	6,726		29,496	
Expenses		Professional 1	Ũ	`		,.)	• • •		•				0	
x be		Total fundrais							0	-		1 004			
ш		Other expens					e) • • • • • • • • • • • • • • • • • • •	• • •	• • • • •	•		1,034		29,583	
		Revenue less		`	•							1,355 1,666		246,361 469,820	
20			experiede.	Cublication		10 12 -				Begi	nning of Curr		Enc	d of Year	
ets o anci	20	Total assets (Part X. line	16)							-	2,772	Liit	6,194,123	
Net Assets or Fund Balances		Total liabilities	-	,								5,415		486,946	
Fund	22	Net assets or	fund baland	ces. Subtra	act line 21 fro	m line 20						7,357		5,707,177	
Par	t II	Signatu	re Block												
							ing schedules and statem mation of which preparer			of my know	ledge and bel	ief, it is			
	onect, a	nu complete. Dec			IT UNICEL) IS DASE		mation of which preparer	nas an	y knowledge.						
Sigr Here		Signature	BORRELL e of officer BORRELL rint name and		DENT							Dat	e		
		Print/Type prep	arer's name		Preparer	s signature			Date		Check	if	PTIN		
Paid	I	WAYNE E	YOUNG					1	1-02-20	22		nployed	P0120)1899	
-	barer	Firm's name	•	ADKIN	S & YOUN	G PLLC				F	Firm's EIN 🕨				
Use	Only	Firm's address	; ►	820 B	ROAD ST					F	Phone no.				
				SUMME	RSVILLE	WV 266	51						372-143		
		discuss this r											x	Yes 🗌 No	
For P	aperw	ork Reductio	n Act Notic	ce, see the	separate in	struction	S.						F	orm 990 (2021)	

Form **990** (2021)

Form	990 (2021) NICHOLAS CO COMMUNITY FOUNDATION	20-5799430) 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		[]
1	Briefly describe the organization's mission:		
	OPERATE A COMMUNITY FOUNDATION		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	🗌 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 246,361 including grants of \$ 187,282) (Revenue	\$ 71	6.181)
	OPERATE A CHARITABLE COMMUNITY FOUNDATION IN THE NICHOLAS COUNTY, WV AREA	·	0/101 /
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		<u>^</u>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 246,361		
EEA		Fo	rm 990 (2021)

	990 (2021) NICHOLAS CO COMMUNITY FOUNDATION 20-57994	30	Р	age 3
Pa	rt IV Checklist of Required Schedules			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," complete Schedule D, Part I	6		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	х	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	UF		х
	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 See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		x x
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form		-579943	30	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		Г		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
~ .	employees? If "Yes," complete Schedule J	••••	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	••••	24a		X
b		••••	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		04-		
	to defease any tax-exempt bonds?	••••	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \dots	••••	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05-		
	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?		0.51		
	If "Yes," complete Schedule L, Part I	••••	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	••••	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		07		
~~	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, key employee, creator or founder, or substantial contributor? If		20-		
L	"Yes," complete Schedule L, Part IV	••••	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	••••	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		00-		
20	"Yes," complete Schedule L, Part IV	••••	28c		X
29	Did the organization receive more than \$25,000 in hon-cash contributions? If Yes, complete Schedule M	••••	29		x
30	conservation contributions? If "Yes," complete Schedule M		20		
21		••••	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	••••	31		X
32	complete Schedule N, Part II		32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	••••	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	••••	33		x
34	or IV, and Part V, line 1		34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	H	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	••••	35a		x
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	••••	350		<u>x</u>
30	related organization? If "Yes," complete Schedule R, Part V, line 2		36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	••••	30		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	••••	31		<u>x</u>
30	19? Note: All Form 990 filers are required to complete Schedule O.		38	v	
Par			30	х	
Fai	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u> .	•••	Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		103	
1a b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
D D	Did the organization comply with backup withholding rules for reportable payments to vendors and				
U	reportable gaming (gambling) winnings to prize winners?		1c	x	
				л	

	990 (2021) NICHOLAS CO COMMUNITY FOUNDATION 20-579	9430	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	. 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 10		
Ũ	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		-	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
g b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?•••••••••	- 7g . 7h	-	X
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. /11		X
0		. 8		
•	sponsoring organization have excess business holdings at any time during the year?	. 0		X
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a	-	X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
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	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand	_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	- 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	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	- 17		
	If "Yes," complete Form 6069.			

 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	Forr	n 990 (2021) NICHOLAS CO COMMUNITY FOUNDATION 20-57994		F	age 6
Check of Schedule Coxetana response or nete to any line it his Part V Res Section A. Governing Body and Management Image is a section of schedule Coxetana response or nete to any line it has barry of the governing body of the net of the tax year 1 Image is a section of schedule Coxetana response or nete to any line it has barry of the governing body of the tax year 1 Image is a section of schedule Coxetana response or nete to any line it has barry of the governing body of the tax year 1 1 Image is a section of schedule Coxetana response or nete to any line it has barry of the governing body of the tax is a section of schedule Coxetana response of the governing body or a tusiness residencing body 1 1 2 X 2 Did the organization barry of the sector has a single part of the governing body of the part of the sector has barry of the part of the sector has a sector has the part of the messal sector has the part of the messal sector has the sector ha	Pa		"No"		
Section A. Governing Eody and Management vs: vs					_
Enter the number of voting members of the governing body at the end of the tax year					. x
1a Enter the number of volting members of the governing body at the and of the tax year 1a 13 13 1b It means are meaning differences on working plots group members of the governing body. 1b 13 13 2 Did the opparation is Schedule 0. 10 13 2 2 X 3 Did the opparation is checking to numbers included in line 1a, above, who are independent 10 13 2 4 Did the opparation is checking to numbers on the governing body. 2 X X 4 Did the opparation body endepende to during the year of a significant diversity as opposition of the governing body? 4 X 5 Did the opparation how members a ratecholders? 6 X 7 Did the opparation how members a ratecholders? 7 X 8 Did the opparation how members included in release on the opparation how members a ratecholders? 7 X 8 Did the opparation how members included in release on the opparatin release on the opparation how membe	See	ction A. Governing Body and Management			
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 12c 13 Did the organization have a written whistleblower policy? 13 13t X 14 X 15 Did the organization have a written whistleblower policy? 14 X 15 Did the organization's CEO, Executive Director, or top management official 15k X 16 Other officers or key employees of the organization 15k X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15k X 16 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 16k X 17 List the states with which a copy of this Form 900 is required to be filed Mest Virginia 16k 16k 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that ap			122		v
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14 x 15 Did the organization have a written document retention and destruction policy? 14 x 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 x a The organization's CEO, Executive Director, or top management official 15a x 15a x 15b x 15c 15c x 15c 15c 15c 15c x 15c	13				x
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on 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 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? 16a x 17 List the states with which a copy of this Form 990 is required to be filed 18 Section C. Disclosure 17 List the states with which a copy of this Form 900 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records <td>14</td> <td></td> <td></td> <td></td> <td></td>	14				
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia 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) available for public inspection. Indicate how you made these available. Check all that apply. □ □ Own website □ □ Another's website ☑ Upon request □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records					
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 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records 					
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 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records 					
 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 	19				
20 State the name, address, and telephone number of the person who possesses the organization's books and records	10				
	20				

Form 990 (202	1) NICHOLAS CO COMMUNITY FOUNDATION	20-5799430	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employee	s, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete tl	nis table for all persons required to be listed. Report compensation for the calendar year ending with or withir	n the	
organization's t	ax year.		
List all of	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of	amount of	

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

	a erganneauer		01100							
				(0	C)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average					han one s both ar	ı	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	ord	Ins	Office	Ke	em Hig	Former	1099-MISC/	1099-MISC/	organization and
	related	ividu direc:	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	e com				
	below	ıstee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u>ц</u>				
(1) TAMARA MULLINS	20.00									
EXECUTIVE DIRECTOR					х			27,400	0	0
(2) MICHAEL PERILLI	4.00									
DIRECTOR		х						0	0	0
(3) JOHN_MARK_WALKUP	4.00									
DIRECTOR		х						0	0	0
(4) HEATHER TULLY	4.00									
DIRECTOR		х						0	0	0
(5) BENJEAN RAPP	<u>4.00</u>									
DIRECTOR		х						0	0	0
(6) BARBARA LEROSE	<u>4.00</u>									
DIRECTOR		х						0	0	0
(7) BRUCE TALLAMY	4.00									
DIRECTOR		х						0	0	0
(8) MARY_IGO	4.00									
DIRECTOR		х						0	0	0
(9) ANITA GROVES	4.00									
DIRECTOR		х						0	0	0
(10)ROBERT SHAFER	4.00									
DIRECTOR		х						0	0	0
(11) JAY BORRELL	4.00									
PRESIDENT				х				0	0	0
(12)STEVE_FERGUSON	4.00									
TREASURER				х				0	0	0
(13)JIM DAVIS	4.00									
SECRETARY				х				0	0	0
(14)KELLY_BLAKE	4.00]					
VICE PRESIDENT				х				0	0	0
FFΔ										Form 990 (2021)

Form 990 (2021)

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	t Com	pen	sated Employees	(continued)			
	(A) Name and title	(B) Average hours per week	Average box, unless person is b officer and a director/tm per week						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amou of other compensation from the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization and organiz	
(15)													
(16)													
(17)													
<u>(18)</u>													
<u>(</u> 1 <u>9</u>)													
<u>(20)</u>													
<u>(25)</u>													
1b c	Subtotal		· · · · · ·					• •					
d	Total (add lines 1b and 1c)							• 🕨	27,400	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abo	ve) w	/ho r	ecei	ved mo	ore tl	han \$100,000 of				0
3	Did the organization list any former officer, director	-				-						Yes	No
4	employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of rep organization and related organizations greater than individual	oortable comp \$150,000? <i>If</i>	oensati ‴Yes,'	on ai ' <i>con</i>	nd o nplei	ther te So	compe chedul	ensat e <i>J f</i>	or such		3		x
5	individual	ompensation	from a	ny u	nrela	ated	organi		n or individual		4		x
Sect	on B. Independent Contractors		louulo	0 101	out	on pe							<u> </u>
1	Complete this table for your five highest compensat compensation from the organization. Report compe												
	(A)				-				(B)		(C)		
	Name and business addres	SS							Description of servic	es	Compens	sation	
2	Total number of independent contractors (including	but not limite	d to the	ose li	istec	d abc	ve) wł	10					

►

received more than \$100,000 of compensation from the organization

Form 99					UNIT	TY FOUNDATION	N		20-57994	30 Page 9
Part '	VIII	Statement of Rev	venu	e						
		Check if Schedule O co	ntains	s a response	or not	te to any line in this	Part VIII ••	1		<u> [</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
sis	b	Membership dues		[1b]			
unt	с	Fundraising events		[1c					
s, G	d	Related organizations .			1d					
arA	е	Government grants (contri	ibutio	ns)	1e	5,000				
ns, imil	f	All other contributions, gift	s, gra	ants,						
erS		and similar amounts not in	clude	ed above	1f	152,489	-			
ē Đ Đ Đ	g	Noncash contributions inc								
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g		-			
0 10	h	Total. Add lines 1a-1f	• •		• •	<u></u> ▶	157,489			
						Business Code				
Ce	2a									
le v	b									
ดับ	C									
Rev	d									
Program Service Revenue	e	All other program contine re								
ፈ		All other program service re				L				
		Total. Add lines 2a-2f								
	3	Investment income (includin other similar amounts)	ng div	vidends, intere	est, ar	nd	555,694	555,694		
	4	Income from investment of					555,094	555,094		
	5	Royalties								
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	(I) I teal			-			
		Less: rental expenses	6b				-			
		Rental income or (loss)	6c				-			
		Net rental income or (loss)								
	7a	Gross amount from		(i) Securities	s	(ii) Other				
	14	sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ani		and sales expenses	7b							
ven	с	Gain or (loss)	7c							
Other Revenu	d	Net gain or (loss)			. <u></u>	>				
her	8a	Gross income from fundrai	sing							
ð		events (not including \$ _								
		of contributions reported on								
		1c). See Part IV, line 18			8a		-			
	1	Less: direct expenses •			8b					
	1	Net income or (loss) from f		ising events	•	<u></u> . ►				
	9a	Gross income from gaming								
		activities, See Part IV, line			9a		-			
		Less: direct expenses			9b					
		Net income or (loss) from g		g activities	••	· · · · · · •				
	10a	Gross sales of inventory, le			4.0-					
		returns and allowances •			10a		-			
		Less: cost of goods sold			10b					
	C	Net income or (loss) from s	aies (JIIIVEIIIOFY	• •	Business Code				
	11-	ADMIN PERO					0.000	0.000		
ne	1					525920	2,998	2,998		
/en	b c									
Revenue		All other revenue								
i –		Total. Add lines 11a-11d					2,998			
		Total revenue. See instruc						558 692	0	0

Form 990 (2021)

021) NICHOLAS CO COMMUNITY FOUNDATION Statement of Functional Expenses

Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all colu				F
	Check if Schedule O contains a response or note to an				
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	162,532	162,532		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	24,750	24,750		
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,				
	trustees, and key employees	27,400	27,400		
6	Compensation not included above, to disgualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,096	2,096		
11	Fees for services (nonemployees):	2,096	2,096		
	Management				
a L					
b	5	0 500	0 500		
C		9,500	9,500		
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	4,110	4,110		
12	Advertising and promotion	3,634	3,634		
13	Office expenses	2,058	2,058		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,013	2,013		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,031	5,031		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TAXES LICENSES AND FEES	1,040	1,040		
b	DUES AND SUBSCRIPTIONS	1,130	1,130		
c	TELEPHONE AND UTILITIES	1,067	1,067		
d		_,			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	246,361	246,361	0	0
26	Joint costs. Complete this line only if the	240,001	240,001		Ŭ
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				

following SOP 98-2 (ASC 958-720)

	990 (20		2	0-5799430) Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u>	<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,591,788	2	6,194,023
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	984	15	100
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,592,772	16	6,194,123
	17	Accounts payable and accrued expenses	1,387	17	134
	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	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	354,028	25	486,812
	26	Total liabilities. Add lines 17 through 25	355,415	26	486,946
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	141,299	27	156,988
Ba	28	Net assets with donor restrictions	5,096,058	28	5,550,189
pu		Organizations that do not follow FASB ASC 958, check here			
Ъ Г		and complete lines 29 through 33.			
10 %	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,237,357	32	5,707,177
	33	Total liabilities and net assets/fund balances	5,592,772	33	6,194,123
EEA					Form 990 (2021)

NICHOLAS CO COMMUNITY FOUNDATION 01

Page 11

Form	990 (2021) NICHOLAS CO COMMUNITY FOUNDATION	20-579943	0	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		716,	,181
2	Total expenses (must equal Part IX, column (A), line 25)	2		246,	361
3	Revenue less expenses. Subtract line 2 from line 1	3		469,	,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	237,	, 357
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,	707,	,177
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2	2021)

SCHE	DUL	E	Α
(Form	990)		

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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-F7 Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number NICHOLAS CO COMMUNITY FOUNDATION 20-5799430 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . Provide the following information about the supported organization(s). g (ii) EIN (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

OMB No. 1545-0047

	e A (Form 990) 2021 NICHOLAS CC	COMMUNITY	FOUNDATION	1		20-579943	0 Page 2
Part							
	(Complete only if you checked th				•	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, ple	ease complet	e Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	809,272	317,216	787,842	142,897	157,489	2,214,716
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	809,272	317,216	787,842	142,897	157,489	2,214,716
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						6,655
6	Public support. Subtract line 5 from line 4 .						2,208,061
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	809,272	317,216	787,842	142,897	157,489	2,214,716
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	532,132	67,156	681,494	657,889	555,694	2,494,365
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		1,731	1,880	2,235	2,998	8,844
11	Total support. Add lines 7 through 10						4,717,925
12	Gross receipts from related activities, etc.						
13	First 5 years. If the Form 990 is for the o	•			•		
	organization, check this box and stop her						<u></u> ► 🗌
-	on C. Computation of Public Suppo					1 1	
14	Public support percentage for 2021 (line 6					14	46.80 %
15	Public support percentage from 2020 Sch					15	54.75 %
16a	33 1/3% support test - 2021. If the organ						_
	box and stop here . The organization qua			•			
b	33 1/3% support test - 2020. If the organ						
47.	this box and stop here . The organization	-	• • • •	-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa			•			
	organization						
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the			•			
4.5	organization						
18	Private foundation. If the organization di						_
	instructions						<u></u> ► []

Part							
	(Complete only if you checked th						under Part II.
	If the organization fails to qualify	under the te	ests listed belo	ow, please co	mplete Part II	.)	
	on A. Public Support		1	1			
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") •						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	()	(4)	(-)	()		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's f	first. second. th	ird, fourth, or f	fifth tax vear as	a section 50	(1)(2)(3)
••	organization, check this box and stop her	•			•		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (line &			13. column (f))	15	%
16	Public support percentage from 2020 Sch	• •	•			16	%
	on D. Computation of Investment In						,,,
17	Investment income percentage for 2021 (I			by line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2020		.,	•		18	%
19a	33 1/3% support tests - 2021. If the orga					-	
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2020. If the organization	-	-				
~	line 18 is not more than 33 1/3%, check this box a						
20	Private foundation. If the organization di	•	-		• • • •	-	ructions ► □
-				. ,,			· 🗆

NICHOLAS CO COMMUNITY FOUNDATION

Page 3

20-5799430

Schedule A (Form 990) 2021

1

2

Page 4

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations Yes 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. 1 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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 3b organization made the determination. С 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 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. 9a b Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

6

7

8

			Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44 -		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Secti	on 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		
secu	on 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		Tes	INC
•	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 line 2, above, 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		
Secti	on 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 year (se	e inst	tructio	ons)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	;).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
b				
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
b	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
b 3	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	2b 3a		
3	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

Schedule A (Form 990) 2021

 Part IV
 Support

 NICHOLAS
 CO
 COMMUNITY
 FOUNDATION

 Supporting
 Organizations
 (continued)

1 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. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 (P) Current Year (optional) 2 account of operating expenses paid or incurred for production or collection 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 Cher expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions) 7 8 Adgusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 9 Average monthy value of securities 1a 6 1 Aggregate fair market value of all non-exempt-use assets (see instructions) 1e 6 0 Discurrent Tear (application in disclase) context see conte	Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
Section 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 or for management, conservation, or maintenance of property held for production of income (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section 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): a a Average monthly cash balances 1b (C) (B) Current Year (optional) 1 Aggregate fair market value of other non-exempt-use assets 1c (D) (D) a Average monthly cash balances 1b (C) (D) (D) (D) 2 Acquisition indetied for exempt use assets 1c (D) (D) (D) 4 C	1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 <i>(exp</i>	lain in Part VI). See
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NICHOLAS CO COMMUNITY FOUNDATION

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 6

Schedul Part	V Type III Non-Functionally Integrated 509(a)			5799 ed)	430 Page 7
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	•	,	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022 . Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
a	E				
	E				
d	F (0000				
e	E				
EEA	Excess from 2021				Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury l

nternal	Revenue	e Service	

Schedule of Contributors

OMB No. 1545-0047

2021

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

Name of the organization		Employer identification number
NICHOLAS CO COMMUNITY	FOUNDATION	20-5799430
Organization type (check one):		
Filers of:	Section:	
Form 000 or 000 F7	V E01(a)(a) (enter number) experiention	
Form 990 or 990-EZ	X501(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	
	\Box 4047(c)(4) constant shorits be trust tracted as a private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is cove	ered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule	See
General Rule		
X For an organization filing	g 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

- 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), 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.
- 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions
- Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

\$

Name of o	organization		Employer identification number	
NICHOL	AS CO COMMUNITY FOUNDATION	20-5799430		
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	CITY OF SUMMERSVILLE BROAD ST	\$5,	Person <u>x</u> Payroll 000 Noncash	

	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	STEVE AND JOY FERGUSON		Person 🗽 Payroll 🗌
	1004 VAUGHN AVE	\$9,100	Noncash
	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution
3	RODNEY & BARBARA LEROSE		Person 😦 Payroll 🗌
	312 CHESTNUT HILL RD	\$5,100	Noncash
	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_4	TRUIST FOUNDATION		Person 😦 Payroll 🗌
	PO BOX 2907	\$5,000	Noncash
	WILSON NC 27894		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BILL DYER		Person <u>x</u> Payroll
	PO BOX 8	\$5,000	Noncash
	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_6	BRUCE AND PAM FERGUSON		Person <u>x</u> Payroll
	381 CLARISSA DR	\$12,292	Noncash
		· · · · · · · · · · · · · · · · · · ·	

Schedule B (Form 990) (2021)

Page 2

SUMMERSVILLE WV 26651

EEA

Name of organization				Employer identification number		
NICHOL	AS CO COMMUNITY FOUNDATION	2	0-5799430			
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	IS	(d) Type of contr	ribution	
7	ANITA GROVES			Person Payroll	×	
	PO BOX 152	\$5	,000	Noncash		

	PO BOX 152	• <u>5,000</u>	Noncash
			(Complete Part II for
	CANVAS WV 26662		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DAVID TAYLOR AND MELISSA MOORE		Person <u>x</u> Payroll
	PO BOX 561	\$8,000	Noncash
	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_9	JAMES & RAMONA TAYLOR		Person 👱 Payroll 🗌
	PO BOX 561	\$5,000	Noncash
	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JIM & JANE DAVIS		Person <u>x</u> Payroll
	306 CHESTNUT HILL	\$14,400	Noncash
	SUMMERSVILLE WV 26651		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	LESLIE EQUIPMENT		Person <u>x</u> Payroll
	6248 WEBSTER RD	\$8,000	Noncash
	COWEN WV 26206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	LEW & SHELLA GILBERT	_	Person 👱 Payroll
			Nanaah

\$

(Complete Part II for noncash contributions.)

Noncash

6,000

D

Schedule B (Form 990) (2021)

EEA

307 CHESTNUT HILL

SUMMERSVILLE WV 26651

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	RODNEY LEROSE II 104 ANN ST	\$5,000	Person x Payroll Noncash (Complete Part II for
	SUMMERSVILLE WV 26651		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	SUMMIT RESOURCES INC	_	Person 😦 Payroll 🗌
	303 MIDDLE CALLISON RD MOUNT LOOKOUT WV 26678	\$6,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

NICHOLAS CO COMMUNITY FOUNDATION

Name of organization

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

20-5799430

Employer identification number

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2021 Open to Public Inspection

OMB No. 1545-0047

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

Name o	f the organization		Employer identification number
NICHO	DLAS CO COMMUNITY FOUNDATION		20-5799430
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" of		
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
•	funds are the organization's property, subject to the organization	-	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor adv	-	
•	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		Yes 🗌 No
Par			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7,	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conconvation contribution in the form of a co	onsonvotion
2	easement on the last day of the tax year.		Held at the End of the Tax Year
-	Total number of conservation easements		
a L			· · 2a
b	5 ,		· · 2b
C	Number of conservation easements on a certified historic struct		· · 2c
d	Number of conservation easements included in (c) acquired at		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	nization during the
	tax year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservation	on easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, handline	ng of violations, and enforcing conservation e	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements th	at describes the
Der	organization's accounting for conservation easements.	of Aut Iliotoxical Tracesures or	Other Cimiler Accete
Par			Sther Similar Assets.
	Complete if the organization answered "Yes" of	· ·	
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		ance of public
	service, provide in Part XIII the text of the footnote to its financi		
b	If the organization elected, as permitted under FASBASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	ce of public service,
	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 treas	sures, or other similar assets for financial gair	n, provide the
	following amounts required to be reported under FASB ASC 98	5	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	D (Form 990) 2021 NICHOLAS CO CON						20-579		Page	
Part	III Organizations Maintaining	Collections of	Art, Hi	storical	Freasures,	or Ot	her Similar A	Assets (C	ontinue	d)
3	Using the organization's acquisition, accession	on, and other records,	, check ar	ny of the follo	wing that make	e signifi	cant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	exchange prog	grams				
b	Scholarly research		е	Other						
c	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain h	now they f	urther the or	anization's ex	emnt ni	irpose in Part			
•	XIII.		iow arey i		ganzaione ox	omprpr				
5	During the year, did the organization solicit or	rocoivo donatione of	ort histor	ical traccura	s or other simi	lor				
5								. 🗌 Ye	s 🗌 No	_
Part	assets to be sold to raise funds rather than to Escrow and Custodial Arra			ganizations	collection?			• [] Te:		<u> </u>
1 011	Complete if the organization		on Eor	~ 000 D	ort IV/ line 0	orro	norted on am	ount on l	Form	
		answered res		П 990, Га	art iv, nne 9	, or re	poneu an am		OIIII	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia		-					_	_	
						• • •		· · [] Ye	s 🗌 No	C
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table	Ð:						
							Ar	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for esc	row or custo	odial account lia	ability?		. 🗌 Ye	s 🗌 No	0
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation h	las been pro	vided on Part X	(III			-	
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes"	on For	n 990, Pa	art IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two years b	ack	(d) Three years back	(e) Fou	years back	
1a	Beginning of year balance			•					-	
b	Contributions									
с	Net investment earnings, gains, and									
d	Grants or scholarships									
	Other expenditures for facilities and									
е	programs									
£										
t	Administrative expenses									
g	End of year balance		(1:	.1						
2	Provide the estimated percentage of the curre			olumn (a)) n	eld as:					
a	Board designated or quasi-endowment	•	_%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posses	ssion of the organizati	ion that ar	e held and a	dministered for	the				
	organization by:								Yes N	lo
	(i) Unrelated organizations					• • • •		. 3a(i)		
	(ii) Related organizations					• • • •		. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	edule R?		• • • •		. 3b		
4	Describe in Part XIII the intended uses of the		ment fund	ds.						
Part										
	Complete if the organization	answered "Yes"	on For	n 990, Pa	art IV, line 1	1a. So	ee Form 990,	Part X, li	ne 10.	
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c) /	Accumulated	(d) Boo	k value	
		(investme	ent)	(0	other)	de	epreciation			
1a	Land									
b	Buildings	••								
с	Leasehold improvements	••								
d										
e	Other									
	Add lines 1a through 1e. (Column (d) must eq		, column	(B), line 10c	.)					
				. ,,	, -		•			

Schedule D (Form 990) 2021	NICHOLAS CO COMMUNITY FOUND	ATION	20-5799430	Page 3
Part VII Investments -	Other Securities.			
Complete if the	organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line	e 12.
	tion of security or category Iding name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
_(C)				
_(D)				
_(E)				
_(F)				
_(G)				
(H)				
Total. (Column (b) must equal Form	990, Part X, col. (B) line 12.)			

101al. (Colui	пп (b) must equal Form 990, Fart A, col. (b) ште т2.)
Part VIII	Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1COAL MINERAL RIGHTS	100
(2)	
(3)	
_ (4)	
(5)	
(6)	
_ (7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	100

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)FUNDS HELD FOR OTHERS	486,812
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	486,812

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

. . .

	D (Form 990) 2021 NICHOLAS CO COMMUNITY FOUNDATION	20-5799430	Page 4
Part		r Return.	
	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	719,181
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •		
е	Add lines 2a through 2d	2e	3,000
3	Subtract line 2e from line 1	3	716,181
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	716,181
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	249,361
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,000
3	Subtract line 2e from line 1	3	246,361
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)	5	246,361
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; Also complete this part to provide any additional information.

SCHEDULE I (Form 990) Department of the Treasury								
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.							
Name of the organization						Employer identificat	on number	
NICHOLAS CO COMMUNITY FOUNDATION						20-5799430		
Part I General Information on Grant								
1 Does the organization maintain records to substar		-						
the selection criteria used to award the grants or a							. <u>x</u> Yes No	
2 Describe in Part IV the organization's procedures	•							
Part II Grants and Other Assistance to	-			-	-	d "Yes" on Form 99	90,	
Part IV, line 21, for any recipient th				· · ·				
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance	
(1) BROWN OAKS FOUNDATION								
BROAD ST	F 01	~ 2						
SUMMERSVILLE WV 26651	501	63	_					
(2) CRAIGSVILLE PUBLIC LIBRARY								
63 LIBRARY LANE								
CRAIGSVILLE WV 26205	GOV	ERNMENT						
(3) NICHOLAS OLD MAIN FOUNDATIO								
400 OLD MAIN DR		~~						
SUMMERSVILLE WV 26651	501	C3						
(4) SUMMERSVILLE CHRISTMAS STOR								
1 ARMORY DR		~~						
SUMMERSVILLE WV 26651	501	C3						
(5) NICHOLAS CO BOARD OF EDUCAT								
400 OLD MAIN DR								
	6000372 GOV	ERNMENT						
(6) BREAD OF LIFE FOOD PANTRY I								
427 WATER ST								
	1620836 501	C3						
(7) NEW BEGINNINGS RESOURCE CEN								
307 BROAD ST								
SUMMERSVILLE WV 26651	501	C3						
(8) WV MINISTRY FOR ADVOCACY AN								
PO BOX 18200								
SOUTH CHARLESTON WV 25303	501	C3						
(9) SOZO RECOVERY HOUSE								
412 MELVINA ST		~~						
SUMMERSVILLE WV 26651	501	C3						
(10\$HELTERED WORKSHIP OF NICHO								
16810 W WEBSTER RD		~ 2						
CRAIGSVILLE WV 26205	501							
 2 Enter total number of section 501(c)(3) and govern 3 Enter total number of other organizations listed in the section of t				 	· · · · · · · · · · · · · · · · · · ·	····· • =		

Schedule I (Form 990) (2021) NICHOLAS CO COMMUNITY FOUNDATION Part III Grants and Other Assistance to Domestic Individ

rt 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		

2							
4							
5							
b							
7							
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							

1

Page **2**

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NICHOLAS CO COMMUNITY FOUNDATION

Employer identification number 20-5799430

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS MAINTAINED BY MANAGEMENT AND MADE AVAILABLE FOR REVIEW UPON REQUEST

02. CEO, executive director, top management comp (Part VI, line 15a)

ALL COMPENSATION IS DIRECTLY APPROVED BY THE BOARD

03. Other officer or key employee compensation (Part VI, line 15b

ALL COMPENATION IS DIRECTLY APPROVED BY THE BOARD

04. Governing documents, etc, available to public (Part VI, line 19)

ALL PERTINENT GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR REVIEW UPON REQUEST BASED UPON

APPLICABLE LAWS

990	Overflow Statement (This page is not filed with the return. It is for your records or		2021	Page 1
Name(s) as shown on return	(This page is not filed with the return, it is for your records of		FEIN	
NICHOLAS CO	COMMUNITY FOUNDATION			20-5799430
	GOVERNMENT GRANTS AND CONTR	TRUTTONS		
		100110000		_ .
Description CITY OF SUM			\$	<u>Amount</u> 5,000
		Total:		5,000
	CONTRIBUTIONS & DONATION	ONS		
Description				Amount
BUSINESS &	INDIVIDUAL CONTRIBUTIONS		\$	152,489
		Total:	\$	152,489
	DOMESTIC ORGANIZATIONS AND G	OVERNMENTS		
Description				Amount
	FE FOOD PANTRY		\$	12,36
BROWN OAKS				12,000
CITY OF SUM	OLD MAIN FOUNDATION			10,000
	E CHRISTMAS STORE			8,500
	E PUBLIC LIBRARY			7,618
KESSLERS CR	OSS LANES FIRE DEPT			7,460
SOZO RECOVE				7,342
	NGS RESOURCE CENTER			6,000
NCHS BAND B	MORIAL GOLF COURSE			5,30
	RKSHOP-BRIGHT HORIZONS			5,00
MAKE A WISH				4,40
	UTH FOUNDATION			4,36
OTHER CONTR	IBUTIONS AND GRANTS 4,000 PER			57,182
		Total:	\$	162,53
	SCHOLARSHIPS			
				Amount
Description				
Description		Total:	_ <u>\$</u>	24,750 24,75 0

Form 990 Worksheet		
	(This page is not filed with the return. It is for your records only.)	2021
Name(s) as shown on return		Tax ID Number
NICHOLAS CO COMMU	NITY FOUNDATION	20-5799430

2% of the amount on Schedule A, Part II, line 11, column (f)

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2017	2018	2019	2020	2021	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
CITY OF SUMMERSVILLE			25,000	11,717	5,000	41,717	
STEVE AND JOY FERGUSON		10,000	75,914	6,000	9,100	101,014	6,655
RODNEY & BARBARA LEROSE				18,300	5,100	23,400	
TRUIST FOUNDATION				5,000	5,000	10,000	
BILL DYER					5,000	5,000	
BRUCE AND PAM FERGUSON					12,292	12,292	
ANITA GROVES					5,000	5,000	
DAVID TAYLOR AND MELISSA MOORE					8,000	8,000	
JAMES & RAMONA TAYLOR					5,000	5,000	
JIM & JANE DAVIS					14,400	14,400	
LESLIE EQUIPMENT					8,000	8,000	
LEW & SHELLA GILBERT					6,000	6,000	
RODNEY LEROSE II					5,000	5,000	
SUMMIT RESOURCES INC					6,000	6,000	

TOTAL

6,655

94,359